CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

120209-WS

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Utilities, Inc. of Florida
Exact Legal Name of Utility
Docket No.: 120209-WS

VOLUME III (b) (Pasco County)

FOR THE

Test Year Ended: December 31, 2011

DOCUMENT NUMBER-DATE
01535 MAR 29 12
FPSC-COMMISSION CLERK

DETAILED MAP

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2011

CHEMICALS USED

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2011

Utilities, Inc. of Florida
Docket No. 120209-WS
Schedule of Chemicals-Pasco County
Test Year Ended December 31, 2011

Date of Invoice	Location	UN1791, Hyprochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% -BULK GL DOT SP-12412		AS4000 Ammonium Sulfate 40% BULK GL		Aquadene SK7641 Liquid		(HM)Sulfamic Acid ACS Grade 500g)		DPD Free Chlorine RGT 10 ML, PK/1000		Monochlor F Reagent Pk/100		Freight	Sales Tax	TOTAL AMOUNT
		Gal	Price	Units	Price	Drums	Price	Drum	Price	Units	Price	Units	Price	$	$	
11/18/2010	Summertree	400	1.42													568.00
1/13/2011	Buena Vista	65	1.30													84.50
1/13/2011	Orangewood	50	1.30													65.00
1/20/2011	Summertree	55	1.30													71.50
1/20/2011	Summertree	50	1.30													65.00
2/3/2011	Orangewood	50	1.30													65.00
2/10/2011	Orangewood	50	1.30													65.00
2/10/2011	Summertree	400	1.30													520.00
2/17/2011	Orangewood	50	1.30													65.00
3/3/2011	Orangewood	45	1.30													58.50
3/3/2011	Summertree	65	1.30													84.50
3/3/2011	Orangewood	35	1.30													45.50
3/3/2011	Summertree	75	1.30													97.50
3/10/2011	Buena Vista	55	1.30													71.50
3/10/2011	Summertree	-		90	2.50											225.00
3/10/2011	Summertree	-		100	2.50											250.00
3/17/2011	Buena Vista	55	1.30													71.50
3/24/2011	Buena Vista	50	1.30													65.00
3/31/2011	Summertree	90	1.30													117.00
3/31/2011	Summertree	-				2	45.00									90.00
4/14/2011	Orangewood	50	1.30													65.00
4/14/2011	Orangewood	50	1.30													65.00
4/14/2011	Summertree	75	1.30													97.50
4/21/2011	Summertree	75	1.30													97.50
5/5/2011	Buena Vista	65	1.30													84.50
5/19/2011	Summertree	100	1.30													130.00
5/18/2011	Orangewood	50	1.30													65.00
4/21/2011	Summertree	300	1.30													390.00
5/26/2011	Summertree	65	1.30													84.50
5/26/2011	Orangewood	50	1.50													75.00
5/25/2011	Summertree	-				2	45.00									90.00
6/16/2011	Orangewood	45	1.30													58.50
6/16/2011	Orangewood	45	1.30													58.50
6/16/2011	Buena Vista	50	1.30													65.00
6/16/2011	Buena Vista	50	1.30													65.00
6/9/2011	Buena Vista	60	1.30													78.00
6/9/2011	Summertree	65	1.30													84.50
6/23/2011	Summertree	50	1.30													65.00
6/16/2011	Summertree	400	1.30													520.00
6/30/2011	Summertree	95	1.30													123.50
7/14/2011	Summertree	75	1.30													97.50
7/26/2011	Buena Vista	100	1.30													130.00
7/28/2011	Summertree	400	1.30													520.00
7/28/2011	Orangewood	50	1.30													65.00
7/28/2011	Summertree	90	1.30													117.00
7/28/2011	Summertree	50	1.30													65.00
8/1/2011	Orangewood	50	1.30													65.00
7/25/2011	Summertree	-				4	45.00									180.00
8/11/2011	Summertree	70	1.30													91.00
8/11/2011	Buena Vista	50	1.30													65.00
8/18/2011	Orangewood	50	1.30													65.00
8/25/2011	Summertree	60	1.30													78.00
8/25/2011	Summertree	-		90	2.50											225.00
8/25/2011	Summertree	75	1.30													97.50
8/25/2011	Summertree	-		90	2.50											225.00
7/25/2011	Summertree	-				4	45.00									180.00
9/8/2011	Orangewood	45	1.30													58.50
9/8/2011	Orangewood	50	1.30													65.00
9/15/2011	Buena Vista	95	1.30													123.50
9/15/2011	Summertree	50	1.30													65.00
9/15/2011	Summertree	100	1.30													130.00
9/22/2011	Buena Vista	55	1.30													71.50
9/21/2011	BV/OW/ST*	-								0.885	167.00			14.11	10.35	172.26
8/28/2011	Summertree	400	1.30													520.00
10/6/2011	Summertree	75	1.30													97.50
9/30/2011	Summertree	-				8	45.00									360.00
10/20/2011	Orangewood	45	1.30													58.50
10/20/2011	Summertree	55	1.30													71.50
10/20/2011	Summertree	75	1.30													97.50
10/25/2011	Buena Vista	90	1.30													117.00
10/25/2011	Buena Vista	55	1.30													71.50
10/27/2011	Summertree*	-						1	63.95					35.59	3.84	103.38
11/3/2011	Orangewood	50	1.30													65.00
11/10/2011	Orangewood	55	1.30													71.50

Exhibit_____

Test Year Ended December 31, 2011

Date of Invoice	Location	UN1791, Hyprochlorite Solutions, 8, PG III Sodium Hypochlorite 12.5% -BULK GL DOT SP-12412 Gal	Price	AS4000 Ammonium Sulfate 40% BULK GL Units	Price	Aquadene SK7641 Liquid Drums	Price	(HM)Sulfamic Acid ACS Grade 500g) Drum	Price	DPD Free Chlorine RGT 10 ML, PK/1000 Units	Price	Monochlor F Reagent Pk/100 Units	Price	Freight $	Sales Tax $	TOTAL AMOUNT
11/10/2011	Summertree	90	1.30													117.00
11/10/2011	Summertree	60	1.30													78.00
11/23/2011	Summertree	70	1.30													91.00
11/23/2011	Summertree	400	1.30													520.00
12/1/2011	Orangewood	50	1.30													65.00
12/8/2011	Summertree	90	1.30													117.00
12/8/2011	Summertree	60	1.30													78.00
12/12/2011	Buena Vista	40	1.30													52.00
12/12/2011	Buena Vista	90	1.30													117.00
12/28/2011	ST/OW/BV*	-										3.54	51.0	24.74	12.64	217.92
12/29/2011	Summertree	80	1.30													104.00
		6,825		370		20		1		0.885		3.54		74.44	26.83	11,249.06
Quantity Purchased		6,825		370		20		1		0.885		3.54				
Unit of Measure		Gallons		Gallons		Gallons		Gallons		Units		Units				
Average Cost/ Unit			1.30		2.50		45.00		63.95		167.00		51.0			
Where Used (Water/ Sewer)		Water		Water		Water		Water		Water		Water				
Specify Dosage Rate		Disinfecting agent		Disinfecting agent		Sequestrant				Reagent		Reagent				
Water, total item used, gallons		6,825		370		20		1		1		2				
Water, chemical feed rate, ppm		5.71		2.71		0.18		N/A		N/A		N/A				
Volume treated, million gal.		143.402		65.632		44.896										

****Sequestrant fed at Wells 2 and 13 only beginning part way through the Test Year**
Additional Charges include freight, sales tax, and misc charges incurred *as shown on chemical invoices.

RECONCILIATION TO MFRs:									
TOTAL WATER EXPENSE	8,930.50	925.00	900	63.95	147.80	180.54	74.44	26.83	11,249.06
TOTAL WASTEWATER EXPENSE									-
TOTAL CHEMICAL EXPENSE PER SCHEDULE									11,249.06
AMOUNTS PER G/Ls									
OBJECT 5460 - CHLORINE - AA G/L									9,191.18
OBJECT 5460 - CHLORINE - UA G/L									2,770.37
OBJECT 5490 - OTHER CHEMICALS AA G/L									1,939.06
									13,900.61
ADJUSTMENTS:									
TO RECLASS PINELLAS' PORTION OF INVOICE 380874									(22.38)
TO RECLASS PASCO'S PORTION OF INVOICE 403850 posted at Pinellas County									217.92
TO RECLASS Pasco's INVOICE 377615 posted at SEMINOLE COUNTY									58.50
REMOVAL OF CHEMICAL ALLOCATIONS - SEE ALLOCATION ADJUSTMENTS									(2,770.37)
To remove total cost of Dumont Invoice 225446, Doc # 357386 for repairs of Stenner Pump charged incorrectly to chemicals.									(124.54)
To remove Home Depot invoice, Doc # 353655 incorrectly charged to chemicals									(10.68)
ADJUSTED CHEMICAL EXPENSE									11,249.06

CHEMICAL
ANALYSIS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2011

Safe Drinking Water Program Laboratory Reporting Format

Spec Cond SO4 C/S

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

System Name: Orangewood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone #: 727-934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TI203803001 Sample Date: 4-2-12 Sample Time: 710 (AM) PM (Circle One)

Sample Location (be specific): Well I Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☐Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☒Other: monthly

- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Habery (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 4-2-12

Certified Operator #: C-892 Phone #: 727-934-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

Reporting Format 62-550.730

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Orangewood PWS I.D. #: 6 5 1 1 3 1 1

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1 20380300l Sample Date: 4.2.12 Sample Time: 710 (AM) PM (Circle One)

Sample Location (be specific): well I Location Code:

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

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☒ Other: quartley
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Hebery (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 4.2.12

Certified Operator #: C-8012 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

Reporting Format 62-550.730

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/02/2012

PWS ID (From Page 1): 6516311 Sample Number (From Page 1): T1203803001 Lab Assigned Report # or Job T1203803

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/10/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1203803001

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	4.6		EPA 300.0	0.066	04/04/2012	08:57	E84589
1041	Nitrite	1	mg/L	0.062	U	EPA 300.0	0.062	04/04/2012	08:57	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1203803001

PWS ID (From Page 1): 6SH1311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1017	Chloride	250	mg/L	55		EPA 300.0	0.52	04/04/2012	08:57	E84589
1055	Sulfate	250	mg/L	31		EPA 300.0	0.52	04/04/2012	08:57	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

OTHER CONTAMINANTS

Report Number / Job ID: T1203803001

PWS ID (From Page 1): 6514311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Conductivity		umhos/cm	590		SM 2510B	2.0	04/06/2012	12:22	E84589

Reporting Format 62-550.730
Effective January 1995, Revised February 2010

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

25 Annuals

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

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

System Name: Orangewood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727 934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 11008 73001 Sample Date: 1-19-11 Sample Time: 2 (AM) PM (Circle One)

Sample Location (be specific): well 1 Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☐Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance
- ☐Composite of Multiple Sites
- ☒Other: Tri Annuals

Sampling Procedure Used or Other Comments:

- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)

SAMPLER CERTIFICATION

I, Keith Schneider (Print Name), Operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 1-19-11

Certified Operator #: 84626 Phone #: 727-934-9137 Sampler's Fax #: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E83374, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/19/2011

PWS ID (From Page 1): 6511311 Sample Number (From Page 1): T1100873001 Lab Assigned Report # or Job T1100873

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 2/7/11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1100873001
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	7.4		SM 4500NO3-F	0.039	01/21/2011	07:12	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/21/2011	07:12	E84589
1005	Arsenic	0.010	mg/L	0.0024		EPA 200.8	0.00012	01/26/2011	20:11	E82574
1010	Barium	2	mg/L	0.015		EPA 200.8	0.00027	01/26/2011	20:11	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	01/26/2011	20:11	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/25/2011	12:34	E82574
1024	Cyanide	0.2	mg/L	0.00088	U	SM 4500-CN-E	0.00088	01/26/2011	16:41	E84589
1025	Fluoride	4.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	01:02	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	01/26/2011	20:11	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	01/27/2011	15:06	E84589
1036	Nickel	0.1	mg/L	0.0012	I	EPA 200.7	0.0011	01/25/2011	12:34	E82574
1045	Selenium	0.05	mg/L	0.0024	I	EPA 200.8	0.00063	01/26/2011	20:11	E82574
1052	Sodium	160	mg/L	20		EPA 200.7	0.026	01/27/2011	12:35	E82574
1074	Antimony	0.006	mg/L	0.000091	U	EPA 200.8	0.000091	01/26/2011	20:11	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/25/2011	12:34	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	01/26/2011	20:11	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1100873001

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/25/2011	12:34	E82574
1017	Chloride	250	mg/L	39		EPA 300.0	2.0	01/28/2011	01:02	E84589
1022	Copper	1	mg/L	0.0023		EPA 200.8	0.000085	01/26/2011	20:11	E82574
1025	Fluoride	2.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	01:02	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	01/25/2011	12:34	E82574
1032	Manganese	0.05	mg/L	0.0079		EPA 200.8	0.000073	01/26/2011	20:11	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	01/26/2011	20:11	E82574
1055	Sulfate	250	mg/L	23		EPA 300.0	0.99	01/28/2011	01:02	E84589
1095	Zinc	5	mg/L	0.021		EPA 200.8	0.00041	01/26/2011	20:11	E82574
1905	Color	15	Color Units	2.7	U	SM 2120B	2.7	01/20/2011	16:45	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/19/2011	16:45	E84589
1925	pH	6.5 - 8.5	pH unit	6.89		SM 4500H+B	0.10	01/20/2011	12:00	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540C	10	01/24/2011	10:25	E84589
2905	Foaming Agents	0.5	mg/L	0.073	I	SM 5540C	0.050	01/20/2011	15:00	E82001

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job T1100873001
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	3.9		EPA 200.8	0.031	0.031		01/26/2011	20:11	E82574

** the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1100873001
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	01/21/2011	20:20	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	01/21/2011	20:20	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	01/21/2011	20:20	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	01/21/2011	20:20	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	01/21/2011	20:20	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	01/21/2011	20:20	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/21/2011	20:20	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/21/2011	20:20	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	01/21/2011	20:20	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	01/21/2011	20:20	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/21/2011	20:20	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/21/2011	20:20	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/21/2011	20:20	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	01/21/2011	20:20	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	01/21/2011	20:20	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/21/2011	20:20	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	01/21/2011	20:20	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/21/2011	20:20	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/21/2011	20:20	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	01/21/2011	20:20	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	01/21/2011	20:20	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1100873001
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0016	U	EPA 508	0.0016	0.01	01/20/2011	01/20/2011	18:55	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0036	U	EPA 508	0.0036	0.02	01/20/2011	01/20/2011	18:55	E82574
2015	Methoxychlor	40	ug/L	0.011	U	EPA 508	0.011	0.1	01/20/2011	01/20/2011	18:55	E82574
2020	Toxaphene	3	ug/L	0.097	U	EPA 508	0.097	1	01/20/2011	01/20/2011	18:55	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	01/20/2011	01/20/2011	16:04	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	01/24/2011	01/28/2011	15:14	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	01/21/2011	01/21/2011	16:04	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	01/27/2011	01/27/2011	19:24	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	01/27/2011	01/29/2011	03:43	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	01/25/2011	01/25/2011	23:37	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	01/27/2011	01/29/2011	03:43	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	01/27/2011	01/29/2011	03:43	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	01/20/2011	01/20/2011	16:04	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	01/20/2011	01/20/2011	16:04	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	EPA 508	0.015	0.1	01/20/2011	01/20/2011	18:55	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	01/25/2011	01/25/2011	23:37	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	01/27/2011	01/29/2011	03:43	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	01/27/2011	01/29/2011	03:43	E82574
2065	Heptachlor	0.4	ug/L	0.0067	U	EPA 508	0.0067	0.04	01/20/2011	01/20/2011	18:55	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.045		EPA 508	0.0033	0.02	01/20/2011	01/20/2011	18:55	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	01/20/2011	01/20/2011	16:04	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	01/20/2011	01/20/2011	16:04	E82574
2274	Hexachlorobenzene	1	ug/L	0.0062	U	EPA 508	0.0062	0.1	01/20/2011	01/20/2011	18:55	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	01/27/2011	01/29/2011	03:43	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	01/20/2011	01/20/2011	16:04	E82574
2383	PCBs	0.5	ug/L	0.12	U	EPA 508	0.12	0.1	01/20/2011	01/20/2011	18:55	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	01/20/2011	01/21/2011	05:00	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	01/20/2011	01/21/2011	05:00	E82574
2959	Chlordane (technical)	2	ug/L	0.051	U	EPA 508	0.051	0.2	01/20/2011	01/20/2011	18:55	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Orangewood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone #: 727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1120380300 2 Sample Date: 4.2.12 Sample Time: 218 (AM) PM (Circle One)

Sample Location (be specific): Well 2 Location Code:

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☒Other: quarterly
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Habery (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 4.2.12

Certified Operator #: C-8022 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/02/2012

PWS ID (From Page 1): 6510311 Sample Number (From Page 1): T1203803002 Lab Assigned Report # or Job T1203803

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), QM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/10/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1203803002

PWS ID (From Page 1): 6510311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	5.0		EPA 300.0	0.066	04/04/2012	11:52	E84589
1041	Nitrite	1	mg/L	0.062	U	EPA 300.0	0.062	04/04/2012	11:52	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Safe Drinking Water Program Laboratory Reporting Format

N02 N03

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

System Name: Orangewood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone #: 727-934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1203803003 Sample Date: 4-2-12 Sample Time: 720 (AM) PM (Circle One)

Sample Location (be specific): Wells 3-4- Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☒ Other: Quarterly
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Habery (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 4-2-12

Certified Operator #: C-8012 Phone #: 727-854-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

Reporting Format 62-550.730

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/02/2012

PWS ID (From Page 1): 651-1311 Sample Number (From Page 1): T1203803003 Lab Assigned Report # or Job T1203803

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/10/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1203803003

PWS ID (From Page 1): 651-1311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	5.1		EPA 300.0	0.066	04/04/2012	12:20	E84589
1041	Nitrite	1	mg/L	0.062	U	EPA 300.0	0.062	04/04/2012	12:20	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

T1202_03

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF
Address:
Phone: 727-
FAX:
Contact: Stephen Habery
Sampled By: Stephen Habery
Turn Around Time: ☒ STANDARD ☐ RUSH
Page ____ of ____

Project Name: ~~[redacted]~~ Orangewood
P.O. Number/Project Number: 252106
Project Location:
REMARKS/SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE | ANALYSIS REQUIRED: NO3 | NO2 | Spec Cond | Cls SO4 | LABORATORY I.D. NUMBER

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION											LAB I.D.
1	well I	✓	4-2-12	7:10A	DW	2		1	1									001
2	well 2	✓	"	7:18A	"	1		1										002
3	well 3-4	✓	"	7:20A	"	1		1										003

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked Temperature when received 3 (in degrees celcius)

Form revised 06/15/2010

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	4/2/12	1350	[signature]	4/2/12	1350
2	[signature]	4/2/12		[signature]	4/2/12	1408
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID: ____
Contact Person: ____ Phone: ____
Supplier of Water: ____
Site-Address: ____

Tri Annuals

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

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

System Name: Orange Wood PWS I.D. #: 6511311

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

Address: 2498 Arcadia RD

City: Holiday ZIP Code: 34690

Phone # 727 934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1110273000 Sample Date: 1-19-11 Sample Time: 730 (AM) PM (Circle One)

Sample Location (be specific): well 2 Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☐Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance
- ☐Composite of Multiple Sites
- ☒Other: Tri Annuals

Sampling Procedure Used or Other Comments: _____

SAMPLER CERTIFICATION

I, Keith Schneider (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 1-19-11

Certified Operator #: 84620 Phone #: 727-934-9137 Sampler's Fax #: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/19/2011

PWS ID (From Page 1): 6511311 Sample Number (From Page 1): T1100873002 Lab Assigned Report # or Job T1100873

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 2/7/11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1100873002

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	6.2		SM 4500NO3-F	0.039	01/21/2011	07:13	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/21/2011	07:13	E84589
1005	Arsenic	0.010	mg/L	0.0026		EPA 200.8	0.00012	01/26/2011	20:20	E82574
1010	Barium	2	mg/L	0.016		EPA 200.8	0.00027	01/26/2011	20:20	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	01/26/2011	20:20	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/25/2011	12:38	E82574
1024	Cyanide	0.2	mg/L	0.00088	U	SM 4500-CN-E	0.00088	01/26/2011	16:41	E84589
1025	Fluoride	4.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	01:27	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	01/26/2011	20:20	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	01/27/2011	15:06	E84589
1036	Nickel	0.1	mg/L	0.0015	I	EPA 200.7	0.0011	01/25/2011	12:38	E82574
1045	Selenium	0.05	mg/L	0.0021	I	EPA 200.8	0.00063	01/26/2011	20:20	E82574
1052	Sodium	160	mg/L	18		EPA 200.7	0.026	01/27/2011	12:41	E82574
1074	Antimony	0.006	mg/L	0.000091	U	EPA 200.8	0.000091	01/26/2011	20:20	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/25/2011	12:38	E82574
1085	Thallium	0.002	mg/L	0.00012	I	EPA 200.8	0.000026	01/26/2011	20:20	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1100873002
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/25/2011	12:38	E82574
1017	Chloride	250	mg/L	31		EPA 300.0	2.0	01/28/2011	01:27	E84589
1022	Copper	1	mg/L	0.0044		EPA 200.8	0.000085	01/26/2011	20:20	E82574
1025	Fluoride	2.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	01:27	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	01/25/2011	12:38	E82574
1032	Manganese	0.05	mg/L	0.026		EPA 200.8	0.000073	01/26/2011	20:20	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	01/26/2011	20:20	E82574
1055	Sulfate	250	mg/L	21		EPA 300.0	0.99	01/28/2011	01:27	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.8	0.00041	01/26/2011	20:20	E82574
1905	Color	15	Color Units	2.7	U	SM 2120B	2.7	01/20/2011	16:45	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/19/2011	16:45	E84589
1925	pH	6.5 - 8.5	pH unit	6.87		SM 4500H+B	0.10	01/20/2011	12:00	E84589
1930	Total Dissolved Solids	500	mg/L	290		SM 2540C	10	01/24/2011	10:25	E84589
2905	Foaming Agents	0.5	mg/L	0.11	I	SM 5540C	0.050	01/20/2011	15:00	E82001

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job T1100873002
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	2.3		EPA 200.8	0.031	0.031		01/26/2011	20:20	E82574

** the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1100873002
PWS ID (From Page 1): 6571311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	01/21/2011	23:20	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	01/21/2011	23:20	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	01/21/2011	23:20	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	01/21/2011	23:20	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	01/21/2011	23:20	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	01/21/2011	23:20	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/21/2011	23:20	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/21/2011	23:20	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	01/21/2011	23:20	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	01/21/2011	23:20	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/21/2011	23:20	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/21/2011	23:20	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/21/2011	23:20	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	01/21/2011	23:20	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	01/21/2011	23:20	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/21/2011	23:20	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	01/21/2011	23:20	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/21/2011	23:20	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/21/2011	23:20	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	01/21/2011	23:20	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	01/21/2011	23:20	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1100873002
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0017	U	EPA 508	0.0017	0.01	01/20/2011	01/20/2011	19:16	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0036	U	EPA 508	0.0036	0.02	01/20/2011	01/20/2011	19:16	E82574
2015	Methoxychlor	40	ug/L	0.012	U	EPA 508	0.012	0.1	01/20/2011	01/20/2011	19:16	E82574
2020	Toxaphene	3	ug/L	0.099	U	EPA 508	0.099	1	01/20/2011	01/20/2011	19:16	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	01/20/2011	01/20/2011	16:37	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	01/24/2011	01/28/2011	15:29	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	01/21/2011	01/21/2011	16:17	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	01/27/2011	01/27/2011	19:46	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	01/27/2011	01/29/2011	04:07	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	01/26/2011	01/26/2011	00:15	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	01/27/2011	01/29/2011	04:07	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	01/27/2011	01/29/2011	04:07	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	01/20/2011	01/20/2011	16:37	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	01/20/2011	01/20/2011	16:37	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.016	U	EPA 508	0.016	0.1	01/20/2011	01/20/2011	19:16	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	01/26/2011	01/26/2011	00:15	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	01/27/2011	01/29/2011	04:07	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	01/27/2011	01/29/2011	04:07	E82574
2065	Heptachlor	0.4	ug/L	0.0068	U	EPA 508	0.0068	0.04	01/20/2011	01/20/2011	19:16	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.044		EPA 508	0.0033	0.02	01/20/2011	01/20/2011	19:16	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	01/20/2011	01/20/2011	16:37	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	01/20/2011	01/20/2011	16:37	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	01/20/2011	01/20/2011	19:16	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	01/27/2011	01/29/2011	04:07	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	01/20/2011	01/20/2011	16:37	E82574
2383	PCBs	0.5	ug/L	0.12	U	EPA 508	0.12	0.1	01/20/2011	01/20/2011	19:16	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	01/20/2011	01/21/2011	05:26	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	01/20/2011	01/21/2011	05:26	E82574
2959	Chlordane (technical)	2	ug/L	0.052	U	EPA 508	0.052	0.2	01/20/2011	01/20/2011	19:16	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Sumnertree PWS I.D. #: 6511423

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

Address: 0.5 miles East off Little Rd on SR 52

City: Port Richey FL ZIP Code: 34668

Phone #727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T120011001 Sample Date: 1-4-12 Sample Time: 830 AM PM (Circle One)

Sample Location (be specific): well I Location Code:

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Tony Cardinal (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Tony Cardinal Date: 1-4-12

Certified Operator #: CR493 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/04/2012

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1200111001 Lab Assigned Report # or Job T1200111

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/18/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1200111001

PWS ID (From Page 1): 6515423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.039	U	SM 4500NO3-F	0.039	01/05/2011	16:04	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/05/2011	16:04	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, 1 are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1200111001
PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1017	Chloride	250	mg/L	13		EPA 300.0	0.10	01/11/2012	22:56	E84589
1055	Sulfate	250	mg/L	4.8	I	EPA 300.0	0.10	01/11/2012	22:56	E84589
1930	Total Dissolved Solids	500	mg/L	250		SM 2540C	12	01/11/2012	10:15	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Safe Drinking Water Program Laboratory Reporting Format

TTHMs

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

System Name: Summertree PWS I.D. #: 6511423

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

Address: 0.5 miles off little Rd on SR52

City: Port Richey ZIP Code: 34668

Phone #727-934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1203884001 Sample Date: 4-4-12 Sample Time: 841 (AM) PM (Circle One)

Sample Location (be specific): well I Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other: _____

Sampling Procedure Used or Other Comments:

_____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Hathcock (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 4-4-12

Certified Operator #: 6-8012 Phone #: 727-934-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2012

PWS ID (From Page 1): 6514123 Sample Number (From Page 1): T1203884001 Lab Assigned Report # or Job T1203884

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/19/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1203884001

PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.039	U	SM 4500NO3-F	0.039	04/05/2012	18:47	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	04/05/2012	18:47	E84589
1005	Arsenic	0.010	mg/L	0.00052	I	EPA 200.8	0.00012	04/11/2012	05:01	E82574
1010	Barium	2	mg/L	0.0098		EPA 200.8	0.00027	04/11/2012	05:01	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	04/11/2012	05:01	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	04/09/2012	13:47	E82574
1024	Cyanide	0.2	mg/L	0.0050	I	SM 4500-CN-E	0.0018	04/13/2012	15:57	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	04/11/2012	05:01	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	04/17/2012	13:29	E82574
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	04/09/2012	13:47	E82574
1045	Selenium	0.05	mg/L	0.00063	U	EPA 200.8	0.00063	04/11/2012	05:01	E82574
1052	Sodium	160	mg/L	6.7		EPA 200.7	0.026	04/09/2012	13:47	E82574
1074	Antimony	0.006	mg/L	0.000091	U	EPA 200.8	0.000091	04/11/2012	05:01	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	04/09/2012	13:47	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	04/11/2012	05:01	E82574

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1203884001

PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	04/09/2012	13:47	E82574
1017	Chloride	250	mg/L	23	I	EPA 300.0	0.52	04/05/2012	16:04	E84589
1022	Copper	1	mg/L	0.00044	I	EPA 200.8	0.000085	04/11/2012	05:01	E82574
1028	Iron	0.3	mg/L	0.083	I	EPA 200.7	0.038	04/09/2012	13:47	E82574
1032	Manganese	0.05	mg/L	0.0051		EPA 200.8	0.000073	04/11/2012	05:01	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	04/11/2012	05:01	E82574
1055	Sulfate	250	mg/L	16	I	EPA 300.0	0.52	04/05/2012	16:04	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.8	0.00041	04/11/2012	05:01	E82574
1905	Color	15	Color Units	13		SM 2120B	2.7	04/05/2012	17:57	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	04/05/2012	08:00	E84589
1925	pH	6.5 - 8.5	pH unit	6.99		SM 4500H+B	0.10	04/05/2012	14:30	E84589
1925	pH	6.5 - 8.5	pH unit	6.99		SM 4500H+B	0.10	04/05/2012	17:42	E84589
1930	Total Dissolved Solids	500	mg/L	190		SM 2540C	12	04/11/2012	15:37	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	04/05/2012	09:45	E82001

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1203884001
PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/09/2012	18:06	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	04/09/2012	18:06	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	04/09/2012	18:06	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	04/09/2012	18:06	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	04/09/2012	18:06	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/09/2012	18:06	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/09/2012	18:06	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	04/09/2012	18:06	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/09/2012	18:06	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	04/09/2012	18:06	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/09/2012	18:06	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2012	18:06	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2012	18:06	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/09/2012	18:06	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	04/09/2012	18:06	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2012	18:06	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	04/09/2012	18:06	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	04/09/2012	18:06	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2012	18:06	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	04/09/2012	18:06	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	04/09/2012	18:06	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1203884001
PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	04/05/2012	04/09/2012	21:53	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	04/05/2012	04/09/2012	21:53	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	04/05/2012	04/09/2012	21:53	E82574
2020	Toxaphene	3	ug/L	0.091	U	EPA 508	0.091	1	04/05/2012	04/09/2012	21:53	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	04/11/2012	04/12/2012	00:31	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	04/09/2012	04/10/2012	09:43	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	04/10/2012	04/17/2012	11:44	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	04/06/2012	04/06/2012	18:38	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	04/06/2012	04/10/2012	23:43	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	04/13/2012	04/13/2012	13:46	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	04/06/2012	04/10/2012	23:43	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	04/06/2012	04/10/2012	23:43	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	04/11/2012	04/12/2012	00:31	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	04/11/2012	04/12/2012	00:31	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.012	U	EPA 508	0.012	0.1	04/05/2012	04/09/2012	21:53	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	04/13/2012	04/13/2012	13:46	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	04/06/2012	04/10/2012	23:43	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	04/06/2012	04/10/2012	23:43	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	04/05/2012	04/09/2012	21:53	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	04/05/2012	04/09/2012	21:53	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	04/11/2012	04/12/2012	00:31	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	04/11/2012	04/12/2012	00:31	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	04/05/2012	04/09/2012	21:53	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	04/06/2012	04/10/2012	23:43	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	04/11/2012	04/12/2012	00:31	E82574
2383	PCBs	0.5	ug/L	0.11	U	EPA 508	0.11	0.1	04/05/2012	04/09/2012	21:53	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0060	U	EPA 504.1	0.0060	0.02	04/09/2012	04/09/2012	23:59	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0062	U	EPA 504.1	0.0062	0.01	04/09/2012	04/09/2012	23:59	E82574
2959	Chlordane (technical)	2	ug/L	0.048	U	EPA 508	0.048	0.2	04/05/2012	04/09/2012	21:53	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Orangewood T/P PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727-934-9153 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1200511003 Sample Date: 1-11-12 Sample Time: 821 (AM) PM (Circle One)

Sample Location (be specific): well 3 T/P Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☒Other: annually
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Will Stevens (Print Name), Operator. (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: X Will Stevens Date: 1-14-12

Certified Operator #: 14416 Phone #: 727-934-9153 Sampler's Fax #: _____

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/11/2012

PWS ID (From Page 1): 6513311 Sample Number (From Page 1): T1200511003 Lab Assigned Report # or Job T1200511

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), _____ (Print Title), do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/19/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1200511003

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	4.1		SM 4500NO3-F	0.039	01/12/2012	12:55	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/12/2012	12:55	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table I. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

T1200511

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF
Address:
Phone: 727-934-9137
FAX:
Contact: Stephen Aabery
Sampled By: Stephen Aabery
Turn Around Time: ☒ STANDARD ☐ RUSH
Page ____ of ____

Project Name: Orangewood T/P
P.O. Number/Project Number: 252106
Project Location: Orangewood.
REMARKS/SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE
ANALYSIS REQUIRED: NO3 NO2

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION		LABORATORY I.D. NUMBER
1	well T/P I	✓	1-11-12	8AM	DW	1		1	001
2	well 2 T/P	✓	1-11-12	8AM	DW	1		1	002
3	well 3 T/P	✓	1-11-12	8AM	DW	1		1	003

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☑ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked Temperature when received 5 (in degrees celcius)

Form revised 06/15/2010

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1		1-11-12	1320		1/11/12	1320
2		1/11/12			1/11/12	1444
3						
4						

P. 10

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site-Address: _____

Tri Annuals

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

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

System Name: Orange Wood PWS I.D. #: 6511311

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

Address: 2498 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727 934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1100873006 Sample Date: 1-19-11 Sample Time: 854 AM PM (Circle One)

Sample Location (be specific): WELL 3 BUTP Location Code:

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

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance
- ☐ Composite of Multiple Sites
- ☒ Other: Tri Annuals
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

SAMPLER CERTIFICATION

I, Keith Schenkelberger (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 1-19-11

Certified Operator #: 84625 Phone #: 727-934-9137 Sampler's Fax #:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/19/2011

PWS ID (From Page 1): 6511311 Sample Number (From Page 1): T1100873006 Lab Assigned Report # or Job T1100873

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: [signature] Date: 2/7/11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1100873006

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	4.0		SM 4500NO3-F	0.039	01/21/2011	07:16	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/21/2011	07:16	E84589
1005	Arsenic	0.010	mg/L	0.0037		EPA 200.8	0.00012	01/26/2011	21:26	E82574
1010	Barium	2	mg/L	0.021		EPA 200.8	0.00027	01/26/2011	21:26	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	01/26/2011	21:26	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/25/2011	12:55	E82574
1024	Cyanide	0.2	mg/L	0.00088	U	SM 4500-CN-E	0.00088	01/26/2011	16:41	E84589
1025	Fluoride	4.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	04:42	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	01/26/2011	21:26	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	01/27/2011	15:06	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/25/2011	12:55	E82574
1045	Selenium	0.05	mg/L	0.0022	I	EPA 200.8	0.00063	01/26/2011	21:26	E82574
1052	Sodium	160	mg/L	35		EPA 200.7	0.026	01/27/2011	13:01	E82574
1074	Antimony	0.006	mg/L	0.00011	I	EPA 200.8	0.000091	01/26/2011	21:26	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/25/2011	12:55	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	01/26/2011	21:26	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1100873006

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/25/2011	12:55	E82574
1017	Chloride	250	mg/L	73		EPA 300.0	2.0	01/28/2011	04:42	E84589
1022	Copper	1	mg/L	0.0025		EPA 200.8	0.000085	01/26/2011	21:26	E82574
1025	Fluoride	2.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	04:42	E84589
1028	Iron	0.3	mg/L	0.14	I	EPA 200.7	0.038	01/25/2011	12:55	E82574
1032	Manganese	0.05	mg/L	0.013		EPA 200.8	0.000073	01/26/2011	21:26	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	01/26/2011	21:26	E82574
1055	Sulfate	250	mg/L	17		EPA 300.0	0.99	01/28/2011	04:42	E84589
1095	Zinc	5	mg/L	0.019		EPA 200.8	0.00041	01/26/2011	21:26	E82574
1905	Color	15	Color Units	2.7	U	SM 2120B	2.7	01/20/2011	16:45	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/19/2011	16:45	E84589
1925	pH	6.5 - 8.5	pH unit	7.13		SM 4500H+B	0.10	01/20/2011	12:00	E84589
1930	Total Dissolved Solids	500	mg/L	390		SM 2540C	10	01/24/2011	10:25	E84589
2905	Foaming Agents	0.5	mg/L	0.073	I	SM 5540C	0.050	01/20/2011	15:00	E82001

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job T1100873006
PWS ID (From Page 1): 6651311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	1.2		EPA 200.8	0.031	0.031		01/26/2011	21:26	E82574

** the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1100873006
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	01/22/2011	02:23	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	01/22/2011	02:23	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	01/22/2011	02:23	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	01/22/2011	02:23	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	01/22/2011	02:23	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	01/22/2011	02:23	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	02:23	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	02:23	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	01/22/2011	02:23	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	01/22/2011	02:23	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	02:23	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	02:23	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	02:23	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	01/22/2011	02:23	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	01/22/2011	02:23	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	02:23	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	01/22/2011	02:23	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	02:23	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	02:23	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	01/22/2011	02:23	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	01/22/2011	02:23	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1100873006
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0019	U	EPA 508	0.0019	0.01	01/20/2011	01/20/2011	21:38	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0042	U	EPA 508	0.0042	0.02	01/20/2011	01/20/2011	21:38	E82574
2015	Methoxychlor	40	ug/L	0.013	U	EPA 508	0.013	0.1	01/20/2011	01/20/2011	21:38	E82574
2020	Toxaphene	3	ug/L	0.11	U	EPA 508	0.11	1	01/20/2011	01/20/2011	21:38	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	01/20/2011	01/20/2011	19:23	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	01/24/2011	01/28/2011	16:32	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	01/21/2011	01/21/2011	17:19	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	01/27/2011	01/27/2011	21:15	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	01/27/2011	01/31/2011	11:20	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	01/26/2011	01/26/2011	02:48	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	01/27/2011	01/31/2011	11:20	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	01/27/2011	01/31/2011	11:20	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	01/20/2011	01/20/2011	19:23	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	01/20/2011	01/20/2011	19:23	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.018	U	EPA 508	0.018	0.1	01/20/2011	01/20/2011	21:38	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	01/26/2011	01/26/2011	02:48	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	01/27/2011	01/31/2011	11:20	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	01/27/2011	01/31/2011	11:20	E82574
2065	Heptachlor	0.4	ug/L	0.0078	U	EPA 508	0.0078	0.04	01/20/2011	01/20/2011	21:38	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.011	I	EPA 508	0.0038	0.02	01/20/2011	01/20/2011	21:38	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	01/20/2011	01/20/2011	19:23	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	01/20/2011	01/20/2011	19:23	E82574
2274	Hexachlorobenzene	1	ug/L	0.0073	U	EPA 508	0.0073	0.1	01/20/2011	01/20/2011	21:38	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	01/27/2011	01/31/2011	11:20	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	01/20/2011	01/20/2011	19:23	E82574
2383	PCBs	0.5	ug/L	0.14	U	EPA 508	0.14	0.1	01/20/2011	01/20/2011	21:38	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	01/20/2011	01/21/2011	07:06	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	01/20/2011	01/21/2011	07:06	E82574
2959	Chlordane (technical)	2	ug/L	0.060	U	EPA 508	0.060	0.2	01/20/2011	01/20/2011	21:38	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Orangewood TP PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727-934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TP20051102 Sample Date: 1-11-12 Sample Time: 809 (AM) PM (Circle One)

Sample Location (be specific): well 2 TP Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☒Other: annually
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Will Stevens (Print Name), Operator. (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Will Stevens Date: 1-14-12

Certified Operator #: 14416 Phone #: 727-934-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☑ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/11/2012

PWS ID (From Page 1): 6511311 Sample Number (From Page 1): T1200511002 Lab Assigned Report # or Job T1200511

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/19/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1200511002

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	4.1		SM 4500NO3-F	0.039	01/12/2012	12:54	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/12/2012	12:54	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ^, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Tri Annuals

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

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

System Name: Orange Wood PWS I.D. #: 6511311

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

Address: 2498 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727 934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T110007305 Sample Date: 1-19-11 Sample Time: 830 (AM) PM (Circle One)

Sample Location (be specific): well 2 BUTP Location Code:

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

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance
- ☐ Composite of Multiple Sites
- ☒ Other: Tri Annuals
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments:

SAMPLER CERTIFICATION

I, Keith Schneider (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 1-19-11

Certified Operator #: 8462C Phone #: 727-934-9137 Sampler's Fax #:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/19/2011

PWS ID (From Page 1): 6531311 Sample Number (From Page 1): T1100873005 Lab Assigned Report # or Job T1100873

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: [signature] Date: 2/7/11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1100873005

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	3.3		SM 4500NO3-F	0.039	01/21/2011	07:15	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/21/2011	07:15	E84589
1005	Arsenic	0.010	mg/L	0.0046		EPA 200.8	0.00012	01/26/2011	21:17	E82574
1010	Barium	2	mg/L	0.019		EPA 200.8	0.00027	01/26/2011	21:17	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	01/26/2011	21:17	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/25/2011	12:51	E82574
1024	Cyanide	0.2	mg/L	0.00088	U	SM 4500-CN-E	0.00088	01/26/2011	16:41	E84589
1025	Fluoride	4.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	04:17	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	01/26/2011	21:17	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	01/27/2011	15:06	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/25/2011	12:51	E82574
1045	Selenium	0.05	mg/L	0.0041	I	EPA 200.8	0.00063	01/26/2011	21:17	E82574
1052	Sodium	160	mg/L	52		EPA 200.7	0.026	01/27/2011	12:56	E82574
1074	Antimony	0.006	mg/L	0.00015	I	EPA 200.8	0.000091	01/26/2011	21:17	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/25/2011	12:51	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	01/26/2011	21:17	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1100873005
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/25/2011	12:51	E82574
1017	Chloride	250	mg/L	110		EPA 300.0	2.0	01/28/2011	04:17	E84589
1022	Copper	1	mg/L	0.0040		EPA 200.8	0.000085	01/26/2011	21:17	E82574
1025	Fluoride	2.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	04:17	E84589
1028	Iron	0.3	mg/L	0.22		EPA 200.7	0.038	01/25/2011	12:51	E82574
1032	Manganese	0.05	mg/L	0.016		EPA 200.8	0.000073	01/26/2011	21:17	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	01/26/2011	21:17	E82574
1055	Sulfate	250	mg/L	23		EPA 300.0	0.99	01/28/2011	04:17	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.8	0.00041	01/26/2011	21:17	E82574
1905	Color	15	Color Units	2.7	U	SM 2120B	2.7	01/20/2011	16:45	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/19/2011	16:45	E84589
1925	pH	6.5 - 8.5	pH unit	6.84		SM 4500H+B	0.10	01/20/2011	12:00	E84589
1930	Total Dissolved Solids	500	mg/L	440		SM 2540C	10	01/24/2011	10:25	E84589
2905	Foaming Agents	0.5	mg/L	0.073	I	SM 5540C	0.050	01/20/2011	15:00	E82001

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job T1100873005
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	2.1		EPA 200.8	0.031	0.031		01/26/2011	21:17	E82574

** the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1100873005
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	01/22/2011	01:37	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	01/22/2011	01:37	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	01/22/2011	01:37	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	01/22/2011	01:37	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	01/22/2011	01:37	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	01/22/2011	01:37	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	01:37	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	01:37	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	01/22/2011	01:37	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	01/22/2011	01:37	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	01:37	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	01:37	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	01:37	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	01/22/2011	01:37	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	01/22/2011	01:37	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	01:37	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	01/22/2011	01:37	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	01:37	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	01:37	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	01/22/2011	01:37	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	01/22/2011	01:37	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1100873005
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0017	U	EPA 508	0.0017	0.01	01/20/2011	01/20/2011	21:17	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0037	U	EPA 508	0.0037	0.02	01/20/2011	01/20/2011	21:17	E82574
2015	Methoxychlor	40	ug/L	0.012	U	EPA 508	0.012	0.1	01/20/2011	01/20/2011	21:17	E82574
2020	Toxaphene	3	ug/L	0.10	U	EPA 508	0.10	1	01/20/2011	01/20/2011	21:17	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	01/20/2011	01/20/2011	18:17	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	01/24/2011	01/28/2011	16:16	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	01/21/2011	01/21/2011	17:06	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	01/27/2011	01/27/2011	20:52	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	01/27/2011	01/29/2011	05:18	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	01/26/2011	01/26/2011	02:10	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	01/27/2011	01/29/2011	05:18	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	01/27/2011	01/29/2011	05:18	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	01/20/2011	01/20/2011	18:17	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	01/20/2011	01/20/2011	18:17	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.016	U	EPA 508	0.016	0.1	01/20/2011	01/20/2011	21:17	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	01/26/2011	01/26/2011	02:10	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	01/27/2011	01/29/2011	05:18	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	01/27/2011	01/29/2011	05:18	E82574
2065	Heptachlor	0.4	ug/L	0.0069	U	EPA 508	0.0069	0.04	01/20/2011	01/20/2011	21:17	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0088	I	EPA 508	0.0034	0.02	01/20/2011	01/20/2011	21:17	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	01/20/2011	01/20/2011	18:17	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	01/20/2011	01/20/2011	18:17	E82574
2274	Hexachlorobenzene	1	ug/L	0.0064	U	EPA 508	0.0064	0.1	01/20/2011	01/20/2011	21:17	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	01/27/2011	01/29/2011	05:18	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	01/20/2011	01/20/2011	18:17	E82574
2383	PCBs	0.5	ug/L	0.12	U	EPA 508	0.12	0.1	01/20/2011	01/20/2011	21:17	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	01/20/2011	01/21/2011	06:40	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	01/20/2011	01/21/2011	06:40	E82574
2959	Chlordane (technical)	2	ug/L	0.053	U	EPA 508	0.053	0.2	01/20/2011	01/20/2011	21:17	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Aquagewood PWS I.D. #: 6 5 1 1 3 1 1

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone #: 727-934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1207661001 Sample Date: 7-3-12 Sample Time: 718 AM PM (Circle One)

Sample Location (be specific): well I BUTP Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☒ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☒ Other: quartley
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Tony Cardinal (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: X _____ Date: 7-3-12

Certified Operator #: C-8483 Phone #: 727-934-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

Reporting Format 62-550.730

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/03/2012

PWS ID (From Page 1): 651-1311 Sample Number (From Page 1): T1207661001 Lab Assigned Report # or Job T1207661

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

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

LAB CERTIFICATION

I, Angela Harlan (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Harlan Date: 7/6/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1207661001

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	5.1		SM 4500NO3-F	0.039	07/03/2012	15:43	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	07/03/2012	15:43	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

RI Annuals

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

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

System Name: Orange Wood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727 934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1100873004 Sample Date: 1-19-11 Sample Time: 8 AM PM (Circle One)

Sample Location (be specific): well I BVTP Location Code:

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

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance
- ☐ Composite of Multiple Sites
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)
- ☒ Other: tri Annuals

Sampling Procedure Used or Other Comments:

SAMPLER CERTIFICATION

I, Keith Schneider (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [signature] Date: 1-19-11

Certified Operator #: 84626 Phone #: 727-934-9137 Sampler's Fax #:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab -- Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82374, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/19/2011

PWS ID (From Page 1): _____ Sample Number (From Page 1): T1100873004 Lab Assigned Report # or Job T1100873

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 2/7/11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1100873004

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	5.5		SM 4500NO3-F	0.039	01/21/2011	07:15	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/21/2011	07:15	E84589
1005	Arsenic	0.010	mg/L	0.0012		EPA 200.8	0.00012	01/26/2011	21:07	E82574
1010	Barium	2	mg/L	0.017		EPA 200.8	0.00027	01/26/2011	21:07	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	01/26/2011	21:07	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/25/2011	12:47	E82574
1024	Cyanide	0.2	mg/L	0.00088	U	SM 4500-CN-E	0.00088	01/26/2011	16:41	E84589
1025	Fluoride	4.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	02:15	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	01/26/2011	21:07	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	01/27/2011	15:06	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/25/2011	12:47	E82574
1045	Selenium	0.05	mg/L	0.0018	I	EPA 200.8	0.00063	01/26/2011	21:07	E82574
1052	Sodium	160	mg/L	23		EPA 200.7	0.026	01/27/2011	12:51	E82574
1074	Antimony	0.006	mg/L	0.00025	I	EPA 200.8	0.000091	01/26/2011	21:07	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/25/2011	12:47	E82574
1085	Thallium	0.002	mg/L	0.00017	I	EPA 200.8	0.000026	01/26/2011	21:07	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1100873004
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/25/2011	12:47	E82574
1017	Chloride	250	mg/L	44		EPA 300.0	2.0	01/28/2011	02:15	E84589
1022	Copper	1	mg/L	0.0011		EPA 200.8	0.000085	01/26/2011	21:07	E82574
1025	Fluoride	2.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	02:15	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	01/25/2011	12:47	E82574
1032	Manganese	0.05	mg/L	0.0048		EPA 200.8	0.000073	01/26/2011	21:07	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	01/26/2011	21:07	E82574
1055	Sulfate	250	mg/L	20		EPA 300.0	0.99	01/28/2011	02:15	E84589
1095	Zinc	5	mg/L	0.0095		EPA 200.8	0.00041	01/26/2011	21:07	E82574
1905	Color	15	Color Units	2.7	U	SM 2120B	2.7	01/20/2011	16:45	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/19/2011	16:45	E84589
1925	pH	6.5 - 8.5	pH unit	7.08		SM 4500H+B	0.10	01/20/2011	12:00	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540C	10	01/24/2011	10:25	E84589
2905	Foaming Agents	0.5	mg/L	0.089	I	SM 5540C	0.050	01/20/2011	15:00	E82001

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job T1100873004
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	1.2		EPA 200.8	0.031	0.031		01/26/2011	21:07	E82574

** the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1100873004
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	01/22/2011	00:51	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	01/22/2011	00:51	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	01/22/2011	00:51	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	01/22/2011	00:51	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	01/22/2011	00:51	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	01/22/2011	00:51	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	00:51	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	00:51	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	01/22/2011	00:51	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	01/22/2011	00:51	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	00:51	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	00:51	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	00:51	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	01/22/2011	00:51	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	01/22/2011	00:51	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	00:51	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	01/22/2011	00:51	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	00:51	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	00:51	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	01/22/2011	00:51	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	01/22/2011	00:51	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1100873004
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0018	U	EPA 508	0.0018	0.01	01/20/2011	01/20/2011	20:57	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0039	U	EPA 508	0.0039	0.02	01/20/2011	01/20/2011	20:57	E82574
2015	Methoxychlor	40	ug/L	0.012	U	EPA 508	0.012	0.1	01/20/2011	01/20/2011	20:57	E82574
2020	Toxaphene	3	ug/L	0.11	U	EPA 508	0.11	1	01/20/2011	01/20/2011	20:57	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	01/20/2011	01/20/2011	17:43	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	01/24/2011	01/28/2011	16:01	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	01/21/2011	01/21/2011	16:41	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	01/27/2011	01/27/2011	20:30	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	01/27/2011	01/29/2011	04:55	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	01/26/2011	01/26/2011	01:32	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	01/27/2011	01/29/2011	04:55	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	01/27/2011	01/29/2011	04:55	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	01/20/2011	01/20/2011	17:43	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	01/20/2011	01/20/2011	17:43	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.017	U	EPA 508	0.017	0.1	01/20/2011	01/20/2011	20:57	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	01/26/2011	01/26/2011	01:32	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	01/27/2011	01/29/2011	04:55	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	01/27/2011	01/29/2011	04:55	E82574
2065	Heptachlor	0.4	ug/L	0.0074	U	EPA 508	0.0074	0.04	01/20/2011	01/20/2011	20:57	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0036	U	EPA 508	0.0036	0.02	01/20/2011	01/20/2011	20:57	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	01/20/2011	01/20/2011	17:43	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	01/20/2011	01/20/2011	17:43	E82574
2274	Hexachlorobenzene	1	ug/L	0.0069	U	EPA 508	0.0069	0.1	01/20/2011	01/20/2011	20:57	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	01/27/2011	01/29/2011	04:55	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	01/20/2011	01/20/2011	17:43	E82574
2383	PCBs	0.5	ug/L	0.13	U	EPA 508	0.13	0.1	01/20/2011	01/20/2011	20:57	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	01/20/2011	01/21/2011	06:16	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	01/20/2011	01/21/2011	06:16	E82574
2959	Chlordane (technical)	2	ug/L	0.056	U	EPA 508	0.056	0.2	01/20/2011	01/20/2011	20:57	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

Safe Drinking Water Program Laboratory Reporting Format

TTHMs

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

System Name: Summertree PWS I.D. #: 6511423

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

Address: 0.5 miles off Little Rd on SR52

City: Port Richey ZIP Code: 34668

Phone #727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1203884003 Sample Date: 4-4-12 Sample Time: 819 (AM) PM (Circle One)

Sample Location (be specific): well 13-17 Location Code:

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Hathcox (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 4-4-12

Certified Operator #: 8012 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

Reporting Format 62-550.730

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574,82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2012

PWS ID (From Page 1): 651-1423 Sample Number (From Page 1): T1203884003 Lab Assigned Report # or Job T1203884

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/19/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1203884003

PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.039	U	SM 4500NO3-F	0.039	04/05/2012	18:49	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	04/05/2012	18:49	E84589
1005	Arsenic	0.010	mg/L	0.00017	I	EPA 200.8	0.00012	04/11/2012	05:38	E82574
1010	Barium	2	mg/L	0.011		EPA 200.8	0.00027	04/11/2012	05:38	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	04/11/2012	05:38	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	04/09/2012	13:56	E82574
1024	Cyanide	0.2	mg/L	0.0085		SM 4500-CN-E	0.0018	04/13/2012	15:57	E84589
1030	Lead	0.015	mg/L	0.00029	I	EPA 200.8	0.000037	04/11/2012	05:38	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	04/17/2012	13:36	E82574
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	04/09/2012	13:56	E82574
1045	Selenium	0.05	mg/L	0.00063	U	EPA 200.8	0.00063	04/11/2012	05:38	E82574
1052	Sodium	160	mg/L	16		EPA 200.7	0.026	04/09/2012	13:56	E82574
1074	Antimony	0.006	mg/L	0.00011	I	EPA 200.8	0.000091	04/11/2012	05:38	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	04/09/2012	13:56	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	04/11/2012	05:38	E82574

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1203884003
PWS ID (From Page 1): 6510423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	04/09/2012	13:56	E82574
1017	Chloride	250	mg/L	32		EPA 300.0	0.52	04/05/2012	17:01	E84589
1022	Copper	1	mg/L	0.0056		EPA 200.8	0.000085	04/11/2012	05:38	E82574
1028	Iron	0.3	mg/L	1.0		EPA 200.7	0.038	04/09/2012	13:56	E82574
1032	Manganese	0.05	mg/L	0.011		EPA 200.8	0.000073	04/11/2012	05:38	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	04/11/2012	05:38	E82574
1055	Sulfate	250	mg/L	18	I	EPA 300.0	0.52	04/05/2012	17:01	E84589
1095	Zinc	5	mg/L	0.013		EPA 200.8	0.00041	04/11/2012	05:38	E82574
1905	Color	15	Color Units	8.6		SM 2120B	2.7	04/05/2012	17:58	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	04/05/2012	08:00	E84589
1925	pH	6.5 - 8.5	pH unit	6.92		SM 4500H+B	0.10	04/05/2012	14:30	E84589
1925	pH	6.5 - 8.5	pH unit	6.92		SM 4500H+B	0.10	04/05/2012	17:42	E84589
1930	Total Dissolved Solids	500	mg/L	230		SM 2540C	12	04/11/2012	15:37	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	04/05/2012	09:45	E82001

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1203884003
PWS ID (From Page 1): 6510423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/09/2012	19:37	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	04/09/2012	19:37	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	04/09/2012	19:37	E82574
2964	Dichloromethane	5	ug/L	0.34	I	EPA 524.2	0.32	0.5	04/09/2012	19:37	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	04/09/2012	19:37	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/09/2012	19:37	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/09/2012	19:37	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	04/09/2012	19:37	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/09/2012	19:37	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	04/09/2012	19:37	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/09/2012	19:37	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2012	19:37	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2012	19:37	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/09/2012	19:37	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	04/09/2012	19:37	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2012	19:37	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	04/09/2012	19:37	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	04/09/2012	19:37	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2012	19:37	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	04/09/2012	19:37	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	04/09/2012	19:37	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1203884003
PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	04/05/2012	04/09/2012	22:34	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	04/05/2012	04/09/2012	22:34	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	04/05/2012	04/09/2012	22:34	E82574
2020	Toxaphene	3	ug/L	0.091	U	EPA 508	0.091	1	04/05/2012	04/09/2012	22:34	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	04/11/2012	04/12/2012	02:04	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	04/09/2012	04/10/2012	10:14	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	04/10/2012	04/17/2012	12:09	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	04/06/2012	04/06/2012	19:22	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	04/06/2012	04/11/2012	00:33	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	04/18/2012	04/18/2012	10:20	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	04/06/2012	04/11/2012	00:33	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	04/06/2012	04/11/2012	00:33	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	04/11/2012	04/12/2012	02:04	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	04/11/2012	04/12/2012	02:04	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.012	U	EPA 508	0.012	0.1	04/05/2012	04/09/2012	22:34	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	04/18/2012	04/18/2012	10:20	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	04/06/2012	04/11/2012	00:33	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	04/06/2012	04/11/2012	00:33	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	04/05/2012	04/09/2012	22:34	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	04/05/2012	04/09/2012	22:34	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	04/11/2012	04/12/2012	02:04	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	04/11/2012	04/12/2012	02:04	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	04/05/2012	04/09/2012	22:34	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	04/06/2012	04/11/2012	00:33	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	04/11/2012	04/12/2012	02:04	E82574
2383	PCBs	0.5	ug/L	0.11	U	EPA 508	0.11	0.1	04/05/2012	04/09/2012	22:34	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0060	U	EPA 504.1	0.0060	0.02	04/09/2012	04/10/2012	00:47	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0062	U	EPA 504.1	0.0062	0.01	04/09/2012	04/10/2012	00:47	E82574
2959	Chlordane (technical)	2	ug/L	0.048	U	EPA 508	0.048	0.2	04/05/2012	04/09/2012	22:34	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

T120382 1

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF
Address:
Phone: 727-934-9137
FAX:
Contact: Stephen Habery
Sampled By: Stephen Habery
Turn Around Time: ☐ STANDARD ☐ RUSH
Page ____ of ____

Project Name: Summertree
P.O. Number/Project Number: 252125
Project Location:

REMARKS/SPECIAL INSTRUCTIONS:
TRIES

BOTTLE SIZE & TYPE
ANALYSIS REQUIRED: TRIES

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	LABORATORY I.D. NUMBER
1	well I	24-4-12		8:41AM	DW			001
2	well 2	↓		8:57AM	DW			002
3	wells 13-17	↓	↓	9:19AM	DW			003

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☑ Temp taken from sample ☐ Temp from blank ☑ Where required, pH checked Temperature when received 3 (in degrees celcius)

Form revised 06/15/2010

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1		4-4-12	1050		4/4/12	1050
2		4/4			4/4	1240
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site-Address: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Summertree PWS I.D. #: 6511423

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

Address: 0.5 miles East off little Rd on SR 52

City: Port Richey FL ZIP Code: 34668

Phone #727-934-9737 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1200111003 Sample Date: 1-4-12 Sample Time: 840 (AM) PM (Circle One)

Sample Location (be specific): wells 13-17 They share a hydro Location Code:

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Tony Cardinal (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: X Tony Cardinal Date: 1-4-12

Certified Operator #: CR8493 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/04/2012

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1200111003 Lab Assigned Report # or Job T1200111

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/18/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1200111003

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.039	U	SM 4500NO3-F	0.039	01/05/2011	16:04	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/05/2011	16:04	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, ! are unacceptable for compliance with 62-550. Results qualified with a J, O, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

HRC

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

System Name: Sumaertree PWS I.D. #: 6511423

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

Address: 0.5 miles East off Tittle Rd on SR 52

City: Port Richey FL ZIP Code: 34668

Phone #727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TT20011004 Sample Date: 1-4-12 Sample Time: 0843 (AM) PM (Circle One)

Sample Location (be specific): 11728 Aspenwood Location Code:

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Tony Cardinal (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Tony Cardinal Date: 1-4-12

Certified Operator #: C-8493 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/04/2012

PWS ID (From Page 1): 6051623 Sample Number (From Page 1): T1200111004 Lab Assigned Report # or Job T1200111

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/18/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

OTHER CONTAMINANTS

Report Number / Job ID: T1200111004

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
	Heterotrophic Plate Count		Col/1mL	7		SM 9215B	1.0	01/04/2012	16:25	E84589

Reporting Format 62-550.730
Effective January 1995 Revised February 2010

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, [illegible], are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

TDS SO4 Cl5

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

System Name: Summertree PWS I.D. #: 6 5 1 1 4 2 3

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

Address: 0.5 miles East off Tittle Rd on SR 52

City: Port Richey FL ZIP Code: 34668

Phone #727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T12001110005 Sample Date: 1-4-12 Sample Time: 837 AM PM (Circle One)

Sample Location (be specific): well 13 Location Code:

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other:

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Tony Cardinal (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: X Tony Cardinal Date: 1-4-12

Certified Operator #: C-8493 Phone #: 727-934-9137 Sampler's Fax #:

Sampler's E-mail:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/04/2012

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1200111005 Lab Assigned Report # or Job T1200111

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/18/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1200111005

PWS ID (From Page 1): 6511403

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1017	Chloride	250	mg/L	22		EPA 300.0	0.10	01/11/2012	23:25	E84589
1055	Sulfate	250	mg/L	5.8		EPA 300.0	0.10	01/11/2012	23:25	E84589
1930	Total Dissolved Solids	500	mg/L	280		SM 2540C	12	01/11/2012	10:15	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, "", are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

T1200111

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF
Address:
Phone: 727-934-9137
FAX:
Contact: Stephen Hagerty
Sampled By: Tony Cardinal
Turn Around Time: ☒ STANDARD ☐ RUSH
Page ____ of ____

Project Name: Summertree
P.O. Number/Project Number: 252125
Project Location: Summertree
REMARKS/SPECIAL INSTRUCTIONS:

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: NO2 NO3	TDS 2540C	HPC	LABORATORY I.D. NUMBER
1	Well F	Grab	1-4-12	830am	DW	2			1	1		001
2	well 2	Comp		833am		1			1			002
3	well 13-17			837am		1			1			003
4	11228 Aspenwood			843am		1					1	004
5	well 13			838am		1				1		005

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Code: I = Ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked

Temperature when received 3 (in degrees celcius)

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G LT-1 LT-2 T: 10A A: 3A M: 1A

Form revised 06/15/2010

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	1/4/12	1820	[signature]	1/4/12	1820
2	[signature]	1/4/12	1250	[signature]	1/4/12	1250
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site Address: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

NO2 NO3

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

System Name: Sumaertree PWS I.D. #: 6511423

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

Address: 0.5 miles East off Tittle Rd on SR 52

City: Port Richey FL ZIP Code: 34668

Phone #727 934-9737 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TT20111002 Sample Date: 1-4-12 Sample Time: 833 (AM) PM (Circle One)

Sample Location (be specific): well 2 Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other: _____

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Tony Cardinal (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: X Tony Cardinal Date: 1-4-12

Certified Operator #: C-8493 Phone #: 727-934-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☑ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/04/2012

PWS ID (From Page 1): 6511423 Sample Number (From Page 1): T1200111002 Lab Assigned Report # or Job T1200111

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: _____ Date: 1/18/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1200111002

PWS ID (From Page 1): 6511423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.039	U	SM 4500NO3-F	0.039	01/05/2011	16:04	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/05/2011	16:04	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Safe Drinking Water Program Laboratory Reporting Format

JTICS

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

System Name: Summertree PWS I.D. #: 6 5 1 1 4 2 3

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

Address: 0.5 miles off little Rd on SR52

City: Port Richey ZIP Code: 34668

Phone #727-934-9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1203884002 Sample Date: 4-4-12 Sample Time: 857 (AM) PM (Circle One)

Sample Location (be specific): well 2 Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☒Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☐Other: _____

Sampling Procedure Used or Other Comments:

_____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Hathery (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 4-4-12

Certified Operator #: 6-8012 Phone #: 727-934-9137 Sampler's Fax #: _____

Sampler's E-mail: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☒ Yes ☐ No If yes, please provide DOH certification numbers: E82574, E82001

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/04/2012

PWS ID (From Page 1): 651-1423 Sample Number (From Page 1): T1203884002 Lab Assigned Report # or Job T1203884

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/19/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1203884002

PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.039	U	SM 4500NO3-F	0.039	04/05/2012	18:48	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	04/05/2012	18:48	E84589
1005	Arsenic	0.010	mg/L	0.00044	I	EPA 200.8	0.00012	04/11/2012	05:10	E82574
1010	Barium	2	mg/L	0.010		EPA 200.8	0.00027	04/11/2012	05:10	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	04/11/2012	05:10	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	04/09/2012	13:52	E82574
1024	Cyanide	0.2	mg/L	0.0063		SM 4500-CN-E	0.0018	04/13/2012	15:57	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	04/11/2012	05:10	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	04/17/2012	13:31	E82574
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	04/09/2012	13:52	E82574
1045	Selenium	0.05	mg/L	0.00063	U	EPA 200.8	0.00063	04/11/2012	05:10	E82574
1052	Sodium	160	mg/L	10		EPA 200.7	0.026	04/09/2012	13:52	E82574
1074	Antimony	0.006	mg/L	0.000091	U	EPA 200.8	0.000091	04/11/2012	05:10	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	04/09/2012	13:52	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	04/11/2012	05:10	E82574

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T1203884002

PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	04/09/2012	13:52	E82574
1017	Chloride	250	mg/L	25	I	EPA 300.0	0.52	04/05/2012	16:32	E84589
1022	Copper	1	mg/L	0.000085	U	EPA 200.8	0.000085	04/11/2012	05:10	E82574
1028	Iron	0.3	mg/L	0.13	I	EPA 200.7	0.038	04/09/2012	13:52	E82574
1032	Manganese	0.05	mg/L	0.0049		EPA 200.8	0.000073	04/11/2012	05:10	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	04/11/2012	05:10	E82574
1055	Sulfate	250	mg/L	17	I	EPA 300.0	0.52	04/05/2012	16:32	E84589
1095	Zinc	5	mg/L	0.014		EPA 200.8	0.00041	04/11/2012	05:10	E82574
1905	Color	15	Color Units	6.7		SM 2120B	2.7	04/05/2012	17:57	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	04/05/2012	08:00	E84589
1925	pH	6.5 - 8.5	pH unit	7.28		SM 4500H+B	0.10	04/05/2012	14:30	E84589
1925	pH	6.5 - 8.5	pH unit	7.28		SM 4500H+B	0.10	04/05/2012	17:42	E84589
1930	Total Dissolved Solids	500	mg/L	200		SM 2540C	12	04/11/2012	15:37	E84589
2905	Foaming Agents	0.5	mg/L	0.038	U	SM 5540C	0.038	04/05/2012	09:45	E82001

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1203884002
PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	04/09/2012	18:51	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	04/09/2012	18:51	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	04/09/2012	18:51	E82574
2964	Dichloromethane	5	ug/L	0.37	I	EPA 524.2	0.32	0.5	04/09/2012	18:51	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	04/09/2012	18:51	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	04/09/2012	18:51	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/09/2012	18:51	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	04/09/2012	18:51	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	04/09/2012	18:51	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	04/09/2012	18:51	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	04/09/2012	18:51	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2012	18:51	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2012	18:51	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	04/09/2012	18:51	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	04/09/2012	18:51	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	04/09/2012	18:51	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	04/09/2012	18:51	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	04/09/2012	18:51	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	04/09/2012	18:51	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	04/09/2012	18:51	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	04/09/2012	18:51	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1203884002
PWS ID (From Page 1): 651-1423

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0069	U	EPA 508	0.0069	0.01	04/05/2012	04/09/2012	22:14	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0071	U	EPA 508	0.0071	0.02	04/05/2012	04/09/2012	22:14	E82574
2015	Methoxychlor	40	ug/L	0.0068	U	EPA 508	0.0068	0.1	04/05/2012	04/09/2012	22:14	E82574
2020	Toxaphene	3	ug/L	0.091	U	EPA 508	0.091	1	04/05/2012	04/09/2012	22:14	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	04/11/2012	04/12/2012	01:33	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	04/09/2012	04/10/2012	09:58	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	04/10/2012	04/17/2012	11:57	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	04/06/2012	04/06/2012	19:00	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	04/06/2012	04/11/2012	00:08	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	04/18/2012	04/18/2012	09:41	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	04/06/2012	04/11/2012	00:08	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	04/06/2012	04/11/2012	00:08	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	04/11/2012	04/12/2012	01:33	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	04/11/2012	04/12/2012	01:33	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.012	U	EPA 508	0.012	0.1	04/05/2012	04/09/2012	22:14	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	04/18/2012	04/18/2012	09:41	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	04/06/2012	04/11/2012	00:08	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	04/06/2012	04/11/2012	00:08	E82574
2065	Heptachlor	0.4	ug/L	0.0060	U	EPA 508	0.0060	0.04	04/05/2012	04/09/2012	22:14	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0052	U	EPA 508	0.0052	0.02	04/05/2012	04/09/2012	22:14	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	04/11/2012	04/12/2012	01:33	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	04/11/2012	04/12/2012	01:33	E82574
2274	Hexachlorobenzene	1	ug/L	0.0063	U	EPA 508	0.0063	0.1	04/05/2012	04/09/2012	22:14	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	04/06/2012	04/11/2012	00:08	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	04/11/2012	04/12/2012	01:33	E82574
2383	PCBs	0.5	ug/L	0.11	U	EPA 508	0.11	0.1	04/05/2012	04/09/2012	22:14	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0060	U	EPA 504.1	0.0060	0.02	04/09/2012	04/10/2012	00:23	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0062	U	EPA 504.1	0.0062	0.01	04/09/2012	04/10/2012	00:23	E82574
2959	Chlordane (technical)	2	ug/L	0.048	U	EPA 508	0.048	0.2	04/05/2012	04/09/2012	22:14	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Safe Drinking Water Program Laboratory Reporting Format

N02 N03

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

System Name: Orangewood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone #: 727.934.9137 Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T1203803003 Sample Date: 4.2.12 Sample Time: 720 (AM) PM (Circle One)

Sample Location (be specific): wells 3-4- Location Code: _____

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

Sample Type (Check Only One)

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

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

- ☐ Routine Compliance with 62-550
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☒ Other: quarterly
- ☐ Replacement (of Invalidated Sample)
- ☐ Special (not for compliance with 62-550)
- ☐ Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, Stephen Habery (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: _____ Date: 4.2.12

Certified Operator #: C-8012 Phone #: 727.954.9137 Sampler's Fax #: _____

Sampler's E-mail: _____

Reporting Format 62-550.730

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2012

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 04/02/2012

PWS ID (From Page 1): 651-1311 Sample Number (From Page 1): T1203803003 Lab Assigned Report # or Job T1203803

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

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

LAB CERTIFICATION

I, Angela Jones (Print Name), PM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Angela Jones Date: 4/10/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested: ☐ Yes ☐ No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS
62-550.310(1)

Report Number / Job ID: T1203803003
PWS ID (From Page 1): 651-1311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	5.1		EPA 300.0	0.066	04/04/2012	12:20	E84589
1041	Nitrite	1	mg/L	0.062	U	EPA 300.0	0.062	04/04/2012	12:20	E84589

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

T1203, J3

Advanced Environmental Laboratories, Inc.

☐ **Altamonte Springs:** 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
☐ **Gainesville:** 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
☐ **Jacksonville:** 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
☐ **Miramar:** 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ **Tallahassee:** 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
☐ **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: UIF
Address:
Phone: 727-
FAX:
Contact: Stephen Habery
Sampled By: Stephen Habery
Turn Around Time: ☒ STANDARD ☐ RUSH
Page ____ of ____

Project Name: ~~[redacted]~~ Orange wood
P.O. Number/Project Number: 252106
Project Location:
REMARKS/SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE
ANALYSIS REQUIRED: NO3, NO2, Spec Cond, Cl, SO4

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION			LABORATORY I.D. NUMBER
1	well I	✓	4-2-12	710A	DW	2		1	1	001
2	well 2	✓		715A		1		1		002
3	well 3-4	✓	↓	720A	↓	1		1		003
[redacted]										

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☒ Temp taken from sample ☐ Temp from blank ☒ Where required, pH checked
Temperature when received 3 (in degrees celcius)
Form revised 06/15/2010
Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	4/2/12	1350	[signature]	4/2/12	1350
2	[signature]	4/2/12		[signature]	4/2/12	1408
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID: _____
Contact Person: _____ Phone: _____
Supplier of Water: _____
Site-Address: _____

Tri Annuals

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

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

System Name: Orangewood PWS I.D. #: 6511311

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

Address: 2448 Arcadia Rd

City: Holiday ZIP Code: 34690

Phone # 727-934-9137 Fax #: E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 110087303 Sample Date: 1-19-11 Sample Time: 745 (AM) PM (Circle One)

Sample Location (be specific): wells 3-4 Location Code:

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

Sample Type (Check Only One)

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

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

- ☐Routine Compliance with 62-550
- ☐Confirmation of MCL Exceedance
- ☐Composite of Multiple Sites
- ☐Replacement (of Invalidated Sample)
- ☐Special (not for compliance with 62-550)
- ☐Clearance (permitting)
- ☒Other: Tri Annuals

Sampling Procedure Used or Other Comments:

SAMPLER CERTIFICATION

I, Keith Schneider (Print Name), operator (Print Title), do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Date: 1-19-11

Certified Operator #: 8462C Phone #: 727-934-9137 Sampler's Fax #:

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E84589 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE *

Address: 9610 Princess Palm Avenue Tampa, FL 33619 Phone #: (813)630-9616

Were any analyses subcontracted? [X] Yes [ ] No If yes, please provide DOH certification numbers: E82574, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 01/19/2011

PWS ID (From Page 1): 6511311 Sample Number (From Page 1): T1100873003 Lab Assigned Report # or Job T1100873

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

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

LAB CERTIFICATION

I, Tammie Heslin (Print Name), CSM (Print Title), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: [signature] Date: 2/7/11

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: [ ] Yes [ ] No Replacement Sample or Report Requested: [ ] Yes [ ] No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T1100873003

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	6.7		SM 4500NO3-F	0.039	01/21/2011	07:14	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	01/21/2011	07:14	E84589
1005	Arsenic	0.010	mg/L	0.0026		EPA 200.8	0.00012	01/26/2011	20:30	E82574
1010	Barium	2	mg/L	0.014		EPA 200.8	0.00027	01/26/2011	20:30	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	01/26/2011	20:30	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	01/25/2011	12:42	E82574
1024	Cyanide	0.2	mg/L	0.00088	U	SM 4500-CN-E	0.00088	01/26/2011	16:41	E84589
1025	Fluoride	4.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	01:51	E84589
1030	Lead	0.015	mg/L	0.000037	U	EPA 200.8	0.000037	01/26/2011	20:30	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	01/27/2011	15:06	E84589
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	01/25/2011	12:42	E82574
1045	Selenium	0.05	mg/L	0.0033	I	EPA 200.8	0.00063	01/26/2011	20:30	E82574
1052	Sodium	160	mg/L	25		EPA 200.7	0.026	01/27/2011	12:46	E82574
1074	Antimony	0.006	mg/L	0.00018	I	EPA 200.8	0.000091	01/26/2011	20:30	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	01/25/2011	12:42	E82574
1085	Thallium	0.002	mg/L	0.00017	I	EPA 200.8	0.000026	01/26/2011	20:30	E82574

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

SECONDARY CONTAMINANTS
62-550.320

Report Number / Job ID: T1100873003

PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	01/25/2011	12:42	E82574
1017	Chloride	250	mg/L	47		EPA 300.0	2.0	01/28/2011	01:51	E84589
1022	Copper	1	mg/L	0.0020		EPA 200.8	0.000085	01/26/2011	20:30	E82574
1025	Fluoride	2.0	mg/L	0.17	U	EPA 300.0	0.17	01/28/2011	01:51	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	01/25/2011	12:42	E82574
1032	Manganese	0.05	mg/L	0.0024		EPA 200.8	0.000073	01/26/2011	20:30	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	01/26/2011	20:30	E82574
1055	Sulfate	250	mg/L	22		EPA 300.0	0.99	01/28/2011	01:51	E84589
1095	Zinc	5	mg/L	0.010		EPA 200.8	0.00041	01/26/2011	20:30	E82574
1905	Color	15	Color Units	2.7	U	SM 2120B	2.7	01/20/2011	16:45	E84589
1920	Odor	3	T.O.N. @ 40°C	1.0	U	SM 2150B	1.0	01/19/2011	16:45	E84589
1925	pH	6.5 - 8.5	pH unit	6.89		SM 4500H+B	0.10	01/20/2011	12:00	E84589
1930	Total Dissolved Solids	500	mg/L	300		SM 2540C	10	01/24/2011	10:25	E84589
2905	Foaming Agents	0.5	mg/L	0.073	I	SM 5540C	0.050	01/20/2011	15:00	E82001

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

RADIONUCLIDES
62-550.310(6)

Report Number / Job T1100873003
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium	30	ug/L	5.0		EPA 200.8	0.031	0.031		01/26/2011	20:30	E82574

** the result exceeds 5 pCi/L, a measurement for radium-226 is required. Uranium is reported separately under Contam ID 4006.

*** If the results exceed 5 pCi/L, a measurement for radium-226 is required. If the results exceed 15 pCi/L, a measurement for Combined Uranium must be reported separately. The DEP/DOH will subtract the U value from the Gross Alpha (ID 4002) to determine compliance with MCL for Gross Alpha (Excl. U) of 15pCi/L. If the result for ID 4002 Gross Alpha (Including Uranium) does not exceed 15pCi/L, Combined Uranium need not be measured nor reported.

**** If using Uranium testing methods ASTM D5174 or EPA 200.8 only, then Analysis Error need not be reported.

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

VOLATILE ORGANICS
62-550.310(4)(a)

Report Number / Job ID: T1100873003
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	01/22/2011	00:06	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	01/22/2011	00:06	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	01/22/2011	00:06	E82574
2964	Dichloromethane	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	01/22/2011	00:06	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	01/22/2011	00:06	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	01/22/2011	00:06	E82574
2976	Vinyl Chloride	1	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	00:06	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	00:06	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	01/22/2011	00:06	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	01/22/2011	00:06	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	01/22/2011	00:06	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	00:06	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	00:06	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	01/22/2011	00:06	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	01/22/2011	00:06	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	01/22/2011	00:06	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	01/22/2011	00:06	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	01/22/2011	00:06	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	01/22/2011	00:06	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	01/22/2011	00:06	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	01/22/2011	00:06	E82574

NOTE: Results indicating non-detection with a reported lab MDL > .5 µg/L will not be accepted for compliance.

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: T1100873003
PWS ID (From Page 1): 6511311

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2005	Endrin	2	ug/L	0.0016	U	EPA 508	0.0016	0.01	01/20/2011	01/20/2011	19:36	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0035	U	EPA 508	0.0035	0.02	01/20/2011	01/20/2011	19:36	E82574
2015	Methoxychlor	40	ug/L	0.011	U	EPA 508	0.011	0.1	01/20/2011	01/20/2011	19:36	E82574
2020	Toxaphene	3	ug/L	0.096	U	EPA 508	0.096	1	01/20/2011	01/20/2011	19:36	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	01/20/2011	01/20/2011	17:11	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	01/24/2011	01/28/2011	15:45	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	01/21/2011	01/21/2011	16:29	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	01/27/2011	01/27/2011	20:08	E82574
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	01/27/2011	01/29/2011	04:31	E82574
2036	Oxamyl	200	ug/L	0.57	U	EPA 531.1	0.57	2	01/26/2011	01/26/2011	00:53	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	01/27/2011	01/29/2011	04:31	E82574
2039	Di(2-Ethylhexyl)phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	01/27/2011	01/29/2011	04:31	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	01/20/2011	01/20/2011	17:11	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	01/20/2011	01/20/2011	17:11	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	EPA 508	0.015	0.1	01/20/2011	01/20/2011	19:36	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	01/26/2011	01/26/2011	00:53	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	01/27/2011	01/29/2011	04:31	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	01/27/2011	01/29/2011	04:31	E82574
2065	Heptachlor	0.4	ug/L	0.0066	U	EPA 508	0.0066	0.04	01/20/2011	01/20/2011	19:36	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.061		EPA 508	0.0032	0.02	01/20/2011	01/20/2011	19:36	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	01/20/2011	01/20/2011	17:11	E82574
2110	Silvex (2,4,5-TP)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	01/20/2011	01/20/2011	17:11	E82574
2274	Hexachlorobenzene	1	ug/L	0.0061	U	EPA 508	0.0061	0.1	01/20/2011	01/20/2011	19:36	E82574
2306	Benzo[a]pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	01/27/2011	01/29/2011	04:31	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	01/20/2011	01/20/2011	17:11	E82574
2383	PCBs	0.5	ug/L	0.12	U	EPA 508	0.12	0.1	01/20/2011	01/20/2011	19:36	E82574
2931	1,2-Dibromo-3-Chloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	01/20/2011	01/21/2011	05:50	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	01/20/2011	01/21/2011	05:50	E82574
2959	Chlordane (technical)	2	ug/L	0.051	U	EPA 508	0.051	0.2	01/20/2011	01/20/2011	19:36	E82574

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance.

OPERATIONS
REPORTS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2011

2010

MORs

ORANGEWOOD

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hstp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bwtp

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point In Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	22,100		2.0								1.7	
2	x	24.0	18,000		1.7								1.2	
3		24.0												
4	x	24.0	36,500		1.8								1.5	
5	x	24.0	17,200		2.0								1.5	
6		24.0	21,600		2.1								1.8	
7	x	24.0	14,800		2.1								1.0	
8	x	24.0	25,200		2.0								1.4	
9	x	24.0	17,200		2.0								1.2	
10		24.0												
11	x	24.0	42,100		2.1								1.7	
12	x	24.0	20,200		1.9								1.7	
13		24.0	26,600		2.0								1.4	
14	x	24.0	18,500		1.8								1.4	
15	x	24.0	21,800		1.9								1.7	
16	x	24.0	19,400		1.2								1.3	
17		24.0												
18	x	24.0	40,900		1.8								1.4	
19	x	24.0	20,900		1.9								1.5	
20		24.0	19,900		1.6								1.4	
21	x	24.0	26,400		1.6								1.3	
22	x	24.0	18,000		1.0								1.0	
23	x	24.0	17,500		0.7								0.5	
24		24.0												
25	x	24.0	40,200		0.5								0.5	
26	x	24.0	22,100		1.1								1.0	
27		24.0	17,000		1.5								1.2	
28	x	24.0	20,200		1.6								1.4	
29	x	24.0	19,500		1.5								1.3	
30	x	24.0	25,200		1.8								1.3	
31		24.0												
Total			609,000											
Average			19,645											
Maximum			42,100											

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

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bwtp

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	24,900		2.0								1.5	
2	x	24.0	9,200		1.7								1.5	
3		24.0												
4	x	24.0	29,900		1.6								1.2	
5	x	24.0	11,500		1.5								1.2	
6	x	24.0	13,000		1.4								1.2	
7	x	24.0	10,600		1.6								1.4	
8	x	24.0	10,700		1.8								1.7	
9	x	24.0	5,700		1.5								1.3	
10		24.0												
11	x	24.0	26,700		1.7								1.4	
12	x	24.0	14,200		1.8								1.5	
13	x	24.0	11,800		1.6								1.5	
14	x	24.0			1.7								1.4	
15	x	24.0	14,100		1.8								1.4	
16	x	24.0	9,300		1.8								1.5	
17		24.0												
18	x	24.0	29,200		1.5								1.3	
19	x	24.0	17,700		1.8								1.4	
20	x	24.0	13,500		1.8								1.6	
21	x	24.0	16,200		1.9								1.5	
22	x	24.0	6,700		1.8								1.5	
23	x	24.0	10,600		1.8								1.7	
24		24.0												
25	x	24.0	25,300		1.5								1.5	
26	x	24.0	15,400		1.7								1.4	
27	x	24.0	6,500		1.5								1.3	
28	x	24.0	9,200		1.8								1.5	
29	x	24.0	10,400		1.9								1.4	
30	x	24.0	10,600		1.7								1.6	
31		24.0												
Total			362,900											
Average			11,706											
Maximum			29,900											

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

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 bwtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	off holiday dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	127,000		2.5								1.5	
2	x	24.0	101,000		3.0								2.0	
3		24.0												
4	x	24.0	246,000		2.5								2.0	
5	x	24.0	115,000		2.5								2.0	
6	x	24.0	115,000		2.0								1.8	
7	x	24.0	114,000		2.0								1.7	
8	x	24.0	113,000		2.1								1.8	
9	x	24.0	114,000		2.5								1.6	
10		24.0												
11	x	24.0	233,000		2.3								2.0	
12	x	24.0	114,000		2.2								1.8	
13	x	24.0	121,000		2.5								2.0	
14	x	24.0	106,000		2.2								1.8	
15	x	24.0	124,000		2.1								1.9	
16	x	24.0	98,000		2.5								1.8	
17		24.0												
18	x	24.0	242,000		2.2								1.9	
19	x	24.0	117,000		2.1								1.7	
20	x	24.0	112,000		1.8								1.6	
21	x	24.0	117,000		1.8								1.3	
22	x	24.0	105,000		2.2								1.9	
23	x	24.0	121,000		2.0								1.7	
24		24.0												
25	x	24.0	236,000		2.1								1.8	
26	x	24.0	113,000		2.0								1.9	
27	x	24.0	99,000		2.0								1.5	
28	x	24.0	124,000		2.0								1.7	
29	x	24.0	111,000		2.1								1.8	
30	x	24.0	120,000		2.2								1.8	
31		24.0												
Total			3,458,000											
Average			111,548											
Minimum			246,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				January 2010						
Community Water System (CWS) Name:	orangewood									
Public Water System (PWS) Identification Number:	6511311									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Unit
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	48,300	100	14,400	22,100	24,900	127,000					236,800
2	34,300	26,200	9,500	18,000	9,200	101,000					198,200
3											
4	78,900	70,800	20,100	36,500	29,900	246,000					482,200
5	41,400	35,800	11,100	17,200	11,500	115,000					232,000
6	41,400	35,800	11,400	21,600	13,000	115,000					238,200
7	55,000	39,100	11,800	14,800	10,600	114,000					245,300
8	35,800	35,600	12,900	25,200	10,700	113,000					233,200
9	35,900	32,500	6,200	17,200	5,700	114,000					211,500
10											0
11	89,900	72,300	28,100	42,100	26,700	233,000					492,100
12	47,700	34,900	11,800	20,200	14,200	114,000					242,800
13	40,100	35,500	12,300	26,600	11,800	121,000					247,300
14	70,200	40,200	13,300	18,500		106,000					248,200
15	33,300	36,400	11,200	21,800	14,100	124,000					240,800
16	35,500	32,600	10,900	19,400	9,300	98,000					205,700
17											0
18	95,700	75,700	25,500	40,900	29,200	242,000					509,000
19	49,200	37,800	13,400	20,900	17,700	117,000					256,000
20	47,500	38,700	14,300	19,900	13,500	112,000					245,900
21	61,400	3,300	15,200	26,400	16,200	117,000					239,500
22	43,700	32,100	11,300	18,000	6,700	105,000					216,800
23	30,000	37,100	10,500	17,500	10,600	121,000					226,700
24											0
25	90,400	77,200	22,000	40,200	25,300	236,000					491,100
26	62,200	35,500	11,100	22,100	15,400	113,000					259,300
27	19,400	36,500	13,600	17,000	6,500	99,000					192,000
28	44,300	36,300	11,300	20,200	9,200	124,000					245,300
29	48,900	38,200	14,000	19,500	10,400	111,000					242,000
30	41,000	35,700	11,200	25,200	10,600	120,000					243,700
31											0
Total	1,321,400	1,011,900	358,400	609,000	362,900	3,458,000					7,121,600
Avg	42,625	32,900	11,561	19,645	11,706	111,548					229,729
Max	95,700	77,200	28,100	42,100	29,900	246,000					509,000

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 ORG 3 D

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in 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	24.0	48,300		2.0								1.5	
2	x	24.0	34,300		1.8								1.6	
3		24.0												
4	x	24.0	78,900		1.8								1.4	
5	x	24.0	41,400		1.9								1.5	
6		24.0	41,400		2.5								2.0	
7	x	24.0	55,000		2.2								1.9	
8	x	24.0	35,800		2.3								1.6	
9	x	24.0	35,900		2.3								1.5	
10		24.0												
11	x	24.0	89,900		2.1								1.8	
12	x	24.0	47,700		2.0								1.8	
13		24.0	40,100		1.8								1.3	
14	x	24.0	70,200		1.7								1.7	
15	x	24.0	33,300		1.8								1.4	
16	x	24.0	35,500		2.2								1.5	
17		24.0												
18	x	24.0	95,700		2.0								1.8	
19	x	24.0	49,200		2.5								1.8	
20		24.0	47,500		2.1								1.6	
21	x	24.0	61,400		2.0								1.8	
22	x	24.0	43,700		2.5								2.0	
23	x	24.0	30,000		2.0								1.7	
24		24.0												
25	x	24.0	90,400		2.2								1.8	
26	x	24.0	62,200		2.0								1.8	
27		24.0	19,400		2.0								1.5	
28	x	24.0	44,300		1.8								1.5	
29	x	24.0	48,900		1.7								1.5	
30	x	24.0	41,000		1.7								1.4	
31		24.0												
Total			1,321,400											
Average			42,625											
Minimum			95,700											

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

DEP Form 62-555.900(3)
Effective August 28, 2003

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 Old Log Cabin

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	100		2.0								1.8	
2	x	24.0	26,200		2.0								1.6	
3		24.0												
4	x	24.0	70,800		2.1								1.8	
5	x	24.0	35,800		2.0								1.5	
6		24.0	35,800		2.0								1.5	
7	x	24.0	39,100		0.7								0.5	
8	x	24.0	35,600		1.8								1.3	
9	x	24.0	32,500		2.0								1.6	
10		24.0												
11	x	24.0	72,300		2.1								1.7	
12	x	24.0	34,900		1.8								1.5	
13		24.0	35,500		1.7								1.4	
14	x	24.0	40,200		1.8								1.7	
15	x	24.0	36,400		1.9								1.5	
16	x	24.0	32,600		2.2								1.7	
17		24.0												
18	x	24.0	75,700		2.1								1.5	
19	x	24.0	37,800		2.0								1.5	
20		24.0	38,700		2.2								1.8	
21	x	24.0	3,300		1.8								1.5	
22	x	24.0	32,100		1.5								1.2	
23	x	24.0	37,100		1.8								1.5	
24		24.0												
25	x	24.0	77,200		1.8								1.7	
26	x	24.0	35,500		1.5								1.5	
27		24.0	36,500		2.0								1.6	
28	x	24.0	36,300		1.8								1.4	
29	x	24.0	38,200		1.8								1.4	
30	x	24.0	35,700		2.3								1.6	
31		24.0												
Total			1,011,900											
Average			32,900											
Maximum			77,200											

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

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4 Office

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	14,400		2.0								1.5	
2	x	24.0	9,500		2.0								1.3	
3		24.0												
4	x	24.0	20,100		1.7								1.4	
5	x	24.0	11,100		1.8								1.6	
6	x	24.0	11,400		1.8								1.5	
7	x	24.0	11,800		2.1								1.7	
8	x	24.0	12,900		1.8								1.5	
9	x	24.0	6,200		2.0								1.2	
10		24.0												
11	x	24.0	28,100		1.9								1.7	
12	x	24.0	11,800		1.8								1.4	
13	x	24.0	12,300		1.7								1.4	
14	x	24.0	13,300		1.9								1.7	
15	x	24.0	11,200		1.7								1.6	
16	x	24.0	10,900		2.2								1.5	
17		24.0												
18	x	24.0	25,500		2.0								1.8	
19	x	24.0	13,400		2.2								1.8	
20	x	24.0	14,300		2.1								1.5	
21	x	24.0	15,200		2.0								1.4	
22	x	24.0	11,300		2.1								1.8	
23	x	24.0	10,500		2.0								1.5	
24		24.0												
25	x	24.0	22,000		2.1								1.8	
26	x	24.0	11,100		2.0								1.7	
27	x	24.0	13,600		2.1								1.8	
28	x	24.0	11,300		1.7								1.5	
29	x	24.0	14,000		2.1								1.8	
30	x	24.0	11,200		2.0								1.6	
31		24.0												
Total			358,400											
Average			11,561											
Maximum			28,100											

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

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

FILE COPY

February, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@urwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8362	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	90,500		1.8								1.4	
2	x	24.0	30,900		1.8								1.5	
3	x	24.0	47,300		1.7								1.5	
4	x	24.0	42,500		1.5								1.4	
5	x	24.0	27,400		1.8								1.5	
6	x	24.0	40,100		1.8								1.6	
7		24.0												
8	x	24.0	90,100		1.5								1.3	
9	x	24.0	33,800		1.6								1.5	
10	x	24.0	36,000		1.5								1.2	
11	x	24.0	34,900		1.2								1.0	
12	x	24.0	38,200		1.5								1.2	
13	x	24.0	23,800		1.7								1.3	
14		24.0												
15	x	24.0	79,900		1.8								1.5	
16	x	24.0	43,600		1.5								1.0	
17	x	24.0	37,900		2.3								1.7	
18	x	24.0	45,300		2.0								1.8	
19	x	24.0	51,000		2.4								2.0	
20	x	24.0	46,100		2.0								1.8	
21		24.0												
22	x	24.0	89,300		1.4								1.2	
23	x	24.0	51,300		2.0								1.5	
24	x	24.0	38,000		1.8								1.5	
25	x	24.0	44,300		1.6								1.4	
26	x	24.0	42,400		1.8								1.6	
27	x	24.0	43,100		1.8								1.4	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			1,150,900											
Average			41,103											
Maximum			90,500											

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

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

	February, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	73,800		2.2								1.7	
2	x	24.0	33,400		1.4								1.5	
3	x	24.0	35,700		1.8								1.5	
4	x	24.0	38,100		1.7								1.4	
5	x	24.0	39,600		1.7								1.5	
6	x	24.0	24,600		1.8								1.4	
7		24.0												
8	x	24.0	81,100		1.7								1.5	
9	x	24.0	36,500		1.5								1.4	
10	x	24.0	30,400		1.5								1.2	
11	x	24.0	37,000		1.7								1.5	
12	x	24.0	35,200		1.8								1.4	
13	x	24.0	25,100		1.8								1.6	
14		31.0												
15	x	24.0	75,100		1.7								1.4	
16	x	24.0	35,500		1.5								1.4	
17	x	24.0	34,500		2.2								1.6	
18	x	24.0	35,200		2.0								1.7	
19	x	24.0	30,400		2.1								1.4	
20	x	24.0	35,900		2.0								1.6	
21		24.0												
22	x	24.0	75,900		1.9								1.4	
23	x	24.0	37,300		1.0								1.0	
24	x	24.0	36,500		2.0								1.5	
25	x	24.0	36,100		1.8								1.5	
26	x	24.0	34,600		1.7								1.5	
27	x	24.0	36,000		1.8								1.3	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			1,003,500											
Average			35,839											
Maximum			81,100											

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

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

		February, 2010	

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3–4

February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	20,100		2.0								1.8	
2	x	24.0	9,700		2.1								1.7	
3	x	24.0	10,700		2.0								1.7	
4	x	24.0	14,600		1.8								1.5	
5	x	24.0	8,700		1.7								1.5	
6	x	24.0	9,600		1.7								1.4	
7		24.0												
8	x	24.0	20,400		1.8								1.6	
9	x	24.0	10,600		1.7								1.4	
10	x	24.0	9,900		1.8								1.5	
11	x	24.0	10,600		1.5								1.2	
12	x	24.0	11,200		1.8								1.5	
13	x	24.0	7,900		1.8								1.3	
14		24.0												
15	x	24.0	30,900		1.8								1.5	
16	x	24.0	900		1.8								1.6	
17	x	24.0	9,700		1.7								1.5	
18	x	24.0	11,500		1.8								1.3	
19	x	24.0	12,600		1.5								1.2	
20	x	24.0	11,700		1.8								1.3	
21		24.0												
22	x	24.0	23,200		1.5								1.4	
23	x	24.0	11,700		1.6								1.4	
24	x	24.0	12,900		1.5								1.3	
25	x	24.0	11,300		1.7								1.4	
26	x	24.0	11,600		1.8								1.4	
27	x	24.0	11,500		1.8								1.3	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			303,500											
Average			10,839											
Maximum			30,900											

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

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

	February, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 bvtp		Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☐ Raw Ground Water	☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cantinal	C	8493	Days / Weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	30,700		1.8								1.4	
2	x	24.0	20,000		1.7								1.4	
3	x	24.0	20,100		1.8								1.5	
4	x	24.0	15,800		1.7								1.4	
5	x	24.0	22,300		1.8								1.2	
6	x	24.0	18,000		1.8								1.4	
7		24.0												
8	x	24.0	34,900		1.7								1.5	
9	x	24.0	21,400		1.0								0.8	
10	x	24.0	22,200		1.8								1.0	
11	x	24.0	21,900		1.0								1.0	
12	x	24.0	15,100		1.0								1.1	
13	x	24.0	16,800		1.5								1.0	
14		24.0												
15	x	24.0	34,500		1.4								1.2	
16	x	24.0	22,000		1.8								1.4	
17	x	24.0	26,000		1.7								1.2	
18	x	24.0	19,000		1.9								1.5	
19	x	24.0	25,500		2.0								1.3	
20	x	24.0	18,500		1.8								1.3	
21		24.0												
22	x	24.0	30,900		1.5								1.2	
23	x	24.0	21,600		1.5								1.2	
24	x	24.0	21,300		2.0								1.8	
25	x	24.0	23,500		1.8								1.5	
26	x	24.0	23,700		1.7								1.3	
27	x	24.0	12,200		1.9								1.3	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			537,900											
Average			19,210											
Maximum			34,900											

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

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

	February, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☐ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 hwtp

February, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	21,900		1.5								1.4	
2	x	24.0	8,300		1.6								1.5	
3	x	24.0	8,200		1.8								1.5	
4	x	24.0	14,000		1.7								1.5	
5	x	24.0	5,400		1.8								1.4	
6	x	24.0	8,100		1.8								1.3	
7		24.0												
8	x	24.0	20,100		1.0								1.1	
9	x	24.0	11,600		1.5								1.2	
10	x	24.0	5,800		1.5								1.1	
11	x	24.0	9,600		1.8								1.4	
12	x	24.0	6,100		1.7								1.4	
13	x	24.0	5,800		1.8								1.5	
14		24.0												
15	x	24.0	21,200		1.7								1.5	
16	x	24.0	10,500		1.8								1.4	
17	x	24.0	13,000		1.9								1.7	
18	x	24.0	13,500		2.1								1.8	
19	x	24.0	4,500		1.9								1.7	
20	x	24.0	20,800		1.8								1.5	
21		24.0												
22	x	24.0	22,500		1.5								1.3	
23	x	24.0	10,200		1.8								1.4	
24	x	24.0	11,400		1.8								1.5	
25	x	24.0	10,900		1.7								1.4	
26	x	24.0	13,200		1.5								1.2	
27	x	24.0	5,400		1.7								1.5	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			282,000											
Average			10,071											
Maximum			22,500											

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

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

February, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	off holiday dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 hwp

February, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	*Disinfectant* Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	219,000		2.3								1.9	
2	x	24.0	113,000		2.5								1.8	
3	x	24.0	113,000		2.8								1.9	
4	x	24.0	106,000		2.2								1.8	
5	x	24.0	119,000		2.1								1.7	
6	x	24.0	98,000		2.0								1.8	
7		24.0												
8	x	24.0	229,000		1.8								1.5	
9	x	24.0	125,000		2.0								1.5	
10	x	24.0	100,000		2.0								1.5	
11	x	24.0	114,000		2.0								1.7	
12	x	24.0	106,000		2.1								1.8	
13	x	24.0	108,000		1.8								1.6	
14		24.0												
15	x	24.0	213,000		2.2								1.7	
16	x	24.0	111,000		2.0								1.7	
17	x	24.0	108,000		1.9								1.5	
18	x	24.0	100,000		1.9								1.4	
19	x	24.0	107,000		2.1								1.8	
20	x	24.0	133,000		2.0								1.8	
21		24.0												
22	x	24.0	197,000		2.0								1.7	
23	x	24.0	122,000		2.5								1.5	
24	x	24.0	111,000		2.5								1.5	
25	x	24.0	113,000		2.2								1.8	
26	x	24.0	116,000		2.0								1.9	
27	x	24.0	91,000		2.2								1.8	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			3,072,000											
Average			109,714											
Maximum			229,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				February 2010							
Community Water System (CWS) Name:			Orangewood								
Public Water System (PWS) Identification Number:			6511311								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	240,000	210,000	75,000	23,200	12,700	175,100					736,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	90,500	73,800	20,100	30,700	21,900	219,000					456,000
2	30,900	33,400	9,700	20,000	8,300	113,000					215,300
3	47,200	35,700	10,700	20,100	8,200	113,000					234,900
4	42,500	38,100	14,600	15,800	14,000	106,000					231,000
5	27,400	39,600	8,700	22,300	5,400	119,000					222,400
6	40,100	24,600	9,600	18,000	8,100	98,000					198,400
7	0	0	0								0
8	90,100	81,100	20,400	34,900	20,100	229,000					475,600
9	33,800	36,500	10,600	21,400	11,600	125,000					238,900
10	36,000	30,400	9,900	22,200	5,800	100,000					204,300
11	34,900	37,000	10,600	21,900	9,600	114,000					228,000
12	38,200	35,200	11,200	15,100	6,100	106,000					211,800
13	23,600	25,100	7,900	16,800	5,800	108,000					187,400
14	0	0	0								0
15	79,900	75,100	30,900	34,500	21,200	213,000					454,600
16	43,600	35,500	900	22,000	10,500	111,000					223,500
17	37,900	34,500	9,700	26,000	13,000	108,000					229,100
18	45,200	35,200	11,500	19,000	13,500	100,000					224,400
19	54,000	40,400	12,600	25,500	4,500	107,000					244,000
20	46,100	35,900	11,700	18,500	20,800	133,000					266,000
21	0	0	0								0
22	89,300	75,900	23,200	30,900	22,500	197,000					438,800
23	51,300	37,300	11,700	21,600	10,200	122,000					254,100
24	38,000	36,500	12,900	21,300	11,400	111,000					231,100
25	44,700	36,100	11,300	23,500	10,900	113,000					239,500
26	42,400	34,600	11,600	23,700	13,200	116,000					241,500
27	43,100	36,000	11,500	12,200	5,400	91,000					199,200
28	0	0	0								0
29	0	0	0								0
30	0	0	0								0
31	0	0	0								0
Total	1,150,900	1,003,500	303,500	537,900	282,000	3,072,000					6,349,800
Avg.	41,103	35,839	10,839	19,210	10,071	109,714					226,778
Max.	90,500	81,100	30,900	34,900	22,500	229,000					475,600

...ONTHLY OPERATION REPORT FOR PWSs TREATING ...AW GROUND WATER OR PURCHASED FINISHED WA...D

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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(s)	Stephen Habery	C	8012	Days / Weekends
Other Operator(s)	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: March, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water Treatment Components Out of Operation
				CT Calculation							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	24.0	94,800		1.7								1.3	
2	x	24.0	54,400		2.0								1.5	
3	x	24.0	37,700		1.8								1.6	
4	x	24.0	59,200		1.4								1.2	
5	x	24.0	29,800		2.0								1.6	
6	x	24.0	63,600		2.2								1.5	
7		24.0												
8	x	24.0	90,400		2.0								1.8	
9	x	24.0	57,600		3.0								2.5	
10	x	24.0	42,000		2.3								1.6	
11	x	24.0	57,400		2.3								1.3	
12	x	24.0	47,400		2.0								1.7	
13	x	24.0	23,400		2.0								1.5	
14		24.0												
15	x	24.0	109,100		2.0								1.4	
16	x	24.0	52,900		2.1								1.5	
17	x	24.0	53,700		2.3								1.5	
18	x	24.0	40,800		2.0								1.5	
19	x	24.0	46,800		2.0								1.6	
20	x	24.0	28,300		2.1								1.3	
21		24.0												
22	x	24.0	97,900		2.0								1.4	
23	x	24.0	44,400		2.0								1.5	
24	x	24.0	53,300		2.0								1.5	
25	x	24.0	56,300		2.0								1.5	
26	x	24.0	52,600		1.5								1.5	
27	x	24.0	39,000		1.8								1.4	
28		24.0												
29	x	24.0	119,200		1.5								1.2	
30	x	24.0	27,700		1.7								1.5	
31	x	24.0	47,900		1.7								1.3	
Total			1,527,600											
Average			49,277											
Maximum			119,200											

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

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

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: March, 2010

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

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

Day of the Month	Days Plant Staffed by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
				Peak Flow Rate, gpm	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	71,900		1.7								1.6	
2	x	24.0	40,900		2.0								1.5	
3	x	24.0	35,500		1.8								1.4	
4	x	24.0	39,400		1.7								1.4	
5	x	24.0	30,700		1.8								1.6	
6	x	24.0	42,000		1.8								1.5	
7		24.0												
8	x	24.0	75,400		1.7								1.4	
9	x	24.0	40,300		1.0								1.0	
10	x	24.0	38,600		2.0								1.6	
11	x	24.0	36,100		1.8								1.6	
12	x	24.0	39,700		1.9								1.5	
13	x	24.0	29,300		0.6								1.3	
14		24.0												
15	x	24.0	74,700		1.7								1.2	
16	x	24.0	43,700		1.4								1.2	
17	x	24.0	43,400		1.5								1.3	
18	x	24.0	36,700		2.0								1.5	
19	x	24.0	36,700		1.8								1.5	
20	x	24.0	28,900		1.7								1.6	
21		24.0												
22	x	24.0	79,500		1.5								1.2	
23	x	24.0	35,700		2.0								1.5	
24	x	24.0	37,700		2.0								1.5	
25	x	24.0	39,600		1.2								1.0	
26	x	24.0	39,100		1.0								1.0	
27	x	24.0			1.6								1.3	
28		24.0												
29	x	24.0	76,500		1.5								1.3	
30	x	24.0	41,800		2.0								1.6	
31	x	24.0	33,100		1.9								1.7	
Total			1,166,900											
Average			37,642											
Maximum			79,500											

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

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

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:		City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: March, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate 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	24.0	22,400		1.7								1.4	
2	x	24.0	11,700		1.8								1.5	
3	x	24.0	11,800		1.7								1.3	
4	x	24.0	11,200		1.5								1.2	
5	x	24.0	12,300		1.8								1.5	
6	x	24.0	10,800		1.7								1.5	
7		24.0												
8	x	24.0	24,000		1.8								1.4	
9	x	24.0	10,300		1.9								1.5	
10	x	24.0	10,000		2.0								1.8	
11	x	24.0	8,300		1.8								1.5	
12	x	24.0	7,900		1.7								1.3	
13	x	24.0	7,900		1.0								1.4	
14		24.0												
15	x	24.0	19,000		1.7								1.4	
16	x	24.0	9,800		1.7								1.3	
17	x	24.0	8,000		1.5								1.2	
18	x	24.0	8,300		1.8								1.4	
19	x	24.0	7,600		1.8								1.5	
20	x	24.0	8,000		2.0								1.5	
21		24.0												
22	x	24.0	17,600		2.0								1.7	
23	x	24.0	8,200		2.0								1.5	
24	x	24.0	9,300		2.1								1.9	
25	x	24.0	9,600		2.0								1.7	
26	x	24.0	10,900		1.8								1.4	
27	x	24.0	12,300		1.8								1.5	
28		24.0												
29	x	24.0	19,500		1.7								1.4	
30	x	24.0	10,600		1.6								1.5	
31	x	24.0	11,400		1.8								1.5	
Total			318,600											
Average			10,277											
Minimum			24,000											

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

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

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

III. Daily Data for the Month/Year of: March, 2010

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration 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	24.0	41,000		1.7								1.4	
2	x	24.0	29,300		1.8								1.3	
3	x	24.0	13,700		1.5								1.1	
4	x	24.0	20,000		1.3								1.2	
5	x	24.0	18,300		1.6								1.5	
6	x	24.0	28,500		1.8								1.5	
7		24.0												
8	x	24.0	33,600		1.7								1.3	
9	x	24.0	35,800		1.8								1.4	
10	x	24.0	14,800		1.7								1.3	
11	x	24.0	31,900		1.8								1.4	
12	x	24.0	15,600		1.9								1.4	
13	x	24.0	20,500		1.7								1.3	
14		24.0												
15	x	24.0	48,900		1.8								1.5	
16	x	24.0	27,000		1.5								1.3	
17	x	24.0	34,500		1.8								1.5	
18	x	24.0	16,400		1.5								1.5	
19	x	24.0	28,200		1.7								1.4	
20	x	24.0	22,600		0.6								1.0	
21		24.0												
22	x	24.0	40,200		0.4								1.1	
23	x	24.0	27,400		1.0								1.0	
24	x	24.0	25,800		1.3								1.1	
25	x	24.0	25,900		1.5								1.2	
26	x	24.0	27,600		1.5								1.2	
27	x	24.0	33,500		1.5								1.3	
28		24.0												
29	x	24.0	45,600		1.0								1.0	
30	x	24.0	35,200		1.5								1.0	
31	x	24.0	26,500		1.3								1.1	
Total			768,200											
Average			24,781											
Maximum			48,900											

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

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

I. General Information for the Month/Year of: March, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bstp

III. Daily Data for the Month/Year of: March, 2010

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

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

Day of the Month	Days Plant Staffed by Certified Operator (Place an "X")	Hours plant Was in Operation	Net Quantity of Finished Water Produced (gal.)	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration in Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	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	24.0	30,800		1.7									1.3	
2	x	24.0	10,000		1.5									1.3	
3	x	24.0	8,800		1.8									1.4	
4	x	24.0	15,000		1.7									1.4	
5	x	24.0	3,900		1.6									1.4	
6	x	24.0	18,500		2.0									1.6	
7		24.0													
8	x	24.0	24,700		1.8									1.4	
9	x	24.0	21,900		1.9									1.7	
10	x	24.0	9,200		1.7									1.5	
11	x	24.0	12,600		1.8									1.4	
12	x	24.0	18,300		2.0									1.7	
13	x	24.0	15,900		1.7									1.5	
14		24.0													
15	x	24.0	28,700		1.8									1.4	
16	x	24.0	19,600		2.0									1.5	
17	x	24.0	20,400		2.0									1.5	
18	x	24.0	9,700		2.0									1.5	
19	x	24.0	15,300		1.9									1.7	
20	x	24.0	18,700		1.8									1.4	
21		24.0													
22	x	24.0	26,800		1.9									1.5	
23	x	24.0	12,600		1.7									1.4	
24	x	24.0	18,400		1.5									1.3	
25	x	24.0	16,500		1.8									1.5	
26	x	24.0	16,500		2.0									1.5	
27	x	24.0	20,300		1.8									1.6	
28		24.0													
29	x	24.0	32,100		1.9									1.7	
30	x	24.0	19,200		1.8									1.5	
31	x	24.0	12,800		2.1									1.7	
Total			477,200												
Average			15,394												
Maximum			32,100												

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

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

March, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 hvtp

March, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	225,000		2.0								1.5	
2	x	24.0	116,000		2.1								1.7	
3	x	24.0	103,000		2.1								1.8	
4	x	24.0	112,000		1.8								1.5	
5	x	24.0	111,000		2.2								1.8	
6	x	24.0	128,000		2.0								1.5	
7		24.0												
8	x	24.0	212,000		1.8								1.5	
9	x	24.0	97,000		1.7								1.5	
10	x	24.0	115,000		2.5								1.8	
11	x	24.0	98,000		2.8								1.7	
12	x	24.0	116,000		2.0								1.9	
13	x	24.0	111,000		2.0								1.8	
14		24.0												
15	x	24.0	224,000		2.0								1.7	
16	x	24.0	99,000		2.1								1.7	
17	x	24.0	131,000		2.0								1.7	
18	x	24.0	97,000		2.2								1.8	
19	x	24.0	108,000		2.1								1.8	
20	x	24.0	110,000		2.2								1.8	
21		24.0												
22	x	24.0	211,000		2.1								1.7	
23	x	24.0	92,000		2.0								1.7	
24	x	24.0	127,000		2.0								1.8	
25	x	24.0	111,000		2.0								1.7	
26	x	24.0	111,000		2.5								1.7	
27	x	24.0	111,000		2.3								1.9	
28		24.0												
29	x	24.0	211,000		2.1								1.8	
30	x	24.0	118,000		2.3								1.8	
31	x	24.0	101,000		1.3								1.6	
Total			3,506,000											
Average			113,097											
Maximum			225,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				March 2010							
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	94,800	71,900	22,400	41,000	30,800	225,000					485,900
2	54,400	40,900	11,700	29,300	10,000	116,000					262,300
3	37,700	35,500	11,800	13,700	8,800	103,000					210,500
4	59,200	39,400	11,200	20,000	15,000	112,000					256,800
5	29,800	30,700	12,300	18,200	3,900	111,000					205,900
6	63,600	42,000	10,800	28,500	18,500	128,000					291,400
7	0	0	0								0
8	90,400	75,400	24,000	33,600	24,700	212,000					460,100
9	57,600	40,300	10,300	35,800	21,900	97,000					262,900
10	42,000	38,600	10,000	14,800	9,200	115,000					229,600
11	57,400	36,100	8,300	31,900	12,600	98,000					244,300
12	47,400	39,700	7,900	15,600	18,300	116,000					244,900
13	23,400	29,300	7,900	20,500	15,900	111,000					208,000
14	0	0	0								0
15	109,100	74,700	19,000	48,900	28,700	224,000					504,400
16	52,900	43,700	9,800	27,000	19,600	99,000					252,000
17	53,700	43,400	8,000	34,500	20,400	131,000					291,000
18	40,600	36,700	8,300	16,400	9,700	97,000					208,900
19	46,800	36,700	7,600	28,200	15,300	108,000					242,600
20	26,300	28,900	8,000	22,600	18,700	110,000					216,500
21	0	0	0								0
22	87,900	79,500	17,600	40,200	26,800	211,000					473,000
23	44,400	35,700	8,200	27,400	12,600	92,000					220,300
24	53,300	37,700	9,300	25,800	18,400	127,000					271,500
25	56,300	39,600	9,600	25,900	16,500	111,000					258,900
26	52,600	39,100	10,900	27,600	16,500	111,000					257,700
27	39,000	0	12,200	33,500	20,300	111,000					216,000
28	0	0	0								0
29	119,200	76,500	19,500	45,600	32,100	211,000					503,900
30	27,700	41,800	10,600	35,200	19,200	118,000					252,500
31	47,900	33,100	11,400	26,500	12,800	101,000					232,700
Total	1,527,600	1,166,900	318,600	768,200	477,200	3,506,000					7,764,500
Avg.	49,277	37,642	10,277	24,780	15,393	113,096					250,468
Max.	119,200	79,500	24,000	48,900	32,100	225,000					504,400

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Involved 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	24.0	76,900		2.0								1.5	
2	x	24.0	38,400		1.8								1.5	
3	x	24.0	61,100		2.0								1.5	
4		24.0												
5	x	24.0	132,100		1.0								1.0	
6	x	24.0	300		2.0								1.7	
7	x	24.0	70,800		1.8								1.5	
8	x	24.0	62,900		1.7								1.5	
9	x	24.0	69,400		1.8								1.4	
10	x	24.0	39,400		1.9								1.5	
11		24.0												
12	x	24.0	132,200		2.0								1.7	
13	x	24.0	42,600		1.7								1.5	
14	x	24.0	60,500		2.0								1.5	
15	x	24.0	49,600		2.1								1.7	
16	x	24.0	44,300		2.0								1.8	
17	x	24.0	37,800		1.2								1.6	
18		24.0												
19	x	24.0	86,400		1.5								1.1	
20	x	24.0	37,100		1.8								1.2	
21	x	24.0	36,000		2.2								1.5	
22	x	24.0	45,200		2.3								1.8	
23	x	24.0	47,100		2.3								1.6	
24	x	24.0	46,000		2.2								1.8	
25		24.0												
26	x	24.0	74,300		1.8								1.4	
27	x	24.0	35,500		1.7								1.5	
28	x	24.0	34,700		2.0								1.6	
29	x	24.0	26,700		1.0								1.4	
30	x	24.0	42,300		2.2								1.8	
31		24.0												
Total			1,429,700											
Average			47,656											
Maximum			132,200											

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

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	46,400		1.7								1.6	
2	x	24.0	35,300		2.0								1.4	
3	x	24.0	43,600		2.0								1.5	
4		24.0												
5	x	24.0	77,300		1.8								1.5	
6	x	24.0	49,800		2.1								1.6	
7	x	24.0	43,000		1.7								1.5	
8	x	24.0	41,400		1.0								1.0	
9	x	24.0	42,400		1.8								1.5	
10	x	24.0	38,100		1.9								1.4	
11		24.0												
12	x	24.0	85,800		1.9								1.5	
13	x	24.0	42,300		1.8								1.6	
14	x	24.0	43,700		1.8								1.5	
15	x	24.0	42,900		1.7								1.5	
16	x	24.0	38,400		1.5								1.2	
17	x	24.0	33,900		0.6								1.4	
18		24.0												
19	x	24.0	80,600		2.0								1.5	
20	x	24.0	37,200		2.1								1.7	
21	x	24.0	36,900		2.2								1.8	
22	x	24.0			2.0								1.6	
23	x	24.0	42,000		2.0								1.6	
24	x	24.0	38,100		2.0								1.8	
25		24.0												
26	x	24.0	70,600		1.8								1.7	
27	x	24.0	39,100		1.8								1.6	
28	x	24.0	36,400		1.7								1.6	
29	x	24.0	29,800		1.8								1.5	
30	x	24.0	39,500		1.6								1.0	
31		24.0												
Total			1,157,200											
Average			38,573											
Minimum			85,800											

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

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3-4

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L*	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	12,100		2.0								1.8	
2	x	24.0	13,100		2.0								1.5	
3	x	24.0	11,000		2.0								1.5	
4		24.0												
5	x	24.0	29,500		1.8								1.6	
6	x	24.0	72,600		1.7								1.5	
7	x	24.0	18,000		1.6								1.4	
8	x	24.0	10,900		1.7								1.4	
9	x	24.0	10,700		1.8								1.7	
10	x	24.0	8,100		1.5								1.2	
11		24.0												
12	x	24.0	19,500		1.5								1.4	
13	x	24.0	9,800		1.8								1.4	
14	x	24.0	10,600		1.8								1.5	
15	x	24.0	7,700		1.9								1.5	
16	x	24.0	25,100		1.7								1.4	
17	x	24.0	5,800		1.7								1.5	
18		24.0												
19	x	24.0	8,000		1.8								1.5	
20	x	24.0	8,100		1.7								1.6	
21	x	24.0			1.9								1.5	
22	x	24.0	10,900		1.8								1.7	
23	x	24.0	7,800		1.9								1.6	
24	x	24.0	7,600		1.5								1.3	
25		24.0												
26	x	24.0	15,800		1.7								1.4	
27	x	24.0	5,100		1.8								1.4	
28	x	24.0	6,700		1.7								1.5	
29	x	24.0	6,300		1.8								1.4	
30	x	24.0	7,900		1.7								1.5	
31		24.0												
Total			348,700											
Average			11,623											
Maximum			72,600											

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

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hstp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

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

PWS Identification Number:	6511311	Plant Name:	well 1 hvtp

III. Daily Data for the Month/Year of: April, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1	x	24.0	31,200		1.8								1.4	
2	x	24.0	33,900		1.5								1.1	
3	x	24.0	32,300		1.5								1.0	
4		24.0												
5	x	24.0	69,200		1.4								1.2	
6	x	24.0	39,700		1.7								1.3	
7	x	24.0	34,700		1.8								1.5	
8	x	24.0	33,200		1.6								1.4	
9	x	24.0	33,800		1.8								1.5	
10	x	24.0	28,900		1.7								1.6	
11		24.0												
12	x	24.0	43,900		1.5								1.4	
13	x	24.0	28,300		1.8								1.4	
14	x	24.0	28,800		1.7								1.5	
15	x	24.0	34,500		1.8								1.4	
16	x	24.0	18,400		1.5								1.3	
17	x	24.0	26,700		1.2								1.0	
18		24.0												
19	x	24.0	45,100		1.3								1.0	
20	x	24.0	21,100		1.8								1.4	
21	x	24.0	23,500		1.7								1.5	
22	x	24.0	25,700		1.9								1.4	
23	x	24.0	29,700		1.5								1.3	
24	x	24.0	22,800		2.8								1.7	
25		24.0												
26	x	24.0	43,300		2.1								1.8	
27	x	24.0	13,000		1.8								1.4	
28	x	24.0	25,100		2.0								1.5	
29	x	24.0	17,500		2.2								1.5	
30	x	24.0	17,700		2.1								1.8	
31		24.0												
Total			802,000											
Average			26,733											
Maximum			69,200											

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

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bvtp

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	13,200		2.0								1.4	
2	x	24.0	19,600		2.3								1.7	
3	x	24.0	16,500		2.5								1.5	
4		24.0												
5	x	24.0	36,200		2.0								1.7	
6	x	24.0	23,700		2.1								1.8	
7	x	24.0	20,200		2.0								1.7	
8	x	24.0	20,300		2.3								2.0	
9	x	24.0	19,600		2.0								1.7	
10	x	24.0	15,100		1.9								1.8	
11		24.0												
12	x	24.0	35,400		2.0								1.8	
13	x	24.0	20,200		2.3								1.6	
14	x	24.0	18,400		2.0								1.7	
15	x	24.0	18,400		1.8								1.7	
16	x	24.0	14,400		2.2								1.8	
17	x	24.0	15,200		2.0								1.8	
18		24.0												
19	x	24.0	27,300		2.1								1.8	
20	x	24.0	18,200		1.9								1.6	
21	x	24.0	12,100		1.9								1.7	
22	x	24.0	24,300		1.8								1.5	
23	x	24.0	23,900		2.3								1.8	
24	x	24.0	10,300		2.2								1.8	
25		24.0												
26	x	24.0	27,700		2.1								1.7	
27	x	24.0	10,500		2.0								1.8	
28	x	24.0	19,900		2.2								1.8	
29	x	24.0	11,600		2.0								1.8	
30	x	24.0	14,500		2.1								1.9	
31		24.0												
Total			506,700											
Average			16,890											
Maximum			36,200											

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

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hwtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	off holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

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

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	96,000		1.5									1.3	
2	x	24.0	123,000		2.0									1.6	
3	x	24.0	114,000		2.0									1.5	
4		24.0													
5	x	24.0	210,000		2.0									1.8	
6	x	24.0	112,000		2.1									1.7	
7	x	24.0	111,000		2.0									1.6	
8	x	24.0	115,000		2.1									1.8	
9	x	24.0	116,000		2.0									1.7	
10	x	24.0	91,000		1.1									1.0	
11		24.0													
12	x	24.0	220,000		1.5									1.3	
13	x	24.0	118,000		2.0									1.7	
14	x	24.0	96,000		2.1									1.8	
15	x	24.0	127,000		1.8									1.5	
16	x	24.0	100,000		1.8									1.6	
17	x	24.0	112,000		1.8									1.5	
18		24.0													
19	x	24.0	208,000		1.9									1.4	
20	x	24.0	107,000		2.0									1.8	
21	x	24.0	103,000		2.1									1.7	
22	x	24.0	112,000		2.0									1.8	
23	x	24.0	132,000		2.0									1.7	
24	x	24.0	93,000		1.7									1.8	
25		24.0													
26	x	24.0	212,000		1.9									1.7	
27	x	24.0	89,600		2.0									1.8	
28	x	24.0	123,000		1.7									1.8	
29	x	24.0	103,000		1.6									1.5	
30	x	24.0	94,000		1.8									1.3	
31		24.0													
Total			3,237,000												
Average			107,900												
Maximum			220,000												

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	April 2010										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	76,900	46,400	12,100	31,200	13,200	96,000					275,800
2	38,400	35,400	13,100	33,900	19,600	123,000					263,400
3	61,100	43,600	11,000	32,300	16,500	114,000					278,500
4	0	0	0								0
5	132,100	77,300	29,500	69,200	36,200	210,000					554,300
6	300	49,800	72,600	39,700	23,700	112,000					298,100
7	70,800	43,000	18,000	34,700	20,200	111,000					297,700
8	62,900	44,400	10,900	33,200	20,300	115,000					286,700
9	69,400	42,400	10,700	33,800	19,600	116,000					291,900
10	39,400	38,100	8,100	28,900	15,100	91,000					220,600
11	0	0	0								0
12	132,200	85,800	19,500	43,900	35,400	220,000					536,800
13	42,800	42,300	9,800	28,300	20,200	118,000					261,400
14	60,500	43,700	10,600	28,800	18,400	96,000					258,000
15	49,600	42,900	7,700	34,500	18,400	127,000					280,100
16	44,300	38,400	25,100	18,400	14,400	100,000					240,600
17	37,800	33,900	5,800	26,700	15,200	112,000					231,400
18	0	0	0								0
19	86,400	80,600	8,000	45,100	27,300	208,000					455,400
20	37,100	37,200	8,100	21,100	18,200	107,000					228,700
21	36,000	36,500	0	23,500	12,100	103,000					211,100
22	45,200	0	10,900	25,700	24,300	112,000					218,100
23	47,100	42,000	7,800	29,700	23,900	132,000					282,500
24	46,000	38,100	7,600	22,800	10,300	93,000					217,800
25	0	0	0								0
26	74,300	70,600	15,800	43,300	27,700	212,000					443,700
27	35,500	39,100	5,100	13,000	10,500	89,000					192,200
28	34,700	36,400	6,700	25,100	19,900	123,000					245,800
29	26,700	29,800	6,300	17,500	11,600	103,000					194,900
30	42,200	39,500	7,900	17,700	14,500	94,000					215,800
31	0	0	0								0
Total	1,429,700	1,157,200	348,700	80,200	506,700	3,237,000					7,481,300
Avg.	47,656	38,573	11,623	26,733	16,890	107,900					249,376
Max.	132,200	85,800	72,600	69,200	36,200	212,000					554,300

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	27,600		2.3								1.8	
2		24.0												
3	x	24.0	100,200		2.0								1.7	
4	x	24.0	52,200		0.8								1.5	
5	x	24.0	47,800		1.8								1.3	
6	x	24.0	33,100		1.9								1.5	
7	x	24.0	42,100		2.2								1.8	
8	x	24.0	34,100		2.2								1.8	
9		24.0												
10	x	24.0	96,900		2.0								1.7	
11	x	24.0	47,000		1.8								1.5	
12	x	24.0	40,100		1.9								1.7	
13	x	24.0	56,500		1.7								1.5	
14	x	24.0	39,300		2.5								1.8	
15	x	24.0	27,900		2.0								1.8	
16		24.0												
17	x	24.0	96,000		1.0								1.4	
18	x	24.0	34,100		1.8								1.0	
19	x	24.0	35,400		2.3								1.3	
20	x	24.0	44,000		2.3								1.6	
21	x	24.0	38,300		2.2								1.6	
22	x	24.0	33,800		2.3								1.8	
23		24.0												
24	x	24.0	93,000		2.1								1.7	
25	x	24.0	41,800		0.6								1.5	
26	x	24.0	39,700		2.0								1.5	
27	x	24.0	45,800		2.0								1.8	
28	x	24.0	42,800		2.0								1.8	
29	x	24.0	42,700		2.5								1.8	
30		24.0												
31	x	24.0	77,800		2.2								1.9	
Total			1,310,000											
Average			42,258											
Maximum			100,200											

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	32,100		1.8								1.4	
2		24.0												
3	x	24.0	75,000		1.8								1.5	
4	x	24.0	43,700		1.8								1.6	
5	x	24.0	39,200		1.2								1.5	
6	x	24.0	32,900		2.0								1.3	
7	x	24.0	36,000		2.0								1.5	
8	x	24.0	30,900		1.7								1.5	
9		24.0												
10	x	24.0	82,200		1.8								1.4	
11	x	24.0	35,500		1.5								1.2	
12	x	24.0	33,800		1.8								1.5	
13	x	24.0	47,500		1.8								1.6	
14	x	24.0	31,700		1.8								1.6	
15	x	24.0	32,600		1.0								1.5	
16		24.0												
17	x	24.0	80,900		1.2								1.5	
18	x	24.0	37,600		0.6								1.0	
19	x	24.0	31,200		1.5								1.3	
20	x	24.0	38,400		1.0								1.3	
21	x	24.0	36,600		2.0								1.5	
22	x	24.0	33,100		1.8								1.6	
23		24.0												
24	x	24.0	77,500		1.9								1.5	
25	x	24.0	39,300		1.8								1.6	
26	x	24.0	38,700		0.5								1.4	
27	x	24.0	32,900		1.7								1.5	
28	x	24.0	39,900		1.7								1.6	
29	x	24.0	37,600		1.5								1.5	
30		24.0												
31	x	24.0	74,000		1.2								1.0	
Total			1,150,800											
Average			37,123											
Maximum			82,200											

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3-4

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	5,300		1.7								1.5	
2		24.0												
3	x	24.0	15,900		1.8								1.4	
4	x	24.0	9,200		1.7								1.5	
5	x	24.0	9,900		1.8								1.4	
6	x	24.0	8,700		1.8								1.5	
7	x	24.0	7,200		2.0								1.8	
8	x	24.0	6,500		1.7								1.5	
9		24.0												
10	x	24.0	15,500		1.8								1.4	
11	x	24.0	10,100		1.8								1.4	
12	x	24.0	10,700		1.5								1.3	
13	x	24.0	9,600		1.8								1.5	
14	x	24.0	8,100		1.8								1.5	
15	x	24.0	7,600		1.0								1.3	
16		24.0												
17	x	24.0	19,100		1.2								1.2	
18	x	24.0	6,100		1.2								1.0	
19	x	24.0	8,000		1.8								1.5	
20	x	24.0	11,200		1.8								1.5	
21	x	24.0	8,200		1.6								1.4	
22	x	24.0	7,800		1.8								1.3	
23		24.0												
24	x	24.0	18,500		1.9								1.7	
25	x	24.0	7,100		1.8								1.5	
26	x	24.0	8,800		1.7								1.4	
27	x	24.0	11,400		1.9								1.4	
28	x	24.0	7,500		1.9								1.5	
29	x	24.0	9,300		2.0								1.5	
30		24.0												
31	x	24.0	16,200		2.2								1.5	
Total			263,500											
Average			8,500											
Maximum			19,100											

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 hwtp

III. Daily Data for the Month/Year of: May, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	22,200		1.8								1.5	
2		24.0												
3	x	24.0	46,500		1.5								1.3	
4	x	24.0	27,200		1.6								1.3	
5	x	24.0	29,400		1.0								1.7	
6	x	24.0	24,500		1.5								1.3	
7	x	24.0	29,500		1.3								1.1	
8	x	24.0	13,900		0.6								1.0	
9		24.0												
10	x	24.0	50,300		2.5								2.0	
11	x	24.0	18,800		2.0								1.8	
12	x	24.0	28,400		1.8								1.7	
13	x	24.0	35,100		2.2								1.5	
14	x	24.0	23,800		2.3								1.7	
15	x	24.0	14,600		2.5								1.8	
16		24.0												
17	x	24.0	60,700		2.0								1.5	
18	x	24.0	19,100		2.0								1.8	
19	x	24.0	18,500		2.2								1.8	
20	x	24.0	27,400		2.0								1.5	
21	x	24.0	29,800		2.2								1.5	
22	x	24.0	23,000		2.5								1.8	
23		24.0												
24	x	24.0	48,600		2.2								1.8	
25	x	24.0	29,100		1.8								1.6	
26	x	24.0	25,400		1.7								1.5	
27	x	24.0	34,400		1.8								1.5	
28	x	24.0	25,100		1.7								1.3	
29	x	24.0	14,900		2.0								1.5	
30		24.0												
31	x	24.0	48,300		1.8								1.5	
Total			768,500											
Average			24,790											
Maximum			60,700											

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr	City: Holiday State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bstp

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demostate 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	24.0	16,800		1.6								1.8	
2		24.0												
3	x	24.0	31,700		1.7								1.5	
4	x	24.0	25,800		1.8								1.4	
5	x	24.0	13,100		2.1								1.8	
6	x	24.0	14,800		2.2								1.8	
7	x	24.0	22,000		2.0								1.8	
8	x	24.0	10,900		2.0								1.5	
9		24.0												
10	x	24.0	39,400		2.1								1.8	
11	x	24.0	8,400		2.0								1.7	
12	x	24.0	22,200		1.8								1.5	
13	x	24.0	23,500		0.6								1.5	
14	x	24.0	17,200		2.3								1.6	
15	x	24.0	10,000		0.6								1.5	
16		24.0												
17	x	24.0	42,700		2.0								1.5	
18	x	24.0	14,000		2.3								1.8	
19	x	24.0	11,500		2.2								1.8	
20	x	24.0			1.7								1.8	
21	x	24.0	17,900		2.0								1.6	
22	x	24.0	14,300		2.3								2.0	
23		24.0												
24	x	24.0	37,100		2.0								1.8	
25	x	24.0	16,000		2.0								1.8	
26	x	24.0	18,100		2.1								1.9	
27	x	24.0	23,200		2.0								1.8	
28	x	24.0	16,000		1.8								1.5	
29	x	24.0	9,200		2.5								1.5	
30		24.0												
31	x	24.0	33,500		2.1								1.7	
Total			509,300											
Average			16,429											
Maximum			42,700											

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	off holiday dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bwtp

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	x	24.0	117,000		1.8								1.6	
2		24.0												
3	x	24.0	215,000		1.7								1.5	
4	x	24.0	94,000		1.8								1.5	
5	x	24.0	120,000		1.7								1.5	
6	x	24.0	107,000		1.5								1.6	
7	x	24.0	107,000		1.8								1.8	
8	x	24.0	103,000		2.0								1.9	
9		24.0												
10	x	24.0	228,000		2.1								1.7	
11	x	24.0	90,000		2.0								1.5	
12	x	24.0	96,000		2.0								1.6	
13	x	24.0	141,000		2.0								1.8	
14	x	24.0	82,000		1.8								1.8	
15	x	24.0	97,000		1.8								1.6	
16		24.0												
17	x	24.0	227,000		1.5								1.4	
18	x	24.0	121,000		0.5								1.5	
19	x	24.0	71,000		1.7								1.5	
20	x	24.0	107,000		2.0								1.7	
21	x	24.0	113,000		2.0								2.0	
22	x	24.0	101,000		2.0								1.9	
23		24.0												
24	x	24.0	205,000		1.5								1.2	
25	x	24.0	108,000		2.2								1.6	
26	x	24.0	85,000		2.0								1.7	
27	x	24.0	127,000		2.1								1.8	
28	x	24.0	105,000		2.5								1.8	
29	x	24.0	97,000		2.5								1.8	
30		24.0												
31	x	24.0	208,000		2.3								2.0	
Total			3,272,000											
Average			105,548											
Maximum			228,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : May 2010

Community Water System (CWS) Name: Orangewood

Public Water System (PWS) Identification Number: 6511311

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	27,600	32,100	5,300	22,200	16,800	117,000					221,000
2	0	0	0								0
3	100,200	75,000	15,900	46,500	31,700	215,000					484,300
4	52,200	43,700	9,200	27,200	25,800	94,000					252,100
5	47,800	39,200	9,900	29,400	13,100	120,000					259,400
6	33,100	32,900	8,700	24,500	14,800	107,000					221,000
7	42,100	36,000	7,200	29,500	22,000	107,000					243,800
8	34,100	30,900	6,500	13,900	10,900	103,000					199,300
9	0	0	0								0
10	96,900	82,200	15,500	50,300	39,400	228,000					512,300
11	47,000	35,500	10,100	18,800	8,400	90,000					209,800
12	40,100	33,800	10,700	28,400	22,200	96,000					231,200
13	56,500	47,500	9,600	35,100	23,500	141,000					313,200
14	39,300	31,700	8,100	23,600	17,200	82,000					202,100
15	27,900	32,600	7,600	14,600	10,000	97,000					189,700
16	0	0	0								0
17	96,000	80,900	19,100	60,700	42,700	227,000					526,400
18	34,100	37,600	6,100	19,100	14,000	121,000					231,900
19	35,400	31,200	8,000	18,500	11,500	71,000					175,600
20	44,000	38,400	11,200	27,400		107,000					228,000
21	38,300	36,600	8,200	29,800	17,900	113,000					243,800
22	33,800	33,100	7,800	23,000	14,300	101,000					213,000
23	0	0	0								0
24	93,000	77,500	18,500	48,600	37,100	205,000					479,700
25	41,800	39,300	7,100	29,100	16,000	108,000					241,300
26	39,700	38,700	8,800	25,400	18,100	85,000					215,700
27	45,800	32,900	11,400	34,400	23,200	127,000					274,700
28	42,800	39,900	7,500	25,100	16,000	105,000					236,300
29	42,700	37,600	9,300	14,900	9,200	97,000					210,700
30	0	0	0								0
31	77,600	74,000	16,200	48,300	33,500	208,000					457,800
Total	1,310,000	1,150,800	263,500	768,500	5,093	3,272,000					7,274,100
Avg.	42,258	37,123	8,500	24,790	16,429	105,548					234,648
Max.	100,200	82,200	19,100	60,700	42,700	228,000					526,400

..ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Involved 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	24.0	64,800		1.8								1.5	
2	x	24.0	45,600		2.0								1.6	
3	x	24.0	38,800		1.8								1.5	
4	x	24.0	42,000		2.5								2.0	
5	x	24.0	33,700		2.4								1.8	
6		24.0												
7	x	24.0	118,300		0.5								1.4	
8	x	24.0	49,200		1.8								1.2	
9	x	24.0	38,600		2.1								1.6	
10	x	24.0	37,400		1.8								1.6	
11	x	24.0	45,200		1.8								1.6	
12	x	24.0	41,600		2.0								1.8	
13		24.0												
14	x	24.0	114,400		0.6								0.4	
15	x	24.0	14,600		2.0								1.3	
16	x	24.0	39,700		2.0								1.6	
17	x	24.0	39,800		1.8								1.5	
18	x	24.0	46,400		2.0								1.6	
19	x	24.0	30,700		1.8								1.5	
20		24.0												
21	x	24.0	85,000		0.4								0.3	
22	x	24.0	37,000		1.8								1.4	
23	x	24.0	39,300		1.5								1.3	
24	x	24.0	44,100		1.5								1.5	
25	x	24.0	50,400		1.8								1.5	
26	x	24.0	31,900		1.5								1.5	
27		24.0												
28	x	24.0	84,300		1.5								1.2	
29	x	24.0	37,600		1.5								1.6	
30	x	24.0	33,700		1.5								1.4	
31		24.0												
Total			1,284,100											
Average			42,803											
Maximum			118,300											

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

..ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..R

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name:	License Class	License Number:	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2			
1	x	24.0			0.8									1.3	
2	x	24.0	30,300		1.5									1.3	
3	x	24.0	30,100		1.0									1.1	
4	x	24.0	29,800		2.3									1.6	
5	x	24.0	31,400		2.2									1.8	
6		24.0													
7	x	24.0	70,200		0.6									1.5	
8	x	24.0	27,000		2.2									1.6	
9	x	24.0	31,100		1.0									1.5	
10	x	24.0	30,100		2.0									1.5	
11	x	24.0	33,000		2.0									1.6	
12	x	24.0	34,800		2.0									1.6	
13		24.0													
14	x	24.0	63,500		2.3									2.0	
15	x	24.0	19,000		0.5									1.6	
16	x	24.0	31,200		2.0									1.6	
17	x	24.0	30,900		2.0									1.4	
18	x	24.0	32,700		1.0									1.6	
19	x	24.0	29,000		1.8									1.6	
20		24.0													
21	x	24.0	61,800		2.0									1.5	
22	x	24.0	31,300		2.1									1.7	
23	x	24.0	33,300		1.8									1.6	
24	x	24.0	31,600		1.9									1.6	
25	x	24.0	35,600		0.4									1.5	
26	x	24.0	27,100		1.8									1.3	
27		24.0													
28	x	24.0	70,700		1.9									1.5	
29	x	24.0	34,500		2.0									1.7	
30	x	24.0	47,300		2.0									1.6	
31		24.0													
Total			927,300												
Average			30,910												
Maximum			70,700												

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

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	x	24.0	33,500		2.1								1.7	
2	x	24.0	15,800		2.2								1.8	
3	x	24.0	20,100		2.1								1.9	
4	x	24.0	19,200		1.9								1.7	
5	x	24.0	14,300		1.7								1.5	
6		24.0												
7	x	24.0	58,400		1.8								1.4	
8	x	24.0	19,800		1.9								1.5	
9	x	24.0	19,200		1.9								1.4	
10	x	24.0	21,400		1.7								1.4	
11	x	24.0	21,500		1.8								1.5	
12	x	24.0	19,000		0.8								1.3	
13		24.0												
14	x	24.0	54,100		1.8								1.5	
15	x	24.0	3,600		1.9								1.7	
16	x	24.0	21,100		1.7								1.5	
17	x	24.0	20,200		1.8								1.4	
18	x	24.0	21,400		1.9								1.4	
19	x	24.0	16,100		1.7								1.5	
20		24.0												
21	x	24.0	41,600		1.8								1.4	
22	x	24.0	15,700		1.8								1.7	
23	x	24.0	21,800		1.7								1.5	
24	x	24.0	25,600		1.8								1.4	
25	x	24.0	26,000		2.0								1.5	
26	x	24.0	19,400		1.7								1.3	
27		24.0												
28	x	24.0	48,500		1.8								1.4	
29	x	24.0	34,500		1.8								1.2	
30	x	24.0	22,300		1.8								1.3	
31		24.0												
Total			644,100											
Average			21,470											
Maximum			58,400											

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

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bstp

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	28,300		1.7								1.4	
2	x	24.0	26,000		1.8								1.3	
3	x	24.0	25,500		1.8								1.5	
4	x	24.0	32,000		1.8								1.2	
5	x	24.0	15,100		1.5								1.3	
6		24.0												
7	x	24.0	57,500		1.8								1.3	
8	x	24.0	29,600		1.8								1.6	
9	x	24.0	20,800		1.7								1.5	
10	x	24.0	24,000		1.7								1.3	
11	x	24.0	28,300		2.0								1.5	
12	x	24.0	31,000		2.0								1.5	
13		24.0												
14	x	24.0	57,200		2.3								2.0	
15	x	24.0	8,200		1.8								1.5	
16	x	24.0	29,400		2.2								1.4	
17	x	24.0	24,400		2.0								1.3	
18	x	24.0	26,500		2.0								1.5	
19	x	24.0	21,100		2.0								1.3	
20		24.0												
21	x	24.0	52,300		1.8								1.5	
22	x	24.0	21,000		1.5								1.3	
23	x	24.0	28,000		2.0								1.5	
24	x	24.0	27,200		2.0								1.5	
25	x	24.0	35,600		2.0								1.6	
26	x	24.0	17,500		2.0								1.3	
27		24.0												
28	x	24.0	52,500		0.8								0.6	
29	x	24.0	22,000		2.2								1.0	
30	x	24.0	21,600		2.2								1.6	
31		24.0												
Total			762,600											
Average			25,420											
Minimum			57,500											

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

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bvtp

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Involved 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	24.0	15,700		2.0								1.8	
2	x	24.0	15,100		1.8								1.8	
3	x	24.0	14,100		1.8								1.5	
4	x	24.0	20,200		2.0								1.5	
5	x	24.0	5,400		2.0								1.7	
6		24.0												
7	x	24.0	33,400		1.8								1.7	
8	x	24.0	14,600		2.0								1.6	
9	x	24.0	14,200		1.8								1.4	
10	x	24.0	14,900		1.7								1.5	
11	x	24.0	15,200		2.3								1.8	
12	x	24.0	15,000		2.3								1.8	
13		24.0												
14	x	24.0	31,000		3.0								2.5	
15	x	24.0	38,300		0.6								2.0	
16	x	24.0	14,600		1.3								1.7	
17	x	24.0	14,300		1.7								1.8	
18	x	24.0	14,400		1.5								1.8	
19	x	24.0	14,800		1.8								1.6	
20		24.0												
21	x	24.0	129,800		1.5								1.3	
22	x	24.0	14,400		1.8								1.4	
23	x	24.0	14,500		1.4								1.5	
24	x	24.0	13,900		1.4								1.5	
25	x	24.0	14,300		1.8								1.6	
26	x	24.0	14,300		1.8								1.5	
27		24.0												
28	x	24.0	30,600		1.7								1.5	
29	x	24.0	12,200		2.2								1.6	
30	x	24.0	13,800		1.9								1.4	
31		24.0												
Total			563,000											
Average			18,766											
Maximum			129,800											

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

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp		Plant Telephone Number:	1-800-272-1919
Plant Address:	off holiday	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvlp

III. Daily Data for the Month/Year of: June, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	104,000		2.0								1.8	
2	x	24.0	106,000		1.8								1.5	
3	x	24.0	105,000		2.0								1.7	
4	x	24.0	105,000		1.8								1.8	
5	x	24.0	76,000		1.5								1.2	
6		24.0												
7	x	24.0	204,000		1.8								1.5	
8	x	24.0	103,000		2.2								1.4	
9	x	24.0	94,000		2.0								1.7	
10	x	24.0	100,000		2.0								1.8	
11	x	24.0	104,000		2.5								1.8	
12	x	24.0	107,000		2.3								1.7	
13		24.0												
14	x	24.0	209,000		2.0								1.8	
15	x	24.0	64,000		2.3								2.0	
16	x	24.0	105,000		3.0								2.2	
17	x	24.0	100,000		2.2								2.2	
18	x	24.0	113,000		2.0								1.7	
19	x	24.0	92,000		2.0								1.8	
20		24.0												
21	x	24.0	216,000		2.0								1.7	
22	x	24.0	107,000		2.1								1.8	
23	x	24.0	106,000		2.1								1.7	
24	x	24.0	106,000		2.2								1.8	
25	x	24.0	106,000		2.0								1.8	
26	x	24.0	101,000		2.0								1.7	
27		24.0												
28	x	24.0	215,000		2.1								1.8	
29	x	24.0	106,000		2.0								1.7	
30	x	24.0	109,000		2.0								1.6	
31		24.0												
Total			3,063,000											
Average			102,100											
Maximum			216,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				June 2010							
Community Water System (CWS) Name:				*Orangewood*							
Public Water System (PWS) Identification Number:				6511311							
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	240,000	210,000	75,000	23,200	12,700	175,100					736,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	64,800	0	33,500	28,300	15,700	104,000					246,300
2	45,600	30,300	15,600	26,000	15,100	106,000					238,800
3	38,800	30,100	20,100	25,500	14,100	105,000					233,600
4	42,000	29,800	19,200	32,000	20,200	105,000					248,200
5	33,700	31,400	14,300	15,100	5,400	76,000					175,900
6	0	0	0								0
7	118,300	70,200	58,400	57,500	33,400	204,000					541,800
8	49,200	27,000	19,800	29,600	14,600	103,000					243,200
9	38,600	31,100	19,200	20,800	14,200	94,000					217,900
10	37,400	30,100	21,400	24,000	14,900	100,000					227,800
11	45,200	33,000	21,500	28,300	15,200	104,000					247,200
12	41,600	34,800	19,000	31,000	15,000	107,000					248,400
13	0	0	0								0
14	114,400	63,500	54,100	57,200	31,000	209,000					529,200
15	14,600	19,000	3,600	8,200	38,300	64,000					147,700
16	39,700	31,200	21,100	29,400	14,600	105,000					241,000
17	39,800	30,900	20,200	24,400	14,300	100,000					229,600
18	46,400	32,700	21,400	26,500	14,400	113,000					254,400
19	30,700	29,000	16,100	21,100	14,800	92,000					203,700
20	0	0	0								0
21	85,000	61,800	41,600	52,300	129,800	216,000					586,500
22	37,000	31,300	15,700	21,000	14,400	107,000					226,400
23	39,300	33,300	21,800	28,000	14,500	106,000					242,900
24	44,100	31,600	25,600	27,200	13,900	106,000					248,400
25	50,400	35,600	26,000	35,600	14,300	106,000					267,900
26	31,900	27,100	19,400	17,500	14,300	101,000					211,200
27	0	0	0								0
28	84,300	70,700	48,500	52,500	30,600	215,000					501,600
29	37,600	34,500	24,500	22,000	12,200	106,000					236,800
30	33,700	47,300	22,300	21,600	13,800	109,000					247,700
31	0	0	0								0
Total	1,284,100	927,300	644,100	762,600	563,000	3,063,000					7,244,100
Avg.	42,803	30,910	21,470	25,420	18,766	102,100					241,470
Max.	118,300	70,700	58,400	57,500	129,800	215,000					586,500

Orangewood	2,855,500
BVMHP	4,388,600

DEP Form 62-555.900(11)
Effective August 29, 2003

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	30,500		1.3								1.3	
2	x	24.0	31,700		1.7								1.5	
3	x	24.0	30,100		1.7								1.4	
4		24.0												
5	x	24.0	82,400		1.7								1.3	
6	x	24.0	32,500		1.8								1.5	
7	x	24.0	25,900		1.5								1.3	
8	x	24.0	27,600		1.7								1.5	
9	x	24.0	31,600		2.8								1.8	
10	x	24.0	43,000		0.9								1.6	
11		24.0												
12	x	24.0	69,700		2.0								1.8	
13	x	24.0	35,200		1.7								1.3	
14	x	24.0	36,000		1.8								1.5	
15	x	24.0	41,700		1.7								1.3	
16	x	24.0	24,800		1.8								1.3	
17	x	24.0	22,900		1.6								1.4	
18		24.0												
19	x	24.0	73,700		0.5								0.5	
20	x	24.0	25,100		1.0								0.6	
21	x	24.0	25,600		1.3								1.0	
22	x	24.0	27,400		1.0								0.8	
23	x	24.0	27,400		1.7								1.3	
24	x	24.0	19,500		1.8								1.5	
25		24.0												
26	x	24.0	500		0.8								1.1	
27	x	24.0	37,500		1.4								1.0	
28	x	24.0	34,800		1.5								1.0	
29	x	24.0	33,900		1.2								1.0	
30	x	24.0	35,700		1.7								1.3	
31	x	24.0	18,200		1.8								1.5	
Total			924,900											
Average			29,835											
Maximum			82,400											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: July, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator, (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point In Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	32,500		1.8								1.6	
2	x	24.0	33,400		2.0								1.5	
3	x	24.0	28,200		1.9								1.5	
4		24.0												
5	x	24.0	65,300		0.8								1.2	
6	x	24.0	31,100		1.7								1.3	
7	x	24.0	30,900		1.8								1.5	
8	x	24.0	30,400		1.7								1.5	
9	x	24.0	33,400		1.3								1.6	
10	x	24.0	31,800		1.8								1.6	
11		24.0												
12	x	24.0	56,200		1.5								1.3	
13	x	24.0	32,100		2.0								1.5	
14	x	24.0	33,200		2.0								1.8	
15	x	24.0	32,400		0.6								1.2	
16	x	24.0	25,000		1.5								1.0	
17	x	24.0	24,900		1.5								1.3	
18		24.0												
19	x	24.0	64,700		0.5								0.5	
20	x	24.0	25,800		1.2								0.8	
21	x	24.0	28,100		1.2								1.0	
22	x	24.0	29,400		1.6								1.0	
23	x	24.0	28,700		0.8								1.3	
24	x	24.0	21,800		1.4								1.2	
25		24.0												
26	x	24.0	65,600		1.8								1.5	
27	x	24.0	28,700		1.0								0.6	
28	x	24.0	29,000		1.4								1.2	
29	x	24.0	31,600		1.3								1.2	
30	x	24.0	34,700		2.3								1.7	
31	x	24.0	22,700		1.3								1.6	
Total			931,600											
Average			30,051											
Maximum			65,600											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3-4

III. Daily Data for the Month/Year of: July, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	17,500		1.7								1.5	
2	x	24.0	19,700		1.4								1.2	
3	x	24.0	19,500		1.8								1.4	
4		24.0												
5	x	24.0	44,300		1.7								1.3	
6	x	24.0	17,500		1.6								1.4	
7	x	24.0	16,900		1.4								1.4	
8	x	24.0	15,400		1.6								1.4	
9	x	24.0	20,700		1.5								1.3	
10	x	24.0	16,900		1.7								1.5	
11		24.0												
12	x	24.0	43,900		1.8								1.4	
13	x	24.0	17,000		1.7								1.5	
14	x	24.0	21,200		1.8								1.4	
15	x	24.0	24,800		1.7								1.5	
16	x	24.0	16,200		2.0								1.5	
17	x	24.0	14,900		1.8								1.3	
18		24.0												
19	x	24.0	38,300		1.5								1.3	
20	x	24.0	15,600		0.8								1.0	
21	x	24.0	17,400		1.5								1.0	
22	x	24.0	17,400		0.6								1.2	
23	x	24.0	19,000		2.0								1.5	
24	x	24.0	11,000		1.8								1.3	
25		24.0												
26	x	24.0	93,600		1.7								1.4	
27	x	24.0	20,800		1.8								1.4	
28	x	24.0	16,300		1.7								1.5	
29	x	24.0	21,800		1.8								1.4	
30	x	24.0	16,200		1.9								1.5	
31	x	24.0	9,700		1.8								1.5	
Total			623,500											
Average			20,112											
Maximum			93,600											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	orange dr & buena vista ave	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	0511311	Plant Name:	well 1 bvtp

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	16,900		2.3								1.3	
2	x	24.0	19,300		2.0								1.3	
3	x	24.0	19,800		2.0								1.2	
4		24.0												
5	x	24.0	45,300		2.0								1.1	
6	x	24.0	20,500		1.8								1.4	
7	x	24.0	17,300		2.0								1.3	
8	x	24.0	16,300		2.0								1.5	
9	x	24.0	17,100		1.9								1.7	
10	x	24.0	32,300		1.8								1.3	
11		24.0												
12	x	24.0	39,500		2.0								1.7	
13	x	24.0	20,700		2.1								1.8	
14	x	24.0	23,500		2.0								1.7	
15	x	24.0	32,400		2.0								1.4	
16	x	24.0	11,200		2.0								1.5	
17	x	24.0	16,600		2.0								1.3	
18		24.0												
19	x	24.0	40,700		2.0								1.5	
20	x	24.0	17,400		1.8								1.4	
21	x	24.0	20,600		1.8								1.3	
22	x	24.0	18,000		2.0								1.5	
23	x	24.0	16,900		1.8								1.5	
24	x	24.0	11,500		1.8								1.3	
25		24.0												
26	x	24.0	47,500		1.8								1.4	
27	x	24.0	29,900		1.6								1.4	
28	x	24.0	22,600		1.6								1.0	
29	x	24.0	22,500		1.9								1.2	
30	x	24.0	21,400		1.9								1.4	
31	x	24.0	18,000		2.0								1.3	
Total			635,700											
Average			20,506											
Maximum			47,500											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 hwtp

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	x	24.0	13,800		1.8								1.3	
2	x	24.0	13,100		1.8								1.5	
3	x	24.0	13,700		1.6								1.3	
4		24.0												
5	x	24.0	28,500		1.8								1.4	
6	x	24.0	14,100		1.8								1.3	
7	x	24.0	13,300		1.7								1.5	
8	x	24.0	13,400		1.5								1.3	
9	x	24.0	13,800		1.4								1.2	
10	x	24.0	18,400		1.8								1.8	
11		24.0												
12	x	24.0	22,600		1.8								1.4	
13	x	24.0	13,100		1.7								1.5	
14	x	24.0	14,400		1.8								1.4	
15	x	24.0	14,800		1.8								1.6	
16	x	24.0	12,500		1.9								1.5	
17	x	24.0	13,200		1.7								1.5	
18		24.0												
19	x	24.0	27,300		2.0								1.5	
20	x	24.0	13,200		1.8								1.6	
21	x	24.0	15,800		1.7								1.5	
22	x	24.0	12,500		1.8								1.5	
23	x	24.0	11,600		1.7								1.5	
24	x	24.0	12,700		1.7								1.3	
25		24.0												
26	x	24.0	9,600		1.2								1.0	
27	x	24.0			1.1								1.0	
28	x	24.0	7,300		0.8								1.0	
29	x	24.0	12,000		0.8								0.6	
30	x	24.0	20,000		1.1								1.0	
31	x	24.0	7,500		2.0								1.5	
Total			382,200											
Average			12,329											
Maximum			28,500											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 bwtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	off holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 hwtp

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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_1 Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	104,000		1.8								1.5	
2	x	24.0	99,000		2.0								1.6	
3	x	24.0	105,000		1.8								1.4	
4		24.0												
5	x	24.0	219,000		1.7								1.5	
6	x	24.0	100,000		1.4								1.2	
7	x	24.0	110,000		2.0								1.7	
8	x	24.0	109,000		1.7								1.5	
9	x	24.0	110,000		1.6								1.4	
10	x	24.0	118,000		1.8								1.6	
11		24.0												
12	x	24.0	202,000		1.9								1.5	
13	x	24.0	100,000		1.6								1.4	
14	x	24.0	105,000		1.8								1.4	
15	x	24.0	117,000		1.6								1.5	
16	x	24.0	103,000		2.3								1.7	
17	x	24.0	108,000		2.5								2.2	
18		24.0												
19	x	24.0	211,000		2.3								2.5	
20	x	24.0	106,000		2.3								2.0	
21	x	24.0	105,000		2.1								2.0	
22	x	24.0	110,000		2.3								2.1	
23	x	24.0	96,000		2.3								2.0	
24	x	24.0	96,000		2.3								2.0	
25		24.0												
26	x	24.0	223,000		2.1								2.0	
27	x	24.0	106,000		1.8								1.8	
28	x	24.0	103,000		1.8								1.4	
29	x	24.0	97,000		1.7								1.5	
30	x	24.0	110,000		1.8								1.7	
31	x	24.0	102,000		2.3								1.8	
Total			3,274,000											
Average			105,612											
Maximum			223,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	July 2010										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	240,000	210,000	75,000	23,200	12,700	175,100					736,000
Day of Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	30,500	32,500	17,500	16,900	13,800	104,000					215,200
2	31,700	33,400	19,700	19,300	13,100	99,000					216,200
3	30,100	28,200	19,500	19,800	13,700	105,000					216,300
4	0	0	0								0
5	82,400	65,300	44,300	45,300	28,500	219,000					484,800
6	32,500	31,100	17,500	20,500	14,100	100,000					215,700
7	25,900	30,900	16,900	17,300	13,300	110,000					214,300
8	27,600	30,400	15,400	16,300	13,400	109,000					212,100
9	31,600	33,400	20,700	17,100	13,800	110,000					226,600
10	43,000	31,800	16,900	32,300	18,400	118,000					260,400
11	0	0	0								0
12	69,700	56,200	43,900	39,500	22,600	202,000					433,900
13	35,200	32,100	17,000	20,700	13,100	100,000					218,100
14	36,000	33,200	21,200	23,500	14,400	105,000					233,300
15	41,700	32,400	24,800	32,400	14,800	117,000					263,100
16	24,800	25,000	16,200	11,200	12,500	103,000					192,700
17	22,900	24,900	14,900	16,600	13,200	108,000					200,500
18	0	0	0								0
19	73,700	64,700	38,300	40,700	27,300	211,000					455,700
20	25,100	25,800	15,600	17,400	13,200	106,000					203,100
21	25,600	28,100	17,400	20,600	15,800	105,000					212,500
22	27,400	29,400	17,400	18,000	12,500	110,000					214,700
23	27,400	28,700	19,000	16,900	11,600	96,000					199,600
24	19,500	21,800	11,000	11,500	12,700	96,000					172,500
25	0	0	0								0
26	500	65,600	93,600	47,500	9,600	223,000					439,800
27	37,500	28,700	20,800	29,900		106,000					222,900
28	34,800	29,000	16,300	22,600	7,300	103,000					213,000
29	33,900	31,600	21,800	22,500	12,000	97,000					218,800
30	35,700	34,700	16,200	21,400	20,000	110,000					238,000
31	18,200	22,700	9,700	18,000	7,500	102,000					178,100
Total	924,900	931,600	623,500	635,700	382,200	3,274,000					6,771,900
Avg.	29,835	30,051	20,112	20,506	12,329	105,612					218,448
Max.	82,400	65,600	93,600	47,500	28,500	223,000					484,800

...ONTHLY OPERATION REPORT FOR PWSs TREATING ...AW GROUND WATER OR PURCHASED FINISHED WA...ER

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pc flynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1		Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	74,700		1.7								1.4	
3	x	24.0	22,700		1.7								1.3	
4	x	24.0	24,400		1.5								1.3	
5	x	24.0	26,000		1.7								1.5	
6	x	24.0	26,200		1.7								1.4	
7	x	24.0	21,900		1.6								1.3	
8		24.0												
9	x	24.0	53,700		1.4								1.2	
10	x	24.0	28,900		1.7								1.3	
11	x	24.0	20,500		0.6								1.3	
12	x	24.0	24,500		1.3								1.0	
13	x	24.0	22,000		0.8								1.2	
14	x	24.0	29,000		1.7								1.3	
15		24.0												
16	x	24.0	64,800		0.8								0.4	
17	x	24.0	41,600		1.2								1.0	
18	x	24.0	26,000		1.7								1.3	
19	x	24.0	24,700		1.5								1.3	
20	x	24.0	29,500		2.0								1.5	
21	x	24.0	29,200		0.8								1.3	
22		24.0												
23	x	24.0	54,700		1.2								1.0	
24	x	24.0	26,700		1.8								1.3	
25	x	24.0	19,000		1.8								1.4	
26	x	24.0	22,100		1.8								1.5	
27	x	24.0	24,100		1.7								1.3	
28	x	24.0	17,300		1.8								1.5	
29		24.0												
30	x	24.0	52,500		1.7								1.4	
31	x	24.0	23,900		1.6								1.4	
Total			830,600											
Average			26,793											
Maximum			74,700											

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

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

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pc flynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	68,100		2.0								1.8	
3	x	24.0	28,700		2.3								1.8	
4	x	24.0	31,700		0.5								2.1	
5	x	24.0	31,700		0.5								0.7	
6	x	24.0	28,600		1.7								1.2	
7	x	24.0	27,000		2.0								1.6	
8		24.0												
9	x	24.0	63,100		2.1								1.8	
10	x	24.0	31,000		2.0								1.6	
11	x	24.0	28,300		0.5								1.3	
12	x	24.0	28,400		2.0								1.8	
13	x	24.0	29,300		2.0								1.6	
14	x	24.0	37,700		1.8								1.6	
15		24.0												
16	x	24.0	72,800		0.8								0.6	
17	x	24.0	35,100		0.6								0.6	
18	x	24.0	30,000		1.8								1.2	
19	x	24.0	26,600		1.9								1.4	
20	x	24.0	30,700		2.1								1.7	
21	x	24.0	26,000		2.0								1.6	
22		24.0												
23	x	24.0	62,100		0.4								1.0	
24	x	24.0	25,200		2.2								1.4	
25	x	24.0	23,800		2.0								1.6	
26	x	24.0	26,600		1.8								1.5	
27	x	24.0	26,700		1.8								1.5	
28	x	24.0	21,600		1.8								1.3	
29		24.0												
30	x	24.0	62,300		1.9								1.4	
31	x	24.0	31,300		2.0								1.6	
Total			933,400											
Average			30,158											
Maximum			72,800											

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

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

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pc flynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	37,200		1.7								1.4	
3	x	24.0	11,800		1.9								1.5	
4	x	24.0	14,000		2.0								1.8	
5	x	24.0	14,400		1.6								1.4	
6	x	24.0	13,400		1.9								1.6	
7	x	24.0	7,900		1.8								1.5	
8		24.0												
9	x	24.0	30,400		1.8								1.3	
10	x	24.0	9,500		2.0								1.7	
11	x	24.0	13,500		1.8								1.5	
12	x	24.0	10,800		1.9								1.4	
13	x	24.0	11,400		1.7								1.5	
14	x	24.0	10,400		1.8								1.5	
15		24.0												
16	x	24.0	33,600		1.9								1.4	
17	x	24.0	16,200		1.8								1.6	
18	x	24.0	14,700		1.9								1.5	
19	x	24.0	15,600		1.9								1.7	
20	x	24.0	14,400		1.8								1.4	
21	x	24.0	9,500		1.0								1.1	
22		24.0												
23	x	24.0	23,800		1.5								1.2	
24	x	24.0	13,900		1.7								1.5	
25	x	24.0	12,600		1.8								1.4	
26	x	24.0	10,400		1.9								1.3	
27	x	24.0	9,500		1.9								1.4	
28	x	24.0	8,200		1.8								1.3	
29		24.0												
30	x	24.0	19,500		1.7								1.5	
31	x	24.0	9,300		1.8								1.4	
Total			396,300											
Average			12,783											
Maximum			37,200											

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

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pc flynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 bvtp		Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bytp

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	55,300		2.1								1.8	
3	x	24.0	15,900		2.0								1.5	
4	x	24.0	18,800		2.1								1.7	
5	x	24.0	21,400		1.8								1.4	
6	x	24.0	14,900		1.7								1.6	
7	x	24.0	15,000		1.7								1.4	
8		24.0												
9	x	24.0	38,400		1.8								1.3	
10	x	24.0	19,100		1.9								1.4	
11	x	24.0	14,000		1.7								1.4	
12	x	24.0	16,100		1.5								1.4	
13	x	24.0	18,900		1.6								1.3	
14	x	24.0	18,700		1.7								1.3	
15		24.0												
16	x	24.0	46,900		1.5								1.3	
17	x	24.0	23,900		1.8								1.2	
18	x	24.0	24,500		1.4								1.0	
19	x	24.0	17,000		0.8								1.0	
20	x	24.0	17,500		1.1								1.1	
21	x	24.0	20,300		1.7								1.2	
22		24.0												
23	x	24.0	30,500		1.8								1.5	
24	x	24.0	15,800		1.7								1.4	
25	x	24.0	15,600		1.8								1.5	
26	x	24.0	16,700		1.8								1.3	
27	x	24.0	14,500		1.7								1.5	
28	x	24.0	11,000		1.7								1.3	
29		24.0												
30	x	24.0	39,400		1.8								1.3	
31	x	24.0	13,000		1.7								1.0	
Total			573,100											
Average			18,487											
Maximum			55,300											

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

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

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pc flynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 hvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure	City: Holiday	State: Florida / Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bwtp

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	27,600		2.1								1.8	
3	x	24.0	13,400		2.0								1.7	
4	x	24.0	13,000		1.8								1.5	
5	x	24.0	13,500		1.7								1.3	
6	x	24.0	15,100		1.8								1.5	
7	x	24.0	14,500		1.5								1.3	
8		24.0												
9	x	24.0	26,900		1.9								1.4	
10	x	24.0	14,500		1.8								1.5	
11	x	24.0	17,600		1.7								1.6	
12	x	24.0	13,200		1.8								1.4	
13	x	24.0	14,000		1.7								1.6	
14	x	24.0	23,900		1.8								1.6	
15		24.0												
16	x	24.0	23,700		1.5								1.4	
17	x	24.0	22,300		1.4								1.0	
18	x	24.0	8,000		1.6								1.1	
19	x	24.0	14,900		1.5								1.0	
20	x	24.0	15,600		1.6								1.2	
21	x	24.0	21,200		2.0								1.5	
22		24.0												
23	x	24.0	22,700		2.1								1.7	
24	x	24.0	15,200		2.0								1.4	
25	x	24.0	12,500		1.8								1.7	
26	x	24.0	18,200		1.7								1.5	
27	x	24.0	11,900		1.6								1.4	
28	x	24.0	17,500		1.5								1.3	
29		24.0												
30	x	24.0	29,600		1.8								1.4	
31	x	24.0	15,100		1.7								1.3	
Total			455,800											
Average			14,703											
Maximum			29,600											

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

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pc flynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	214,000		2.1								1.8	
3	x	24.0	106,000		1.9								1.7	
4	x	24.0	110,000		1.8								1.5	
5	x	24.0	106,000		2.2								1.7	
6	x	24.0	97,000		2.1								1.8	
7	x	24.0	107,000		2.3								1.8	
8		24.0												
9	x	24.0	197,000		2.1								1.9	
10	x	24.0	102,000		2.0								1.7	
11	x	24.0	123,000		2.1								1.6	
12	x	24.0	91,000		2.1								1.8	
13	x	24.0	106,000		2.0								1.7	
14	x	24.0	123,000		1.7								1.6	
15		24.0												
16	x	24.0	217,000		0.7								0.5	
17	x	24.0	90,000		1.8								1.4	
18	x	24.0	122,000		2.2								1.8	
19	x	24.0	95,000		2.0								1.8	
20	x	24.0	101,000		2.1								1.7	
21	x	24.0	119,000		2.0								1.6	
22		24.0												
23	x	24.0	198,000		2.2								1.8	
24	x	24.0	107,000		1.9								1.7	
25	x	24.0	91,000		1.8								1.4	
26	x	24.0	127,000		2.2								1.8	
27	x	24.0	105,000		2.0								1.6	
28	x	24.0	93,000		2.2								1.8	
29		24.0												
30	x	24.0	216,000		2.2								1.9	
31	x	24.0	99,000		2.3								1.8	
Total			3,262,000											
Average			105,225											
Maximum			217,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	August 2010
Community Water System (CWS) Name:	Orangewood
Public Water System (PWS) Identification Number:	6511311

Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	0	0								0
2	74,700	68,100	37,200	55,300	27,600	214,000					476,900
3	22,700	28,700	11,800	15,900	13,400	106,000					198,500
4	24,400	31,700	14,000	18,800	13,000	110,000					211,900
5	26,000	31,700	14,400	21,400	13,500	106,000					213,000
6	26,200	28,600	13,400	14,900	15,100	97,000					195,200
7	21,900	27,000	7,900	15,000	14,500	107,000					193,300
8	0	0	0								0
9	53,800	63,100	30,400	38,400	26,900	197,000					409,600
10	28,900	31,000	9,900	19,100	14,500	102,000					205,400
11	20,500	28,300	13,500	14,000	17,600	123,000					216,900
12	24,500	28,400	10,800	16,100	13,200	91,000					184,000
13	22,000	29,300	11,400	18,900	14,000	106,000					201,600
14	29,000	37,700	10,400	18,700	23,900	123,000					242,700
15	0	0	0								0
16	64,800	72,800	33,600	46,900	23,700	217,000					458,800
17	41,600	35,100	16,200	23,900	22,300	90,000					229,100
18	26,000	30,000	14,700	24,500	8,000	122,000					225,200
19	24,700	26,600	15,600	17,000	14,900	95,000					193,800
20	29,500	30,700	14,400	17,500	15,800	101,000					208,900
21	29,200	26,000	9,500	20,300	21,200	119,000					225,200
22	0	0	0								0
23	54,700	62,100	23,800	30,500	22,700	198,000					391,800
24	26,700	25,200	13,900	15,800	15,200	107,000					203,800
25	19,000	23,800	12,600	15,600	12,500	91,000					174,500
26	22,100	26,600	10,400	16,700	18,200	127,000					221,000
27	24,100	26,700	9,500	14,500	11,900	105,000					191,700
28	17,300	21,600	8,200	11,000	17,500	93,000					168,600
29	0	0	0								0
30	52,500	62,300	19,500	39,400	29,600	216,000					419,300
31	23,900	31,300	9,300	13,000	15,100	99,000					191,600
Total	830,700	934,400	396,300	573,100	455,800	3,262,000					6,452,300
Avg.	26,793	30,158	12,783	18,487	14,703	105,225					208,151
Max.	74,700	72,800	37,200	55,300	29,600	216,000					476,900

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

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☐ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: September, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	24,700		1.6								1.0	
2	x	24.0	23,200		1.4								1.2	
3	x	24.0	34,200		1.8								1.4	
4	x	24.0	21,300		2.0								1.5	
5		24.0												
6	x	24.0	69,100		2.0								1.5	
7	x	24.0	35,300		1.8								1.6	
8	x	24.0	28,500		1.5								1.4	
9	x	24.0	25,600		1.8								1.5	
10	x	24.0	33,900		1.6								1.5	
11	x	24.0	24,100		0.8								1.3	
12		24.0												
13	x	24.0	87,500		1.4								1.2	
14	x	24.0	31,600		1.6								1.2	
15	x	24.0	28,500		1.4								1.3	
16	x	24.0	29,300		1.8								1.2	
17	x	24.0	30,000		1.6								1.4	
18	x	24.0	25,400		1.6								0.9	
19		24.0												
20	x	24.0	88,400		0.4								0.4	
21	x	24.0	34,400		1.2								0.5	
22	x	24.0	35,000		1.4								1.0	
23	x	24.0	35,000		1.2								0.8	
24	x	24.0	46,500		1.6								1.5	
25	x	24.0	18,800		1.8								1.6	
26		24.0												
27	x	24.0	88,700		1.0								0.7	
28	x	24.0	30,900		1.4								1.2	
29	x	24.0	27,300		0.8								0.6	
30	x	24.0	22,300		1.0								0.6	
31		24.0												
Total			979,400											
Average			32,646											
Maximum			88,700											

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

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

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: September, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	27,200		1.8								1.6	
2	x	24.0	29,900		1.8								1.4	
3	x	24.0	33,800		1.6								1.4	
4	x	24.0	27,800		1.8								1.4	
5		24.0												
6	x	24.0	68,000		2.0								1.5	
7	x	24.0	32,600		2.0								1.6	
8	x	24.0	32,400		1.7								1.4	
9	x	24.0	31,500		1.9								1.7	
10	x	24.0	33,900		1.6								1.5	
11	x	24.0	27,300		0.7								1.2	
12		24.0												
13	x	24.0	68,100		1.4								1.3	
14	x	24.0	34,000		2.0								1.4	
15	x	24.0	32,700		1.8								1.2	
16	x	24.0	35,800		1.8								1.4	
17	x	24.0	32,100		2.0								1.4	
18	x	24.0	26,500		1.6								1.3	
19		24.0												
20	x	24.0	73,700		1.6								1.4	
21	x	24.0	37,500		1.4								1.0	
22	x	24.0	32,600		1.6								1.0	
23	x	24.0	33,600		1.4								1.0	
24	x	24.0	35,100		2.0								1.5	
25	x	24.0	29,200		2.1								1.7	
26		24.0												
27	x	24.0	63,400		2.1								1.8	
28	x	24.0	32,000		0.8								0.4	
29	x	24.0	33,100		2.0								1.4	
30	x	24.0	29,500		1.8								1.0	
31		24.0												
Total			973,300											
Average			32,443											
Maximum			73,700											

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

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

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: September, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	10,700		1.9								1.4	
2	x	24.0	12,500		1.9								1.5	
3	x	24.0	16,500		2.0								1.5	
4	x	24.0	10,200		1.5								1.0	
5		24.0												
6	x	24.0	31,200		1.8								1.5	
7	x	24.0	17,000		1.7								1.4	
8	x	24.0	19,300		1.8								1.3	
9	x	24.0	13,900		1.7								1.4	
10	x	24.0	15,200		1.7								1.4	
11	x	24.0	14,500		1.5								1.3	
12		24.0												
13	x	24.0	38,800		1.4								1.2	
14	x	24.0	18,900		1.5								1.3	
15	x	24.0	15,400		1.8								1.4	
16	x	24.0	17,500		1.7								1.3	
17	x	24.0	15,200		1.5								1.3	
18	x	24.0	14,100		1.8								1.0	
19		24.0												
20	x	24.0	41,000		1.7								1.4	
21	x	24.0	15,100		1.6								1.5	
22	x	24.0	16,200		1.6								1.3	
23	x	24.0	19,900		1.7								1.5	
24	x	24.0	20,400		1.8								1.6	
25	x	24.0	16,200		1.9								1.5	
26		24.0												
27	x	24.0	40,700		1.8								1.7	
28	x	24.0	15,300		1.9								1.7	
29	x	24.0	12,800		1.8								1.4	
30	x	24.0	10,900		1.7								1.3	
31		24.0												
Total			489,900											
Average			16,330											
Maximum			41,000											

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

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

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cantinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 hwtp

III. Daily Data for the Month/Year of: September, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	15,300		2.0								1.5	
2	x	24.0	14,000		1.0								1.0	
3	x	24.0	18,900		2.0								1.5	
4	x	24.0	18,000		3.0								2.1	
5		24.0												
6	x	24.0	40,400		3.0								2.5	
7	x	24.0	25,600		1.4								2.5	
8	x	24.0	19,200		1.9								1.2	
9	x	24.0	17,600		2.1								1.7	
10	x	24.0	23,800		1.5								1.8	
11	x	24.0	19,500		1.5								1.2	
12		24.0												
13	x	24.0	56,800		1.3								1.0	
14	x	24.0	22,200		1.4								1.1	
15	x	24.0	21,300		1.4								1.2	
16	x	24.0	21,200		2.0								1.5	
17	x	24.0	21,900		1.9								1.8	
18	x	24.0	31,100		1.7								1.4	
19		24.0												
20	x	24.0	49,000		1.8								1.5	
21	x	24.0	20,000		1.8								1.5	
22	x	24.0	27,900		1.5								1.4	
23	x	24.0	25,300		1.6								1.5	
24	x	24.0	26,200		1.5								1.4	
25	x	24.0	18,000		1.7								1.4	
26		24.0												
27	x	24.0	57,000		1.9								1.4	
28	x	24.0	24,200		1.8								1.5	
29	x	24.0	20,600		1.6								1.5	
30	x	24.0	16,900		1.2								1.2	
31		24.0												
Total			671,900											
Average			22,396											
Maximum			57,000											

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

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

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailine Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 hvip			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday		State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 hwp

III. Daily Data for the Month/Year of: September, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	15,300		2.0								1.5	
2	x	24.0	15,400		1.8								1.5	
3	x	24.0	15,800		2.5								1.6	
4	x	24.0	15,200		2.6								2.0	
5		24.0												
6	x	24.0	29,700		3.0								2.0	
7	x	24.0	15,300		0.6								1.1	
8	x	24.0	22,300		2.8								1.5	
9	x	24.0	9,500		1.1								1.0	
10	x	24.0	13,500		1.4								1.2	
11	x	24.0	17,300		1.5								1.1	
12		24.0												
13	x	24.0	31,000		1.5								1.4	
14	x	24.0	15,300		1.6								1.4	
15	x	24.0	12,500		1.4								1.2	
16	x	24.0	19,100		1.5								1.5	
17	x	24.0	12,100		1.6								1.4	
18	x	24.0	24,900		2.0								1.6	
19		24.0												
20	x	24.0	24,200		1.8								1.7	
21	x	24.0	15,700		2.0								1.6	
22	x	24.0	15,500		1.8								1.5	
23	x	24.0	10,100		1.6								1.5	
24	x	24.0	21,700		1.7								1.4	
25	x	24.0	15,200		1.6								1.3	
26		24.0												
27	x	24.0	29,900		1.4								1.2	
28	x	24.0	15,100		1.8								1.2	
29	x	24.0	15,500		1.5								1.4	
30	x	24.0	15,400		1.6								1.3	
31		24.0												
Total			462,600											
Average			15,420											
Maximum			31,000											

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

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

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri / State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: September, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	106,000		2.5								2.0	
2	x	24.0	108,000		2.2								1.9	
3	x	24.0	111,000		2.0								2.0	
4	x	24.0	99,000		2.3								2.0	
5		24.0												
6	x	24.0	218,000		2.5								2.0	
7	x	24.0	96,000		1.9								1.9	
8	x	24.0	109,000		1.7								1.5	
9	x	24.0	110,000		2.5								2.0	
10	x	24.0	91,000		1.9								1.7	
11	x	24.0	117,000		2.0								1.3	
12		24.0												
13	x	24.0	201,000		1.8								1.5	
14	x	24.0	108,000		1.7								1.4	
15	x	24.0	82,000		1.7								1.4	
16	x	24.0	116,000		1.8								1.5	
17	x	24.0	93,000		1.7								1.4	
18	x	24.0	120,000		1.8								1.6	
19		24.0												
20	x	24.0	193,000		1.9								1.5	
21	x	24.0	108,000		2.0								1.5	
22	x	24.0	101,000		1.8								1.5	
23	x	24.0	100,000		1.8								1.6	
24	x	24.0	88,000		1.5								1.4	
25	x	24.0	103,000		1.8								1.4	
26		24.0												
27	x	24.0	204,000		1.5								1.5	
28	x	24.0	105,000		2.0								1.6	
29	x	24.0	98,000		2.2								1.5	
30	x	24.0	104,000		2.5								1.5	
31		24.0												
Total			3,089,000											
Average			102,966											
Maximum			218,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				September 2010							
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	24,700	27,200	10,700	15,300	15,300	106,000					199,200
2	23,200	29,900	12,500	14,000	15,400	108,000					203,000
3	34,200	33,800	16,500	18,900	15,800	111,000					230,200
4	21,300	27,800	10,200	18,000	15,200	99,000					191,500
5	0	0	0								0
6	69,100	68,000	31,200	40,400	29,700	218,000					456,400
7	35,300	32,600	17,000	25,600	15,300	96,000					221,800
8	28,500	32,400	19,300	19,200	22,300	109,000					230,700
9	25,600	31,500	13,900	17,600	9,500	110,000					208,100
10	33,900	33,900	15,200	23,800	13,500	91,000					211,300
11	24,100	27,300	14,500	19,500	17,400	117,000					219,800
12	0	0	0								0
13	87,500	68,100	38,800	56,800	31,000	201,000					483,200
14	31,600	34,000	18,900	22,200	15,300	108,000					230,000
15	28,500	32,700	15,400	21,300	12,500	82,000					192,400
16	29,200	35,800	17,500	21,200	19,100	116,000					238,800
17	30,000	32,100	15,200	21,900	12,100	93,000					204,300
18	25,400	26,500	14,100	31,100	24,900	120,000					242,000
19	0	0	0								0
20	88,400	73,700	41,000	49,000	24,200	193,000					469,300
21	34,400	37,500	15,100	20,000	15,700	108,000					230,700
22	35,000	32,600	16,700	27,900	15,500	101,000					228,700
23	35,000	33,600	19,900	25,300	10,100	100,000					223,900
24	46,500	35,100	20,400	26,200	21,700	88,000					237,900
25	18,800	29,200	16,200	18,000	15,200	103,000					200,400
26	0	0	0								0
27	88,700	63,400	40,700	57,000	29,900	204,000					483,700
28	30,900	32,000	15,300	24,200	15,100	105,000					222,500
29	27,300	33,100	12,800	20,600	15,500	98,000					207,300
30	22,300	29,500	10,900	16,900	15,400	104,000					199,000
31	0	0	0								0
Total	979,400	973,300	489,900	671,900	462,600	3,089,000					6,666,100
Avg.	32,646	32,443	16,330	22,396	15,420	102,968					222,203
Max.	88,700	73,700	41,000	57,000	31,000	218,000					483,700

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA ..R

I. General Information for the Month/Year of: October, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: October, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	33,000		1.0								0.6	
2	x	24.0	29,800		0.4								0.5	
3		24.0												
4	x	24.0	70,000		1.9								1.8	
5	x	24.0	33,300		1.5								1.5	
6	x	24.0	52,100		1.9								1.5	
7	x	24.0	65,200		1.8								1.4	
8	x	24.0	82,100		1.6								1.4	
9	x	24.0	93,100		1.4								1.3	
10		24.0												
11	x	24.0	304,700		1.5								1.5	
12	x	24.0	77,700		2.0								1.4	
13	x	24.0	112,500		1.8								1.4	
14	x	24.0	124,900		1.8								1.5	
15	x	24.0	107,500		1.8								1.4	
16	x	24.0	65,400		1.4								1.3	
17		24.0												
18	x	24.0	246,400		1.0								0.7	
19	x	24.0	146,000		1.8								1.5	
20	x	24.0	122,200		1.7								1.5	
21	x	24.0	108,500		1.8								1.6	
22	x	24.0			1.5								1.5	
23	x	24.0			1.5								1.2	
24		24.0												
25	x	24.0	300		1.2								1.0	
26	x	24.0	400		1.2								1.0	
27	x	24.0			1.6								1.2	
28	x	24.0	4,200		1.5								1.2	
29	x	24.0	48,800		1.8								1.5	
30	x	24.0	48,300		1.8								1.0	
31		24.0												
Total			1,976,400											
Average			63,754											
Maximum			304,700											

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

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

I. General Information for the Month/Year of: October, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City: Holiday		State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: October, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	35,000		2.0								1.5	
2	x	24.0	31,700		2.3								2.0	
3		24.0												
4	x	24.0	65,400		2.1								1.8	
5	x	24.0	40,000		2.0								1.5	
6	x	24.0	34,700		1.8								1.5	
7	x	24.0	35,400		1.7								1.4	
8	x	24.0	52,200		2.4								2.2	
9	x	24.0	49,800		1.8								1.6	
10		24.0												
11	x	24.0	118,500		1.0								1.0	
12	x	24.0	37,900		2.0								1.5	
13	x	24.0	52,600		1.8								1.5	
14	x	24.0	58,500		1.6								1.4	
15	x	24.0	47,100		1.6								1.4	
16	x	24.0	46,300		0.8								1.3	
17		24.0												
18	x	24.0	109,300		2.5								1.9	
19	x	24.0	48,400		2.0								1.6	
20	x	24.0	52,900		2.0								1.5	
21	x	24.0	61,000		2.0								1.4	
22	x	24.0	93,400		1.8								1.5	
23	x	24.0	34,300		2.0								1.6	
24		24.0												
25	x	24.0	76,000		2.1								1.8	
26	x	24.0	43,100		2.0								1.8	
27	x	24.0	31,400		1.8								1.4	
28	x	24.0	37,800		1.6								1.5	
29	x	24.0	35,000		1.6								1.5	
30	x	24.0	33,900		1.6								1.0	
31		24.0												
Total			1,361,600											
Average			43,922											
Maximum			118,500											

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

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

I. General Information for the Month/Year of: October, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	0511311	Plant Name:	wells 3-4

October, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	12,900		1.7								1.2	
2	x	24.0	15,800		1.8								1.5	
3		24.0												
4	x	24.0	36,700		1.7								1.4	
5	x	24.0	15,200		1.8								1.3	
6	x	24.0	32,200		1.9								1.5	
7	x	24.0	43,700		1.8								1.3	
8	x	24.0	45,500		1.9								1.4	
9	x	24.0	2,500		1.5								1.3	
10		24.0												
11	x	24.0			1.4								1.3	
12	x	24.0	6,600		1.5								1.2	
13	x	24.0			1.7								1.3	
14	x	24.0			1.8								1.4	
15	x	24.0	9,100		1.5								1.2	
16	x	24.0	17,400		1.7								1.3	
17		24.0												
18	x	24.0	100		1.8								1.5	
19	x	24.0	3,100		1.4								1.1	
20	x	24.0	1,400		1.6								1.2	
21	x	24.0	5,200		1.8								1.4	
22	x	24.0	3,100		1.9								1.5	
23	x	24.0	7,900		1.7								1.5	
24		24.0												
25	x	24.0			1.2								1.0	
26	x	24.0	7,200		1.4								1.2	
27	x	24.0	4,600		1.8								1.5	
28	x	24.0	3,400		1.7								1.2	
29	x	24.0	1,500		1.5								1.2	
30	x	24.0	200		1.5								1.3	
31		24.0												
Total			275,300											
Average			8,880											
Maximum			45,500											

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

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

	October, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 bytp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

October, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Mainteriance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	20,600		1.2								1.0	
2	x	24.0	23,400		1.3								1.2	
3		24.0												
4	x	24.0	49,100		1.7								1.2	
5	x	24.0	17,400		1.4								1.0	
6	x	24.0	26,700		1.3								1.2	
7	x	24.0	41,100		1.4								1.1	
8	x	24.0	32,100		1.8								1.4	
9	x	24.0	32,900		2.0								1.5	
10		24.0												
11	x	24.0	83,000		1.8								1.5	
12	x	24.0	29,400		2.0								1.5	
13	x	24.0	35,500		1.8								1.4	
14	x	24.0	34,700		1.8								1.5	
15	x	24.0	34,300		1.7								1.3	
16	x	24.0	31,600		0.8								1.0	
17		24.0												
18	x	24.0	71,900		1.1								1.0	
19	x	24.0	38,900		1.2								1.0	
20	x	24.0	40,700		1.6								1.1	
21	x	24.0	35,500		1.4								1.4	
22	x	24.0	37,300		1.7								1.2	
23	x	24.0	26,300		1.5								1.2	
24		24.0												
25	x	24.0	44,700		1.4								1.3	
26	x	24.0	14,200		1.2								1.0	
27	x	24.0	8,200		1.0								1.0	
28	x	24.0	11,400		1.0								1.2	
29	x	24.0	15,500		1.5								1.2	
30	x	24.0	14,900		0.7								0.8	
31		24.0												
Total			854,300											
Average			27,558											
Maximum			83,000											

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

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

	October, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bvtp

October, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	15,400		1.8								1.7	
2	x	24.0	21,500		1.5								1.5	
3		24.0												
4	x	24.0	30,800		1.4								1.1	
5	x	24.0	9,000		1.4								1.0	
6	x	24.0	12,300		1.6								1.5	
7	x	24.0	26,500		1.8								1.4	
8	x	24.0	9,300		1.2								1.0	
9	x	24.0	15,900		1.7								1.5	
10		24.0												
11	x	24.0	38,700		1.6								1.5	
12	x	24.0	9,300		1.8								1.5	
13	x	24.0	16,000		1.8								1.4	
14	x	24.0	16,000		2.0								1.5	
15	x	24.0	14,000		1.9								1.6	
16	x	24.0	17,200		1.7								1.3	
17		24.0												
18	x	24.0	32,100		1.5								1.3	
19	x	24.0	6,700		1.6								1.0	
20	x	24.0			1.5								1.2	
21	x	24.0	15,500		1.4								1.2	
22	x	24.0	48,900		1.5								1.3	
23	x	24.0	15,100		1.5								1.3	
24		24.0												
25	x	24.0	33,100		1.6								1.2	
26	x	24.0	16,100		1.8								1.2	
27	x	24.0	16,000		1.6								1.3	
28	x	24.0	13,400		1.7								1.4	
29	x	24.0	20,900		1.8								1.5	
30	x	24.0	14,200		1.3								1.3	
31		24.0												
Total			483,900											
Average			15,609											
Maximum			48,900											

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

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

	October, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hytp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 hstp

October, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	96,000		1.8								1.8	
2	x	24.0	109,000		2.3								1.7	
3		24.0												
4	x	24.0	211,000		2.4								2.0	
5	x	24.0	79,000		1.8								1.0	
6	x	24.0	61,000		1.9								1.5	well down for repairs will sampled 2 bacties
7	x				1.7								1.5	
8	x				1.5								1.0	
9	x				1.5								0.8	
10														
11	x				1.0								0.8	
12	x				1.2								1.0	
13	x				1.1								0.8	
14	x				1.0								1.1	
15	x				1.2								1.0	
16	x				1.2								1.0	
17														
18	x				1.0								1.0	
19	x				0.7								0.7	
20	x				0.8								1.3	
21	x				0.9								1.2	well back on sent bactie to dep
22	x	24.0	9,000		1.0								1.3	
23	x	24.0	115,000		1.0								1.3	
24		24.0												
25	x	24.0	359,000		1.7								1.3	
26	x	24.0	160,000		1.2								1.0	
27	x	24.0	198,000		1.5								1.2	
28	x	24.0	132,000		1.6								1.4	
29	x	24.0	145,000		1.5								1.4	
30	x	24.0	118,000		1.4								1.3	
31		24.0												

Total	1,792,000
Average	57,806
Maximum	359,000

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				October 2010							
Community Water System (CWS) Name:		Orangewood									
Public Water System (PWS) Identification Number:		6511311									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					Total
Day of	240,000	210,000	75,000	23,200	12,700	175,100					736,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	33,000	35,000	12,900	20,600	15,400	96,000					212,900
2	29,800	31,700	15,800	23,400	21,500	109,000					231,200
3	0	0	0								0
4	70,000	65,400	36,700	49,100	30,800	211,000					463,000
5	33,300	40,000	15,200	17,400	9,000	79,000					193,900
6	52,100	34,700	32,200	26,700	12,300	61,000					219,000
7	65,200	35,400	43,700	41,100	26,500						211,900
8	82,100	52,200	45,500	32,100	9,300						221,200
9	93,100	49,800	2,500	32,900	15,900						194,200
10	0	0	0								0
11	304,700	118,500	0	83,000	38,700						544,900
12	77,700	37,900	6,600	29,400	9,300						160,900
13	112,500	52,600	0	35,500	16,000						216,600
14	124,900	58,500	0	34,700	16,000						234,100
15	107,500	47,100	9,100	34,300	14,000						212,000
16	65,400	46,300	17,400	34,600	17,200						180,900
17	0	0	0								0
18	246,400	109,300	100	71,900	32,100						459,800
19	146,000	48,400	3,100	38,900	6,700						243,100
20	122,200	52,900	1,400	40,700							217,200
21	108,500	61,000	5,200	35,500	15,500						225,700
22	0	93,400	3,100	37,300	48,900	9,000					191,700
23	0	34,300	7,900	26,300	15,100	115,000					198,600
24	0	0	0								0
25	300	76,000	0	44,700	33,100	359,000					513,100
26	400	43,100	7,200	14,200	16,100	160,000					241,000
27	0	31,400	4,600	8,200	16,000	198,000					258,200
28	4,200	37,800	3,400	11,400	13,400	132,000					202,200
29	48,800	35,000	1,500	15,500	20,900	145,000					266,700
30	48,300	33,900	200	14,900	14,200	118,000					229,500
31	0	0	0								0
Total	1,976,400	1,361,600	275,300	854,300	483,900	1,792,000					6,743,500
Avg.	63,754	43,922	8,880	27,558	15,609	57,806					217,532
Max.	304,700	118,500	45,500	83,000	48,900	359,000					544,900

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

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Ad	flynn@uiwater.pc				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: November, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	109,500		1.4								1.1	
2	x	24.0	47,800		1.8								1.3	
3	x	24.0	40,600		1.6								1.2	
4	x	24.0	49,600		1.5								1.0	
5	x	24.0	43,000		1.6								1.2	
6	x	24.0	30,200		1.5								1.3	
7		24.0												
8	x	24.0	96,300		1.5								1.2	
9	x	24.0	46,900		1.5								1.2	
10	x	24.0	45,000		1.8								1.1	
11	x	24.0	42,200		1.5								1.3	
12	x	24.0	41,500		1.5								1.3	
13	x	24.0	36,600		1.4								1.2	
14		24.0												
15	x	24.0	80,000		2.0								1.3	
16	x	24.0	40,000		2.0								1.5	
17	x	24.0	43,300		1.8								1.4	
18	x	24.0	37,000		2.0								1.4	
19	x	24.0	45,200		1.0								1.0	
20	x	24.0	1,100		2.5								1.4	
21		24.0												
22	x	24.0	1,800		2.0								1.5	
23	x	24.0	2,200		1.5								1.5	
24	x	24.0	2,000		1.2								1.4	
25	x	24.0	3,600		1.8								1.5	
26	x	24.0	4,400		1.5								1.5	
27	x	24.0	3,600		1.7								1.3	
28		24.0												
29	x	24.0	9,000		1.5								1.3	
30	x	24.0	2,800		1.0								0.7	
31		24.0												
Total			905,200											
Average			30,173											
Maximum			109,500											

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

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

I. General Information for the Month/Year of:	November, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Ad	flynn@uiwater.pc				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: November, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	80,800		2.2								1.8	
2	x	24.0	38,300		2.0								1.8	
3	x	24.0	36,800		1.6								1.0	
4	x	24.0	42,200		1.5								1.0	
5	x	24.0	34,500		1.8								1.2	
6	x	24.0	33,200		0.7								0.8	
7		24.0												
8	x	24.0	79,600		1.5								1.0	
9	x	24.0	38,500		1.5								1.0	
10	x	24.0	37,900		1.5								1.1	
11	x	24.0	41,500		1.0								0.8	
12	x	24.0	32,000		1.6								1.3	
13	x	24.0	32,300		2.5								1.8	
14		24.0												
15	x	24.0	76,900		2.3								1.5	
16	x	24.0	38,500		2.5								1.5	
17	x	24.0	35,500		2.2								1.5	
18	x	24.0	41,800		2.4								2.0	
19	x	24.0	32,600		1.0								0.8	
20	x	24.0	30,000		2.3								1.7	
21		24.0												
22	x	24.0	78,600		2.0								1.6	
23	x	24.0	27,100		2.0								1.7	
24	x	24.0	38,900		2.2								1.7	
25	x	24.0	30,300		2.0								1.5	
26	x	24.0	33,800		2.5								1.5	
27	x	24.0	31,400		2.0								1.6	
28		24.0												
29	x	24.0	71,300		1.5								1.6	
30	x	24.0	37,100		1.5								1.2	
31		24.0												
Total			1,131,600											
Average			37,720											
Maximum			80,800											

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

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

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6981
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	244Sarcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: November, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0			1.4								1.2	
2	x	24.0	7,100		1.8								1.7	
3	x	24.0	11,600		1.9								1.7	
4	x	24.0	3,500		1.7								1.4	
5	x	24.0	6,300		1.8								1.5	
6	x	24.0	9,700		1.8								1.3	
7		24.0												
8	x	24.0	800		1.7								1.4	
9	x	24.0	13,400		1.7								1.5	
10	x	24.0	2,100		1.8								1.3	
11	x	24.0	3,700		1.7								1.4	
12	x	24.0	2,800		1.8								1.3	
13	x	24.0	600		1.5								1.3	
14		24.0												
15	x	24.0	2,000		1.6								1.2	
16	x	24.0	9,400		1.4								1.2	
17	x	24.0	100		1.4								1.1	
18	x	24.0			1.7								1.3	
19	x	24.0			1.5								1.2	
20	x	24.0	34,300		1.5								1.0	
21		24.0												
22	x	24.0	81,300		1.8								1.4	
23	x	24.0	47,000		1.8								1.4	
24	x	24.0	46,900		1.6								1.5	
25	x	24.0	37,900		1.8								1.5	
26	x	24.0	31,800		1.5								1.3	
27	x	24.0	21,200		1.5									
28		24.0											1.2	
29	x	24.0	69,700		1.4								1.3	
30	x	24.0	33,500		1.5									
31		24.0												
Total			479,700											
Average			15,990											
Maximum			81,300											

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

MONTHLY OPERATION REPORT FOR [illegible]

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200		
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:	Stephen Hatcery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Hatcery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvlp

III. Daily Data for the Month/Year of: November, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	30,400		0.5								0.9	
2	x	24.0	24,900		1.4								1.2	
3	x	24.0	21,900		1.5								1.2	
4	x	24.0	21,400		2.0								1.5	
5	x	24.0	19,900		2.0								1.2	
6	x	24.0	26,600		1.3								1.0	
7		24.0												
8	x	24.0	60,500		1.4								1.0	
9	x	24.0	22,900		1.3								1.0	
10	x	24.0	30,500		1.5								1.1	
11	x	24.0	29,200		1.3								1.1	
12	x	24.0	21,900		1.4								1.2	
13	x	24.0	24,800		1.0								1.0	
14		24.0												
15	x	24.0	30,200		1.3								1.2	
16	x	24.0	19,700		1.5								1.2	
17	x	24.0	18,200		1.3								1.3	
18	x	24.0	22,300		1.0								0.8	
19	x	24.0	17,100		1.4								1.2	
20	x	24.0	21,600		2.0								1.3	
21		24.0												
22	x	24.0	47,500		2.0								1.5	
23	x	24.0	22,500		1.8								1.5	
24	x	24.0	20,500		1.5								1.3	
25	x	24.0	21,100		1.8								1.3	
26	x	24.0	27,800		1.6								1.3	
27	x	24.0	19,000		1.3								1.0	
28		24.0												
29	x	24.0	41,600		1.5								1.0	
30	x	24.0	20,500		1.8								1.4	
31		24.0												
Total			705,300											
Average			23,510											
Maximum			60,500											

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

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

I. General Information for the Month/Year of:	November, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☑ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spring	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 hytp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bstp

III. Daily Data for the Month/Year of: November, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	32,300		1.4								1.2	
2	x	24.0	16,100		1.5								1.1	
3	x	24.0	16,200		1.3								1.2	
4	x	24.0	16,100		1.6								1.2	
5	x	24.0	16,100		1.6								1.4	
6	x	24.0	16,100		1.5								1.2	
7		24.0												
8	x	24.0	28,000		1.5								1.3	
9	x	24.0	34,800		1.5								1.3	
10	x	24.0	26,400		1.8								1.5	
11	x	24.0	17,400		1.9								1.6	
12	x	24.0	10,100		1.5								1.3	
13	x	24.0	16,000		1.6								1.5	
14		24.0												
15	x	24.0	38,900		1.5								1.4	
16	x	24.0	16,100		1.5								1.3	
17	x	24.0	16,200		1.4								1.3	
18	x	24.0	16,100		1.7								1.4	
19	x	24.0	16,100		1.5								1.4	
20	x	24.0	9,500		1.7								1.5	
21		24.0												
22	x	24.0	31,800		1.8								1.5	
23	x	24.0	22,500		1.5								1.4	
24	x	24.0	10,500		1.5								1.5	
25	x	24.0	14,900		1.4								1.5	
26	x	24.0	15,900		1.5								1.4	
27	x	24.0	16,000		1.6								1.8	
28		24.0												
29	x	24.0	32,000		2.0								1.8	
30	x	24.0	22,300		1.7								1.4	
31		24.0												
Total			503,600											
Average			16,786											
Maximum			38,900											

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

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

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☑ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 3 trtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8393	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bstp

III. Daily Data for the Month/Year of: November, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	245,000		1.4								1.2	
2	x	24.0	103,000		1.5								1.3	
3	x	24.0	103,000		1.5								1.2	
4	x	24.0	90,000		1.8								1.4	
5	x	24.0	97,000		1.7								1.4	
6	x	24.0	67,000		1.3								1.3	
7		24.0												
8	x	24.0	214,000		1.4								1.2	
9	x	24.0	93,000		1.5								1.2	
10	x	24.0	98,000		1.5								1.2	
11	x	24.0	88,000		1.4								1.1	
12	x	24.0	96,000		1.6								1.3	
13	x	24.0	96,000		1.3								1.3	
14		24.0												
15	x	24.0	255,000		1.4								1.2	
16	x	24.0	104,000		1.5								1.3	
17	x	24.0	97,000		1.5								1.2	
18	x	24.0	114,000		1.3								1.3	
19	x	24.0	82,000		1.4								1.2	
20	x	24.0	90,000		1.5								1.4	
21		24.0												
22	x	24.0	261,000		1.5								1.3	
23	x	24.0	127,000		1.5								1.2	
24	x	24.0	105,000		2.0								1.5	
25	x	24.0	94,000		2.0								1.4	
26	x	24.0	115,000		2.0								1.5	
27	x	24.0	95,000		1.2								1.5	
28		24.0												
29	x	24.0	256,000		2.0								1.5	
30	x	24.0	123,000		2.1								1.8	
31		24.0												
Total			3,308,000											
Average			110,266											
Maximum			261,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of: November 2010

Community Water System (CWS) Name: Orangewood

Public Water System (PWS) Identification Number: 6511311

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name: Plant 3 Well 3-4	Plant 4 Name: well 1 bvtp	Plant 5 Name: well 2 bvtp	Plant 6 Name: well 3 bvtp	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	109,500	80,800	0	30,400	32,300	245,000					498,000
2	47,800	38,300	7,100	24,900	16,100	103,000					237,200
3	40,600	30,800	11,600	21,900	16,200	103,000					230,100
4	49,600	42,200	3,500	21,400	16,100	90,000					222,800
5	43,000	34,500	8,300	19,900	16,100	97,000					218,800
6	30,200	33,300	0,700	26,600	16,100	67,000					182,500
7	0	0	0								0
8	96,300	79,900	800	60,900	28,000	214,000					479,600
9	46,900	38,500	13,400	22,900	14,000	93,000					228,700
10	45,000	37,900	2,100	30,500	26,400	98,000					239,900
11	42,200	41,500	3,700	29,200	17,400	88,000					222,000
12	41,500	32,000	2,800	21,500	10,100	86,000					204,300
13	36,600	32,300	600	24,800	16,000	96,000					206,300
14	0	0	0								0
15	80,000	76,900	2,000	60,200	38,900	255,000					503,000
16	40,000	38,500	9,400	19,700	16,100	104,000					227,700
17	43,300	35,500	100	18,200	16,200	97,000					210,300
18	37,000	41,800	0	22,300	16,100	114,000					231,200
19	45,200	32,000	0	17,100	16,100	82,000					193,000
20	1,100	30,000	34,300	21,000	9,500	80,000					186,500
21	0	0	0								0
22	1,800	75,800	81,300	47,500	31,800	261,000					502,700
23	2,200	27,100	47,000	22,500	22,500	127,000					248,300
24	2,000	38,900	46,900	20,900	10,500	105,000					224,200
25	3,600	30,300	37,900	21,100	14,900	94,000					201,800
26	4,400	33,800	31,600	27,800	15,900	115,000					228,700
27	3,600	31,400	24,200	19,000	16,000	95,000					189,200
28	0	0	0								0
29	0,000	71,300	68,700	41,600	32,000	256,000					479,600
30	2,800	37,100	33,500	20,500	22,300	123,000					239,200
31	0	0	0								0
Total	905,200	1,131,600	479,700	705,300	503,800	3,308,000					7,033,400
Avg.	30,173	37,720	15,990	23,510	16,786	110,266					234,446
Max.	109,500	80,800	81,300	60,900	38,900	261,000					503,000

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

~~Polymer Page 3 Due in December~~ N/A

I. General Information for the Month/Year of: December, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: December, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	33,700		1.4								1.2	
2	x	24.0	3,600		1.5								1.5	
3	x	24.0	13,300		1.5								1.5	
4	x	24.0	10,400		1.7								1.3	
5		24.0												
6	x	24.0	40,200		1.5								1.3	
7	x	24.0	15,500		1.3								1.3	
8	x	24.0	23,000		1.5								1.3	
9	x	24.0	8,100		1.8								1.5	
10	x	24.0	23,000		1.8								1.5	
11	x	24.0	10,200		1.0								1.3	
12		24.0												
13	x	24.0	37,700		1.5								1.3	
14	x	24.0	13,500		1.5								1.3	
15	x	24.0			1.4								1.1	
16	x	24.0	26,700		1.5								1.3	
17	x	24.0	16,600		1.5								1.2	
18	x	24.0	8,900		2.0								1.4	
19		24.0												
20	x	24.0	37,000		2.1								1.8	
21	x	24.0	11,700		1.8								1.6	
22	x	24.0	17,500		1.6								1.4	
23	x	24.0	20,000		1.8								1.4	
24	x	24.0	14,200		1.7								1.4	
25	x	24.0	17,500		1.8								1.3	
26		24.0												
27	x	24.0	29,300		1.7								1.6	
28	x	24.0	100		1.4								1.3	
29	x	24.0	200		1.5								1.2	
30	x	24.0	2,600		1.8								1.3	
31	x	24.0	1,900		1.5								1.3	
Total			436,400											
Average			14,077											
Maximum			40,200											

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

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

Polymer Page 3 Due in December N/A

I. General Information for the Month/Year of: December, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: December, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	34,100		1.6								1.2	
2	x	24.0	31,600		1.5								1.3	
3	x	24.0	37,700		1.8								1.3	
4	x	24.0	31,200		1.8								1.6	
5		24.0												
6	x	24.0	71,700		1.7								1.5	
7	x	24.0	31,400		1.6								1.4	
8	x	24.0	37,900		1.8								1.5	
9	x	24.0	32,500		1.8								1.5	
10	x	24.0	33,900		2.0								1.5	
11	x	24.0	29,600		1.7								1.3	
12		24.0												
13	x	24.0	77,100		1.5								1.4	
14	x	24.0	30,100		1.5								1.2	
15	x	24.0	37,000		0.6								0.4	
16	x	24.0	600		0.5								0.5	
17	x	24.0	29,400		1.6								1.0	
18	x	24.0	29,800		1.5								1.0	
19		24.0												
20	x	24.0	73,800		0.8								0.4	
21	x	24.0	33,000		1.2								0.6	
22	x	24.0	36,200		1.4								1.0	
23	x	24.0	38,800		1.5								1.0	
24	x	24.0	29,100		1.8								1.1	
25	x	24.0	34,200		1.8								1.6	
26		24.0												
27	x	24.0	69,200		1.8								1.4	
28	x	24.0	35,600		1.6								1.4	
29	x	24.0	41,000		1.5								1.3	
30	x	24.0	32,800		1.7								1.3	
31	x	24.0	32,000		1.8								1.2	
Total			1,031,300											
Average			33,268											
Maximum			77,100											

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

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

~~Polymer Page 3 Due in December~~ N/A

I. General Information for the Month/Year of:	December, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: December, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	9,500		1.4								1.2	
2	x	24.0	31,900		1.8								1.3	
3	x	24.0	22,700		1.9								1.5	
4	x	24.0	18,800		2.0								1.3	
5		24.0												
6	x	24.0	44,400		1.9								1.7	
7	x	24.0	23,000		2.0								1.5	
8	x	24.0	26,400		2.0								1.5	
9	x	24.0	24,700		1.8								1.6	
10	x	24.0	26,100		1.5								1.4	
11	x	24.0	19,600		1.8								1.5	
12		24.0												
13	x	24.0	23,100		1.6								1.5	
14	x	24.0	22,000		1.8								1.4	
15	x	24.0	30,100		1.7								1.5	
16	x	24.0	49,300		1.8								1.4	
17	x	24.0	24,600		1.7								1.4	
18	x	24.0	18,600		1.8								1.3	
19		24.0												
20	x	24.0	20,700		1.8								1.4	
21	x	24.0	41,500		1.9								1.5	
22	x	24.0	25,500		1.8								1.4	
23	x	24.0	19,900		1.9								1.5	
24	x	24.0	23,400		1.5								1.3	
25	x	24.0	20,500		1.8								1.5	
26		24.0												
27	x	24.0	40,200		1.8								1.4	
28	x	24.0	40,400		1.6								1.4	
29	x	24.0	45,100		1.8								1.5	
30	x	24.0	44,400		1.9								1.6	
31	x	24.0	60,800		1.8								1.4	
Total			797,500											
Average			25,726											
Maximum			60,800											

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

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

~~Polymer Page 3 Due in December~~ n/a

I. General Information for the Month/Year of: December, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hytp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 Orange Dr.	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 byip

III. Daily Data for the Month/Year of: December, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	18,100		1.5								1.5	
2	x	24.0	25,900		1.7								1.3	
3	x	24.0	20,700		1.8								1.4	
4	x	24.0	25,100		0.6								0.5	
5		24.0												
6	x	24.0	45,100		1.0								1.0	
7	x	24.0	18,000		0.6								0.6	
8	x	24.0			1.0								1.0	
9	x	24.0			1.1								1.0	
10	x	24.0	23,000		2.8								2.0	
11	x	24.0	21,100		2.3								1.4	
12		24.0												
13	x	24.0	42,300		2.0								1.5	
14	x	24.0	20,300		1.8								1.4	
15	x	24.0	14,900		1.5								1.3	
16	x	24.0	16,400		1.6								1.3	
17	x	24.0	23,600		3.5								2.0	
18	x	24.0	24,900		3.3								2.3	
19		24.0												
20	x	24.0	52,500		3.0								2.8	
21	x	24.0	23,300		2.8								2.5	
22	x	24.0	22,700		2.7								2.4	
23	x	24.0	26,300		2.2								2.0	
24	x	24.0	18,100		2.5								2.0	
25	x	24.0	33,300		1.5								1.2	
26		24.0												
27	x	24.0	48,700		1.6								1.4	
28	x	24.0	20,400		1.6								1.2	
29	x	24.0	16,400		1.5								1.0	
30	x	24.0	23,100		1.5								1.2	
31	x	24.0	23,500		1.6								1.2	
Total			647,700											
Average			20,893											
Maximum			52,500											

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

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

~~Polymer Page 3 Due in December~~ 2 la

I. General Information for the Month/Year of: December, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 hwtp

III. Daily Data for the Month/Year of: December, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	9,600		2.0								1.5	
2	x	24.0	18,700		1.8								1.7	
3	x	24.0	14,000		1.5								1.2	
4	x	24.0	15,100		1.5								1.4	
5		24.0												
6	x	24.0	31,900		1.8								1.4	
7	x	24.0	15,800		1.5								1.2	
8	x	24.0	22,500		1.5								1.2	
9	x	24.0	15,900		1.3								1.1	
10	x	24.0	9,300		1.2								1.0	
11	x	24.0	15,900		1.0								1.3	
12		24.0												
13	x	24.0	31,800		1.4								1.2	
14	x	24.0	22,500		1.2								1.0	
15	x	24.0	11,300		1.4								1.2	
16	x	24.0	16,600		1.5								1.3	
17	x	24.0	13,500		1.0								1.0	
18	x	24.0	16,000		1.0								1.3	
19		24.0												
20	x	24.0	38,700		1.1								1.0	
21	x	24.0	15,100		0.9								0.6	
22	x	24.0	7,400		1.2								1.0	
23	x	24.0	16,200		1.4								1.0	
24	x	24.0	12,700		1.3								1.1	
25	x	24.0	22,600		1.3								1.3	
26		24.0												
27	x	24.0	30,700		1.4								1.2	
28	x	24.0	17,300		1.5								1.0	
29	x	24.0	22,600		1.5								1.0	
30	x	24.0	9,300		1.4								1.2	
31	x	24.0	16,100		1.5								1.2	
Total			489,100											
Average			15,777											
Maximum			38,700											

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

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

Polymer Page 3 Due in December n/a

I. General Information for the Month/Year of:	December, 2010

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 hvip

III. Daily Data for the Month/Year of: December, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	102,000		2.0								1.5	
2	x	24.0	95,000		1.9								1.4	
3	x	24.0	80,000		1.3								1.2	
4	x	24.0	89,000		1.0								1.3	
5		24.0												
6	x	24.0	240,000		1.3								1.2	
7	x	24.0	103,000		1.5								1.3	
8	x	24.0	126,000		1.5								1.3	
9	x	24.0	109,000		1.3								1.1	
10	x	24.0	93,000		1.5								1.2	
11	x	24.0	74,000		1.0								1.3	
12		24.0												
13	x	24.0	238,000		1.0								1.2	
14	x	24.0	112,000		1.2								1.0	
15	x	24.0	87,000		1.3								1.0	
16	x	24.0	144,000		1.5								1.3	
17	x	24.0	103,000		1.8								1.4	
18	x	24.0	81,000		1.5								1.2	
19		24.0												
20	x	24.0	216,000		1.0								0.9	
21	x	24.0	106,000		1.1								1.0	
22	x	24.0	79,000		1.2								1.0	
23	x	24.0	106,000		1.2								0.8	
24	x	24.0	98,000		1.3								1.1	
25	x	24.0	117,000		1.5								1.3	
26		24.0												
27	x	24.0	197,000		1.5								1.2	
28	x	24.0	131,000		1.6								1.2	
29	x	24.0	160,000		1.5								1.3	
30	x	24.0	84,000		1.4								1.4	
31	x	24.0	99,000		1.5								1.3	
Total			3,269,000											
Average			105,451											
Maximum			240,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	December 2010										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	33,700	34,100	9,800	18,100	9,600	102,000					207,300
2	3,600	31,600	31,900	25,900	18,700	95,000					206,700
3	13,300	37,700	22,700	20,700	14,000	80,000					188,400
4	10,400	31,200	18,800	25,100	15,100	89,000					189,600
5	0	0	0								0
6	40,200	71,700	44,400	45,100	31,900	240,000					473,300
7	15,500	31,400	23,000	18,000	15,800	103,000					206,700
8	23,000	37,900	26,400		22,500	126,000					235,800
9	8,100	32,500	24,700		15,900	109,000					190,200
10	23,000	33,900	26,100	23,000	9,300	93,000					208,300
11	10,200	29,600	19,600	21,100	15,900	74,000					170,400
12	0	0	0								0
13	37,700	77,100	23,100	42,300	31,800	238,000					450,000
14	13,500	30,100	22,000	20,300	22,500	112,000					220,400
15	0	37,000	30,100	14,900	11,300	87,000					180,300
16	26,700	600	49,300	16,400	16,600	144,000					253,600
17	16,600	29,400	24,600	23,600	13,500	103,000					210,700
18	8,900	29,800	18,600	24,900	16,000	81,000					179,200
19	0	0	0								0
20	37,000	73,800	20,700	52,500	38,700	216,000					438,700
21	11,700	33,000	41,500	23,300	15,100	106,000					230,600
22	17,500	36,200	25,500	22,700	7,400	79,000					188,300
23	20,000	38,800	19,900	26,300	16,200	106,000					227,200
24	14,200	29,100	23,400	18,100	12,700	98,000					195,500
25	17,500	34,200	20,500	33,300	22,600	117,000					245,100
26	0	0	0								0
27	29,300	69,200	40,200	48,700	30,700	197,000					415,100
28	100	35,600	40,400	20,400	17,300	131,000					244,800
29	200	41,000	45,100	16,400	22,600	160,000					285,300
30	2,600	32,800	44,400	23,100	9,300	84,000					196,200
31	1,900	32,000	60,800	23,500	16,100	99,000					233,300
Total	436,400	1,031,300	797,500	647,700	489,100	3,269,000					6,671,000
Avg.	14,077	33,268	25,726	20,893	15,777	105,451					215,194
Max.	40,200	77,100	60,800	52,500	38,700	240,000					473,300

2010

MORs

SUMMERTREE

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 eastwood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	Keith schneider	C	8462	days weekends
	Tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved 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	24.0	126,000		2.5								2.0	
2	x	24.0	53,000		3.3								3.3	
3		24.0												
4	x	24.0	198,000		2.0								2.0	
5	x	24.0	100,000		2.0								1.8	
6	x	24.0	53,000		3.2								2.0	
7	x	24.0	59,000		3.5								2.6	
8	x	24.0	109,000		2.0								2.3	
9	x	24.0	39,000		3.5								2.3	
10		24.0												
11	x	24.0	138,000		3.0								2.5	
12	x	24.0	79,000		3.5								2.9	
13	x	24.0	38,000		3.4								3.0	
14	x	24.0	43,000		3.5								2.5	
15	x	24.0	52,000		3.5								3.3	
16	x	24.0	10,000		3.4								3.2	
17		24.0												
18	x	24.0	9,000		3.5								3.0	
19	x	24.0	18,000		3.5								2.7	
20	x	24.0	18,000		3.5								2.3	
21	x	24.0	33,000		3.5								2.5	
22	x	24.0	4,000		3.5								2.8	
23	x	24.0	1,000		3.5								2.4	
24		24.0												
25	x	24.0	44,000		3.0								3.0	
26	x	24.0	14,000		3.1								2.0	
27	x	24.0	111,000		3.4								3.1	
28	x	24.0	57,000		3.3								2.8	
29	x	24.0	33,000		3.2								3.0	
30	x	24.0	6,000		3.3								2.6	
31		24.0			2.2									
Total			1,445,000											
Average			46,612											
Minimum			198,000											

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

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	Keith schneider	C	8462	days weekends
	Tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

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

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) in 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	24.0	30,300		3.0								2.5	
2	x	24.0	30,400		3.2								2.6	
3		24.0												
4	x	24.0	37,500		3.5								2.5	
5	x	24.0	39,200		3.5								2.3	
6	x	24.0	38,500		3.4								2.3	
7	x	24.0	41,100		3.5								2.6	
8	x	24.0	40,600		3.3								2.8	
9	x	24.0	47,300		2.3								3.0	
10		24.0												
11	x	24.0	57,000		3.5								3.0	
12	x	24.0	41,400		3.3								2.8	
13	x	24.0	39,600		2.5								2.0	
14	x	24.0	44,000		3.5								2.8	
15	x	24.0	39,500		2.0								2.5	
16	x	24.0	37,300		3.5								2.8	
17		24.0												
18	x	24.0	68,400		3.5								2.5	
19	x	24.0	44,700		3.5								2.8	
20	x	24.0	33,100		3.4								1.9	
21	x	24.0	41,000		3.3								2.7	
22	x	24.0	39,000		3.5								2.3	
23	x	24.0	28,100		3.5								2.6	
24		24.0												
25	x	24.0	70,200		3.5								3.0	
26	x	24.0	40,500		3.5								2.8	
27	x	24.0	35,300		3.2								3.3	
28	x	24.0	44,300		3.3								2.8	
29	x	24.0	38,300		3.3								3.1	
30	x	24.0	25,800		3.3								2.4	
31		24.0												
Total			1,072,300											
Average			34,590											
Minimum			70,200											

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

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	Keith schneider	C	8462	days weekends
	Tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

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

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved 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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	x	24.0	14,000		3.0								2.5	
2	x	24.0			2.1								2.3	
3	x	24.0												
4	x	24.0	6,000		2.0								2.0	
5	x	24.0	2,000		2.3								1.8	
6		24.0	4,000		2.5								2.0	
7	x	24.0	14,000		2.5								2.5	
8	x	24.0	27,000		2.3								2.6	
9	x	24.0	21,000		2.0								2.2	
10	x	24.0												
11	x	24.0	60,000		2.5								2.0	
12	x	24.0	27,000		2.3								2.3	
13		24.0	22,000		2.0								1.5	
14	x	24.0	43,000		1.7								2.8	
15	x	24.0	81,000		2.3								2.3	
16	x	24.0	43,000		2.3								2.4	
17	x	24.0												
18	x	24.0	106,000		2.5								2.4	
19	x	24.0	80,000		1.8								2.0	
20		24.0	70,000		2.5								2.3	
21	x	24.0	85,000		2.2								2.0	
22	x	24.0	74,000		2.3								2.0	
23	x	24.0	67,000		2.5								2.1	
24	x	24.0												
25	x	24.0	91,000		2.5								2.5	
26	x	24.0	26,000		3.0								2.0	
27		24.0	48,000		3.3								3.0	
28	x	24.0	67,000		3.3								2.6	
29	x	24.0	45,000		2.8								2.6	
30	x	24.0	35,000		2.6								2.3	
31	x	24.0												
Total			1,158,000											
Average			37,354											
Maximum			106,000											

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

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

I. General Information for the Month/Year of: January, 2010

A. Public Water System (PWS) Information

PWS Name:	*Summertree*			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	Keith schneider	C	8462	days weekends
	Tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: January, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6	x	24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15	x	24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20	x	24.0	8,000		2.8								2.5	
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			8,000											
Average			258											
Minimum			8,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	January 2010										
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	30,200	14,000	126,000	0							170,200
2	30,400		53,000	0							83,400
3											0
4	37,500	6,000	198,000	0							241,500
5	39,200	2,000	100,000	0							141,200
6	38,500	4,000	53,000	0							95,500
7	41,100	14,000	59,000	0							114,100
8	40,600	27,000	109,000	0							176,600
9	47,300	21,000	39,000	0							107,300
10											0
11	57,000	60,000	138,000	0							255,000
12	41,400	27,000	79,000	0							147,400
13	39,600	22,000	38,000	0							99,600
14	44,000	43,000	43,000	0							130,000
15	39,500	81,000	52,000	0							172,500
16	37,300	43,000	10,000	0							90,300
17											0
18	68,400	106,000	9,000	0							183,400
19	44,700	80,000	18,000	0							142,700
20	33,100	70,000	18,000	8,000							129,100
21	41,000	85,000	33,000	0							159,000
22	39,000	74,000	4,000	0							117,000
23	28,100	67,000	1,000	0							96,100
24											0
25	70,200	91,000	44,000	0							205,200
26	40,500	26,000	14,000	0							80,500
27	35,300	48,000	111,000	0							194,300
28	44,300	67,000	57,000	0							168,300
29	38,300	45,000	33,000	0							116,300
30	25,800	35,000	6,000	0							66,800
31											0
Total	1,072,300	1,158,000	1,445,000	8,000							3,683,300
Avg.	34,590	37,354	46,612	258							118,816
Max.	70,200	106,000	198,000	8,000							255,000

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

I. General Information for the Month/Year of: February, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date

Stephen Habery
Printed or Typed Name

FILE COPY

C-8012
License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	75,200		2.5								2.5	
2	x	24.0	41,500		2.6								2.5	
3	x	24.0	32,400		3.5								2.6	
4	x	24.0	39,500		2.0								2.8	
5	x	24.0	35,100		2.0								2.3	
6	x	24.0	26,500		2.4								2.4	
7		24.0												
8	x	24.0	79,800		2.5								2.0	
9	x	24.0	44,600		2.0								2.3	
10	x	24.0	34,700		2.0								2.1	
11	x	24.0	36,100		2.3								2.1	
12	x	24.0	40,500		2.0								2.0	
13	x	24.0	30,300		2.3								2.0	
14		24.0												
15	x	24.0	64,100		2.5								2.0	
16	x	24.0	35,300		2.0								2.3	
17	x	24.0	34,800		2.0								1.7	
18	x	24.0	40,600		2.2								1.8	
19	x	24.0	41,400		3.2								2.4	
20	x	24.0	30,600		3.2								2.6	
21		24.0												
22	x	24.0	76,600		3.0								2.5	
23	x	24.0	39,300		3.2								2.6	
24	x	24.0	37,900		3.5								2.7	
25	x	24.0	41,200		3.2								2.6	
26	x	24.0	41,600		3.0								2.7	
27	x	24.0	31,400		2.3								2.5	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			1,031,000											
Average			36,821											
Maximum			79,800											

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

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

I.	February, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, g.d.	CT Calculations, or UV Dose, to Demostate 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	24.0	134,000		3.5								2.5	
2	x	24.0	92,000		3.0								2.3	
3	x	24.0	58,000		3.3								2.5	
4	x	24.0	93,000		3.3								2.6	
5	x	24.0	108,000		2.9								2.6	
6	x	24.0	29,000		3.2								2.4	
7		24.0												
8	x	24.0	158,000		2.5								2.2	
9	x	24.0	2,000		1.8								2.1	
10	x	24.0	34,000		2.0								2.0	
11	x	24.0	18,000		3.3								2.1	
12	x	24.0	15,000		2.5								2.1	
13	x	24.0	9,000		2.0								1.8	
14		24.0												
15	x	24.0	37,000		2.5								2.0	
16	x	24.0	25,000		2.7								1.8	
17	x	24.0	13,000		2.0								1.5	
18	x	24.0	58,000		2.7								2.0	
19	x	24.0	56,000		2.1								2.0	
20	x	24.0	48,000		2.0								1.9	
21		24.0												
22	x	24.0	132,000		3.0								2.5	
23	x	24.0	89,000		2.4								2.1	
24	x	24.0	90,000		2.1								2.0	
25	x	24.0	70,000		3.2								2.5	
26	x	24.0	99,000		2.4								2.3	
27	x	24.0	49,000		2.3								2.0	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			1,516,000											
Average			54,142											
Maximum			158,000											

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

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

	February, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

February, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	20,000		3.0								2.5	
2	x	24.0	20,000		3.2								2.6	
3	x	24.0	4,000		3.5								2.3	
4	x	24.0	73,000		3.3								2.4	
5	x	24.0	12,000		3.3								2.5	
6	x	24.0	3,000		3.0								2.2	
7		24.0												
8	x	24.0	14,000		2.5								2.2	
9	x	24.0	184,000		3.5								2.8	
10	x	24.0	42,000		3.5								2.3	
11	x	24.0	183,000		3.3								2.6	
12	x	24.0	67,000		3.3								2.4	
13	x	24.0	58,000		3.2								2.4	
14		24.0												
15	x	24.0	96,000		3.0								2.5	
16	x	24.0	66,000		3.3								2.5	
17	x	24.0	124,000		3.5								2.5	
18	x	24.0	175,000		3.3								2.3	
19	x	24.0	91,000		3.3								2.6	
20	x	24.0	54,000		3.0								2.5	
21		24.0												
22	x	24.0	40,000		2.5								2.0	
23	x	24.0	18,000		3.2								2.3	
24	x	24.0	86,000		3.1								2.6	
25	x	24.0	89,000		3.3								2.6	
26	x	24.0	83,000		2.5								2.5	
27	x	24.0	16,000		3.0								2.4	
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			1,618,000											
Average			57,785											
Maximum			184,000											

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

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

	February, 2010	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 Peartree drive	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

	February, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											uif
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10	x	24.0	1,000											ran bacties sent to ground
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19	x	24.0	1,000											ran bacties sent to ground
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			2,000											
Average			71											
Maximum			1,000											

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

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

		March, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

March, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	71,700		3.0								3.0	
2	x	24.0	40,600		3.3								2.8	
3	x	24.0	38,400		3.1								2.5	
4	x	24.0	38,400		3.3								2.4	
5	x	24.0	33,300		2.6								2.8	
6	x	24.0	57,000		3.5								2.5	
7		24.0												
8	x	24.0	90,500		2.0								1.5	
9	x	24.0	52,500		3.5								3.0	
10	x	24.0	29,300		3.0								2.5	
11	x	24.0	54,600		1.8								1.6	
12	x	24.0	8,600		2.1								1.8	
13	x	24.0	30,000		2.3								2.2	
14		24.0												
15	x	24.0	72,600		3.3								2.5	
16	x	24.0	41,200		3.2								2.8	
17	x	24.0	31,300		3.0								2.5	
18	x	24.0	35,200		3.0								2.6	
19	x	24.0	37,400		3.0								2.3	
20	x	24.0	34,500		3.2								2.8	
21		24.0												
22	x	24.0	66,700		3.5								3.0	
23	x	24.0	36,700		2.8								2.3	
24	x	24.0	39,500		3.0								2.7	
25	x	24.0	34,500		3.0								2.6	
26	x	24.0	32,400		3.3								2.5	
27	x	24.0	32,100		3.1								2.6	
28		24.0												
29	x	24.0	68,000		3.0								2.5	
30	x	24.0	33,700		3.5								3.0	
31	x	24.0	35,000		3.0								2.5	
Total			1,175,700											
Average			37,926											
Maximum			90,500											

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

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

	March, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

March, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	135,000		3.0								2.5	
2	x	24.0	51,000		2.5								2.3	
3	x	24.0	82,000		1.8								2.3	
4	x	24.0	73,000		2.3								2.0	
5	x	24.0	85,000		2.5								2.3	
6	x	24.0	57,000		2.1								2.0	
7		24.0												
8	x	24.0	166,000		2.0								2.0	
9	x	24.0	81,000		2.3								2.4	
10	x	24.0	38,000		3.0								2.5	
11	x	24.0	45,000		2.5								2.0	
12	x	24.0	72,000		3.1								2.3	
13	x	24.0	39,000		2.5								2.3	
14		24.0												
15	x	24.0	96,000		2.5								2.5	
16	x	24.0	55,000		2.4								2.3	
17	x	24.0	83,000		3.1								2.0	
18	x	24.0	53,000		2.6								2.1	
19	x	24.0	80,000		3.3								2.8	
20	x	24.0	44,000		3.3								2.6	
21		24.0												
22	x	24.0	122,000		3.0								2.5	
23	x	24.0	87,000		3.2								2.6	
24	x	24.0	59,000		3.0								2.3	
25	x	24.0	59,000		2.6								2.3	
26	x	24.0	40,000		2.3								2.3	
27	x	24.0	17,000		2.5								2.0	
28		24.0												
29	x	24.0	81,000		2.0								1.6	
30	x	24.0	43,000		2.0								1.5	
31	x	24.0	43,000		2.5								1.5	
Total			1,886,000											
Average			60,839											
Maximum			166,000											

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

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

	March, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

March, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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 Cl Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	30,000		3.5								3.0	
2	x	24.0	86,000		3.5								2.6	
3	x	24.0	45,000		2.5								2.3	
4	x	24.0	49,000		2.6								1.8	
5	x	24.0	73,000		3.5								2.3	
6	x	24.0	36,000		2.8								2.0	
7		24.0												
8	x	24.0	15,000		2.0								2.0	
9	x	24.0	84,000		2.8								2.8	
10	x	24.0	178,000		3.0								2.5	
11	x	24.0	117,000		3.5								3.2	
12	x	24.0	47,000		3.3								2.4	
13	x	24.0	14,000		3.5								2.3	
14		24.0												
15	x	24.0	69,000		2.7								2.5	
16	x	24.0	36,000		2.6								2.1	
17	x	24.0	43,000		2.9								2.0	
18	x	24.0	64,000		3.2								1.8	
19	x	24.0	42,000		3.2								3.1	
20	x	24.0	75,000		2.6								2.8	
21		24.0												
22	x	24.0	26,000		3.0								2.5	
23	x	24.0	15,000		2.1								2.6	
24	x	24.0	39,000		3.5								2.0	
25	x	24.0	97,000		3.1								2.5	
26	x	24.0	83,000		2.6								2.4	
27	x	24.0	20,000		2.4								2.1	
28		24.0												
29	x	24.0	69,000		2.5								2.0	
30	x	24.0	23,000		2.5								2.0	
31	x	24.0	21,000		2.0								2.5	
Total			1,496,000											
Average			48,258											
Maximum			178,000											

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

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

	March, 2010	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17		Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

March, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3	x	24.0	1,000											sent to ground
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19	x	24.0	1,000											sent to ground
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			2,000											
Average			65											
Maximum			1,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				March 2010						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	all
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	214,000	214,000	214,000	214,000							856,000
Day of Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	71,700	135,000	30,000	0							236,700
2	40,600	51,000	86,000	0							177,600
3	38,400	82,000	45,000	1,000							166,400
4	38,400	73,000	49,000	0							160,400
5	33,300	85,000	73,000	0							191,300
6	57,000	57,000	36,000	0							150,000
7	0	0	0	0							0
8	90,500	166,000	15,000	0							271,500
9	52,500	81,000	84,000	0							217,500
10	29,300	38,000	178,000	0							245,300
11	54,600	45,000	117,000	0							216,600
12	8,600	72,000	47,000	0							127,600
13	30,000	39,000	14,000	0							83,000
14	0	0	0	0							0
15	72,600	96,000	69,000	0							237,600
16	41,200	55,000	36,000	0							132,200
17	31,300	83,000	43,000	0							157,300
18	35,200	53,000	64,000	0							152,200
19	37,400	80,000	42,000	1,000							160,400
20	34,500	44,000	75,000	0							153,500
21	0	0	0	0							0
22	66,700	122,000	26,000	0							214,700
23	36,700	87,000	15,000	0							138,700
24	39,500	59,000	39,000	0							137,500
25	34,500	59,000	97,000	0							190,500
26	32,400	40,000	83,000	0							155,400
27	32,100	17,000	20,000	0							69,100
28	0	0	0	0							0
29	68,000	81,000	69,000	0							218,000
30	33,700	43,000	23,000	0							99,700
31	35,000	43,000	21,000	0							99,000
Total	1,175,700	1,886,000	1,496,000	2,000							4,559,700
Avg.	37,926	60,839	48,258	65							147,087
Max.	90,500	166,000	178,000	1,000							271,500

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	x	24.0	35,000		3.0								2.0	
2	x	24.0	38,600		3.0								2.0	
3	x	24.0	37,000		3.5								2.0	
4		24.0												
5	x	24.0	70,400		3.0								2.1	
6	x	24.0	40,000		3.0								2.5	
7	x	24.0	36,300		3.1								2.5	
8	x	24.0	37,100		3.0								2.4	
9	x	24.0	36,200		3.5								2.4	
10	x	24.0	24,800		3.3								2.2	
11		24.0												
12	x	24.0	74,500		3.0								2.5	
13	x	24.0	36,900		3.0								2.5	
14	x	24.0	37,300		3.0								2.5	
15	x	24.0	37,500		3.0								2.3	
16	x	24.0	37,000		3.1								2.3	
17	x	24.0	40,500		2.0								2.0	
18		24.0												
19	x	24.0	57,900		3.0								2.5	
20	x	24.0	37,000		2.2								1.9	
21	x	24.0	35,600		3.5								2.5	
22	x	24.0	38,500		3.0								2.3	
23	x	24.0	38,400		2.8								2.2	
24	x	24.0	38,300		1.6								1.8	
25		24.0												
26	x	24.0	81,100		2.0								1.8	
27	x	24.0	35,600		2.0								2.0	
28	x	24.0	36,800		2.2								2.2	
29	x	24.0	33,700		2.4								2.4	
30	x	24.0	38,700		2.5								2.5	
31		24.0												
Total			1,090,700											
Average			36,356											
Maximum			81,100											

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

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant is in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	* Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved 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	24.0	63,000		3.0									2.0	
2	x	24.0	72,000		3.0									2.0	
3	x	24.0	62,000		3.0									2.0	
4		24.0													
5	x	24.0	111,000		3.5									2.5	
6	x	24.0	65,000		3.5									2.5	
7	x	24.0	67,000		3.3									2.5	
8	x	24.0	86,000		3.3									2.5	
9	x	24.0	81,000		3.5									3.0	
10	x	24.0	39,000		2.9									2.9	
11		24.0													
12	x	24.0	146,000		3.0									2.5	
13	x	24.0	71,000		3.0									2.5	
14	x	24.0	78,000		3.5									2.5	
15	x	24.0	107,000		3.5									2.4	
16	x	24.0	64,000		3.3									2.5	
17	x	24.0	122,000		3.0									2.8	
18		24.0													
19	x	24.0	126,000		3.5									2.5	
20	x	24.0	75,000		3.5									2.3	
21	x	24.0	70,000		3.5									2.3	
22	x	24.0	53,000		3.4									2.5	
23	x	24.0	62,000		3.0									2.5	
24	x	24.0	58,000		3.1									2.6	
25		24.0													
26	x	24.0	136,000		3.0									2.5	
27	x	24.0	61,000		3.2									2.0	
28	x	24.0	72,000		3.0									2.4	
29	x	24.0	74,000		3.0									2.4	
30	x	24.0	50,000		3.1									2.5	
31		24.0													
Total			2,071,000												
Average			69,033												
Maximum			146,000												

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

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If 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	24.0	63,000		3.0								2.0	
2	x	24.0	72,000		3.0								2.0	
3	x	24.0	62,000		3.0								2.0	
4		24.0												
5	x	24.0	111,000		3.5								2.5	
6	x	24.0	65,000		3.5								2.5	
7	x	24.0	67,000		3.3								2.5	
8	x	24.0	86,000		3.3								2.5	
9	x	24.0	81,000		3.5								3.0	
10	x	24.0	39,000		2.9								2.9	
11		24.0												
12	x	24.0	146,000		3.0								2.5	
13	x	24.0	71,000		3.0								2.5	
14	x	24.0	78,000		3.5								2.5	
15	x	24.0	107,000		3.5								2.4	
16	x	24.0	64,000		3.3								2.5	
17	x	24.0	122,000		3.0								2.8	
18		24.0												
19	x	24.0	126,000		3.5								2.5	
20	x	24.0	75,000		3.5								2.3	
21	x	24.0	70,000		3.5								2.3	
22	x	24.0	53,000		3.4								2.5	
23	x	24.0	62,000		3.0								2.5	
24	x	24.0	58,000		3.1								2.6	
25		24.0												
26	x	24.0	136,000		3.0								2.5	
27	x	24.0	61,000		3.2								2.0	
28	x	24.0	72,000		3.0								2.4	
29	x	24.0	74,000		3.0								2.4	
30	x	24.0	50,000		3.1								2.5	
31		24.0												
Total			2,071,000											
Average			69,033											
Maximum			146,000											

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

DEP Form 62-555.900(3)
Effective August 28, 2003

..ONTHLY OPERATION REPORT FOR PWSs TREATIN.. ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: April, 2010

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L*	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1	x	24.0	41,000		2.0								2.0	
2	x	24.0	22,000		2.5								2.0	
3	x	24.0	13,000		2.5								2.0	
4		24.0												
5	x	24.0	54,000		2.5								2.0	
6	x	24.0	115,000		2.5								2.5	
7	x	24.0	121,000		2.5								2.5	
8	x	24.0	30,000		2.5								2.5	
9	x	24.0	159,000		3.0								2.5	
10	x	24.0			2.2								2.0	
11		24.0												
12	x	24.0	30,000		3.0								2.5	
13	x	24.0	101,000		3.5								2.5	
14	x	24.0	140,000		3.5								2.5	
15	x	24.0	145,000		2.0								2.0	
16	x	24.0	158,000		2.0								2.0	
17	x	24.0	7,000		1.8								1.3	
18		24.0												
19	x	24.0	31,000		2.0								2.0	
20	x	24.0	110,000		1.8								1.6	
21	x	24.0	144,000		2.0								2.0	
22	x	24.0	117,000		1.8								1.5	
23	x	24.0	138,000		3.0								2.5	
24	x	24.0	47,000		2.8								1.6	
25		24.0												
26	x	24.0	63,000		3.5								1.9	
27	x	24.0	41,000		3.0								2.0	
28	x	24.0	51,000		2.0								2.0	
29	x	24.0	74,000		3.0								2.4	
30	x	24.0	104,000		3.0								2.5	
31		24.0												
Total			2,056,000											
Average			68,533											
Minimum			139,000											

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

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

I. General Information for the Month/Year of: April, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree				PWS Identification Number:
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140				Total Population Served at End of Month:
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn				Contact Person's Title: Regional
Contact Person's Mailing Address:	200 Weathersfield			City: Altamonte Sprii	State: Florida
Contact Person's Telephone Number:	407-869-1919				Contact Person's Fax Number: 407-869-(
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17				Plant Telephone Number:
Plant Address:	11615 peartree			City: Port Richey	State: Florida
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V				Plant Class (per subsection 62-699.310(4), F.A

Licensed Operators	Name	License Class	License Number	Day(s)/Shi
Lead/Chief Operator:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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 repo 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 a International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operatic 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 ch applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so tl them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Stephen Habery
Printed or Typed Name

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: April, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	uif
				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) in 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		Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7	x	24.0	2,000											sent to ground
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14	x	24.0	2,000											sent to ground
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29	x	24.0	2,000											sent to ground
30		24.0												
31		24.0												
Total			6,000											
Average			200											
Maximum			2,000											

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				April 2010						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ud
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	35,000	63,000	41,000	0							139,000
2	38,600	72,000	22,000	0							132,600
3	37,000	62,000	13,000	0							112,000
4	0	0	0	0							0
5	70,400	111,000	54,000	0							235,400
6	40,000	65,000	115,000	0							220,000
7	36,300	67,000	121,000	2,000							226,300
8	37,100	66,000	30,000	0							153,100
9	36,200	81,000	159,000	0							276,200
10	24,800	39,000	0	0							63,800
11	0	0	0	0							0
12	74,500	146,000	30,000	0							250,500
13	36,900	71,000	101,000	0							208,900
14	37,300	78,000	140,000	2,000							257,300
15	37,500	107,000	145,000	0							289,500
16	37,000	64,000	158,000	0							259,000
17	40,500	122,000	7,000	0							169,500
18	0	0	0	0							0
19	57,900	126,000	31,000	0							214,900
20	37,000	75,000	110,000	0							222,000
21	35,600	70,000	144,000	0							249,600
22	38,500	53,000	117,000	0							208,500
23	38,400	62,000	138,000	0							238,400
24	38,300	58,000	47,000	0							143,300
25	0	0	0	0							0
26	81,100	136,000	63,000	0							280,100
27	35,600	61,000	41,000	0							137,600
28	36,800	72,000	51,000	0							159,800
29	33,700	74,000	74,000	2,000							183,700
30	38,700	50,000	104,000	0							192,700
31	0	0	0	0							0
Total	1,090,700	2,071,000	2,056,000	6,000							5,223,700
Avg.	36,356	69,033	68,533	194							174,123
Max.	81,100	146,000	159,000	2,000							289,500

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C. Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

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 inform 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 Internation 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 e day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, togethe copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Involved Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	29,400		2.8								2.6	
2		24.0												
3	x	24.0	70,600		3.0								2.0	
4	x	24.0	37,000		3.0								2.0	
5	x	24.0	33,300		3.0								2.0	
6	x	24.0	36,000		2.5								2.0	
7	x	24.0	34,800		2.5								2.0	
8	x	24.0	31,300		2.3								1.2	
9		24.0												
10	x	24.0	46,100		2.5								2.2	
11	x	24.0	65,300		2.5								1.6	
12	x	24.0	37,100		2.5								2.0	
13	x	24.0	34,600		2.3								2.3	
14	x	24.0	43,400		2.3								2.4	
15	x	24.0	32,600		2.1								2.3	
16		24.0												
17	x	24.0	60,300		2.5								2.3	
18	x	24.0	37,600		2.5								2.0	
19	x	24.0	37,200		2.5								2.0	
20	x	24.0	40,300		3.0								2.0	
21	x	24.0	38,400		2.5								2.1	
22	x	24.0	32,400		2.3								2.3	
23		24.0												
24	x	24.0	72,400		2.5								2.5	
25	x	24.0	38,400		2.5								2.5	
26	x	24.0	36,600		2.5								2.6	
27	x	24.0	40,000		2.4								2.5	
28	x	24.0	38,300		2.5								2.5	
29	x	24.0	37,800		2.6								2.5	
30		24.0												
31	x	24.0	61,000		2.2								2.0	
Total			1,102,100											
Average			35,552											
Maximum			72,400											

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C. Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	68,000		3.5									2.1	
2		24.0													
3	x	24.0	160,000		3.5									2.5	
4	x	24.0	74,000		3.0									2.0	
5	x	24.0	99,000		3.0									2.0	
6	x	24.0	86,000		3.0									2.0	
7	x	24.0	88,000		3.2									2.0	
8	x	24.0	80,000		3.5									2.6	
9		24.0													
10	x	24.0	114,000		1.8									1.0	
11	x	24.0	85,000		3.5									2.5	
12	x	24.0	81,000		3.5									2.6	
13	x	24.0	97,000		3.3									2.6	
14	x	24.0	108,000		1.5									2.1	
15	x	24.0	80,000		3.3									2.0	
16		24.0													
17	x	24.0	129,000		3.0									2.5	
18	x	24.0	82,000		3.0									2.5	
19	x	24.0	89,000		2.5									2.5	
20	x	24.0	124,000		3.0									2.4	
21	x	24.0	99,000		3.0									2.5	
22	x	24.0	68,000		3.1									2.1	
23		24.0													
24	x	24.0	140,000		3.0									2.5	
25	x	24.0	117,000		3.0									2.5	
26	x	24.0	86,000		2.5									2.5	
27	x	24.0	139,000		3.0									2.5	
28	x	24.0	67,000		3.5									3.0	
29	x	24.0	67,000		3.0									2.5	
30		24.0													
31	x	24.0	94,000		3.1									2.5	
Total			2,521,000												
Average			81,323												
Minimum			160,000												

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C. Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations; or UV Dose; to Demostate 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	24.0	3,000		3.0									2.5	
2		24.0													
3	x	24.0	41,000		3.0									2.0	
4	x	24.0	113,000		3.0									2.0	
5	x	24.0	148,000		3.5									2.0	
6	x	24.0	84,000		3.0									2.0	
7	x	24.0	117,000		3.0									2.0	
8	x	24.0			2.0									1.6	
9		24.0													
10	x	24.0	27,000		2.5									1.9	
11	x	24.0	168,000		3.5									2.5	
12	x	24.0	153,000		3.5									3.3	
13	x	24.0	123,000		3.5									3.5	
14	x	24.0	99,000		3.5									3.3	
15	x	24.0	2,000		1.6									2.3	
16		24.0													
17	x	24.0	24,000		3.0									2.3	
18	x	24.0	109,000		3.0									2.5	
19	x	24.0	131,000		3.5									2.5	
20	x	24.0	121,000		3.0									2.5	
21	x	24.0	138,000		3.0									2.5	
22	x	24.0	40,000		3.5									2.4	
23		24.0													
24	x	24.0	90,000		3.0									2.5	
25	x	24.0	161,000		3.0									2.5	
26	x	24.0	142,000		3.2									2.5	
27	x	24.0	205,000		3.5									2.5	
28	x	24.0	165,000		2.5									2.5	
29	x	24.0	67,000		2.0									2.5	
30		24.0													
31	x	24.0	54,000		2.0									1.4	
Total			2,525,000												
Average			81,451												
Maximum			205,000												

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

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

I. General Information for the Month/Year of: May, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 Peartree drive	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: May, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0												
2		24.0												
3	x	24.0												
4	x	24.0												
5	x	24.0	2,000											sent to ground
6	x	24.0												
7	x	24.0												
8	x	24.0												
9		24.0												
10	x	24.0												
11	x	24.0												
12	x	24.0												
13	x	24.0												
14	x	24.0												
15	x	24.0												
16		24.0												
17	x	24.0												
18	x	24.0												
19	x	24.0												
20	x	24.0												
21	x	24.0												
22	x	24.0												
23	x	24.0												
24		24.0												
25	x	24.0												
26	x	24.0												
27	x	24.0												
28	x	24.0												
29	x	24.0												
30	x	24.0												
31	x	24.0												
Total			2,000											
Average			65											
Maximum			2,000											

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

DEP Form 62-555 900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				May 2010							
Community Water System (CWS) Name:		Summertree									
Public Water System (PWS) Identification Number:		6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	29,400	68,000	3,000	0							100,400
2	0	0	0	0							0
3	70,600	160,000	41,000	0							271,600
4	37,000	74,000	113,000	0							224,000
5	33,300	99,000	148,000	2,000							282,300
6	36,000	86,000	84,000	0							206,000
7	34,800	88,000	117,000	0							239,800
8	31,300	80,000	0	0							111,300
9	0	0	0	0							0
10	46,100	114,000	27,000	0							187,100
11	65,200	85,000	168,000	0							318,200
12	37,100	81,000	153,000	0							271,100
13	34,600	97,000	123,000	0							254,600
14	43,400	108,000	99,000	0							250,400
15	32,600	80,000	2,000	0							114,600
16	0	0	0	0							0
17	60,300	129,000	24,000	0							213,300
18	37,600	82,000	109,000	0							228,600
19	37,200	89,000	131,000	0							257,200
20	40,300	124,000	121,000	0							285,300
21	38,400	99,000	138,000	0							275,400
22	32,400	68,000	40,000	0							140,400
23	0	0	0	0							0
24	72,400	140,000	90,000	0							302,400
25	38,400	117,000	161,000	0							316,400
26	36,600	86,000	142,000	0							264,600
27	40,000	139,000	205,000	0							384,000
28	38,300	67,000	165,000	0							270,300
29	37,800	67,000	67,000	0							171,800
30	0	0	0	0							0
31	61,000	94,000	54,000	0							209,000
Total	1,102,100	2,521,000	2,525,000	2,000							6,150,100
Avg.	35,552	81,323	81,452	65							198,390
Max.	72,400	160,000	205,000	2,000							384,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	41,500		2.5								2.5	
2	x	24.0	34,600		2.8								2.5	
3	x	24.0	38,500		2.5								2.0	
4	x	24.0	34,500		2.5								2.0	
5	x	24.0	27,000		2.2								1.8	
6		24.0												
7	x	24.0	68,600		2.5								2.0	
8	x	24.0	34,700		2.5								2.5	
9	x	24.0	31,600		2.5								2.5	
10	x	24.0	35,200		2.5								2.5	
11	x	24.0	25,100		3.5								2.5	
12	x	24.0	17,800		3.5								2.8	
13		24.0												
14	x	24.0	23,300		3.0								2.5	
15	x	24.0	22,500		3.5								2.5	
16	x	24.0	31,100		3.5								2.5	
17	x	24.0	26,900		3.3								2.5	
18	x	24.0	26,400		3.5								2.5	
19	x	24.0	4,500		2.0								2.3	
20		24.0												
21	x	24.0	16,200		3.0								2.5	
22	x	24.0	12,300		3.5								1.8	
23	x	24.0	13,100		2.0								2.0	
24	x	24.0	33,200		3.1								3.0	
25	x	24.0			2.0								2.0	
26	x	24.0	36,900		3.5								2.4	
27		24.0												
28	x	24.0	57,500		3.5								2.5	
29	x	24.0	42,800		3.5								2.5	
30	x	24.0	21,600		2.5								2.5	
31		24.0												
Total			757,400											
Average			25,246											
Maximum			68,600											

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

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511423	Plant Name: well 2
III. Daily Data for the Month/Year of:	June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	97,000		3.0								2.5	
2	x	24.0	56,000		3.0								2.5	
3	x	24.0	80,000		3.5								2.0	
4	x	24.0	58,000		3.3								2.5	
5	x	24.0	64,000		3.0								2.7	
6		24.0												
7	x	24.0	134,000		3.0								2.5	
8	x	24.0	86,000		2.5								2.5	
9	x	24.0	62,000		3.5								2.5	
10	x	24.0	36,000		3.0								2.5	
11	x	24.0	12,000		2.5								2.5	
12	x	24.0			1.6								2.0	
13		24.0												
14	x	24.0	2,000		1.5								2.0	
15	x	24.0	35,000		3.5								2.5	
16	x	24.0	18,000		3.0								2.5	
17	x	24.0	17,000		3.0								2.5	
18	x	24.0	4,000		2.5								2.5	
19	x	24.0	89,000		3.5								2.3	
20		24.0												
21	x	24.0	206,000		2.0								2.0	
22	x	24.0	101,000		2.4								1.3	
23	x	24.0	67,000		1.5								1.5	
24	x	24.0	25,000		3.5								2.0	
25	x	24.0	18,000		2.5								2.0	
26	x	24.0	13,000		2.0								1.3	
27		24.0												
28	x	24.0	11,000		3.5								2.5	
29	x	24.0	35,000		2.5								2.5	
30	x	24.0	82,000		3.5								2.5	
31		24.0												
Total			1,428,000											
Average			47,600											
Maximum			206,000											

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

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

I. General Information for the Month/Year of: June, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Cl Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	175,000		2.0								2.0	
2	x	24.0	152,000		1.5								1.5	
3	x	24.0	248,000		2.5								2.0	
4	x	24.0	156,000		2.0								2.0	
5	x	24.0	16,000		3.5								3.5	
6		24.0												
7	x	24.0	94,000		2.0								2.0	
8	x	24.0	189,000		3.5								2.5	
9	x	24.0	141,000		2.0								2.5	
10	x	24.0	200,000		2.5								2.5	
11	x	24.0	187,000		2.5								2.3	
12	x	24.0	120,000		3.2								2.2	
13		24.0												
14	x	24.0	220,000		3.0								2.5	
15	x	24.0	239,000		3.0								2.5	
16	x	24.0	190,000		3.5								2.5	
17	x	24.0	218,000		2.0								2.5	
18	x	24.0	82,000		2.0								2.0	
19	x	24.0	6,000		2.0								1.8	
20		24.0												
21	x	24.0	8,000		1.5								1.8	
22	x	24.0	12,000		1.3								1.3	
23	x	24.0	37,000		3.0								2.5	
24	x	24.0	218,000		2.8								2.7	
25	x	24.0	182,000		2.5								2.5	
26	x	24.0	65,000		3.5								2.4	
27		24.0												
28	x	24.0	125,000		3.5								2.5	
29	x	24.0	86,000		2.0								2.0	
30	x	24.0	55,000		2.0								2.0	
31		24.0												
Total			3,421,000											
Average			114,033											
Maximum			248,000											

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

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

I. General Information for the Month/Year of: June, 2010 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: June, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If 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	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24.0													
2	x	24.0	1,000												sent to ground
3		24.0													
4		24.0													
5		24.0													
6		24.0													
7		24.0													
8		24.0													
9		24.0													
10		24.0													
11		24.0													
12		24.0													
13		24.0													
14	x	24.0	1,000												sent to ground
15		24.0													
16		24.0													
17		24.0													
18		24.0													
19		24.0													
20		24.0													
21		24.0													
22	x	24.0	1,000												sent to ground
23		24.0													
24		24.0													
25		24.0													
26		24.0													
27		24.0													
28		24.0													
29		24.0													
30		24.0													
31		24.0													
Total			3,000												
Average			100												
Maximum			1,000												

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				June 2010						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	41,500	97,000	175,000	0							313,500
2	34,600	56,000	152,000	1,000							243,600
3	38,500	80,000	248,000	0							366,500
4	34,500	58,000	156,000	0							248,500
5	27,000	64,000	16,000	0							107,000
6	0	0	0	0							0
7	68,600	134,000	94,000	0							296,600
8	34,700	86,000	189,000	0							309,700
9	31,600	62,000	141,000	0							234,600
10	35,200	36,000	200,000	0							271,200
11	25,100	12,000	187,000	0							224,100
12	17,800	0	120,000	0							137,800
13	0	0	0	0							0
14	23,300	2,000	220,000	1,000							246,300
15	22,500	35,000	239,000	0							296,500
16	31,100	18,000	190,000	0							239,100
17	26,900	17,000	218,000	0							261,900
18	26,400	4,000	82,000	0							112,400
19	4,500	89,000	6,000	0							99,500
20	0	0	0	0							0
21	16,200	206,000	8,000	0							230,200
22	12,300	101,000	12,000	1,000							126,300
23	13,100	87,000	37,000	0							137,100
24	33,200	25,000	218,000	0							276,200
25	0	18,000	182,000	0							200,000
26	36,900	13,000	65,000	0							114,900
27	0	0	0	0							0
28	57,500	11,000	125,000	0							193,500
29	42,800	35,000	86,000	0							163,800
30	21,600	82,000	55,000	0							158,600
31	0	0	0	0							0
Total	757,400	1,428,000	3,421,000	3,000							5,609,400
Avg.	25,246	47,600	114,033	97							186,980
Max.	68,600	206,000	248,000	1,000							366,500

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1		Plant Telephone Number:	1-800-272-1919
Plant Address:	north end of bayonet	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

FILE COPY

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate 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	24.0	30,400		2.5								2.5	
2	x	24.0	31,400		3.0								2.5	
3	x	24.0	35,200		3.5								2.7	
4		24.0												
5	x	24.0	46,600		3.3								2.4	
6	x	24.0	21,900		3.0								2.4	
7	x	24.0	25,200		3.5								2.5	
8	x	24.0	40,200		3.4								2.5	
9	x	24.0	20,400		3.5								2.5	
10	x	24.0	28,400		3.5								2.6	
11		24.0												
12	x	24.0	126,800		3.5								2.5	
13	x	24.0	33,700		3.5								2.8	
14	x	24.0	27,100		3.5								2.5	
15	x	24.0	34,600		3.3								2.5	
16	x	24.0	34,700		3.0								2.5	
17	x	24.0	31,000		3.5								2.8	
18		24.0												
19	x	24.0	50,400		3.5								2.5	
20	x	24.0	26,700		3.0								2.5	
21	x	24.0	24,200		3.0								2.3	
22	x	24.0	34,200		3.0								2.2	
23	x	24.0	34,400		3.0								2.3	
24	x	24.0	36,600		1.6								1.8	
25		24.0												
26	x	24.0	61,700		2.0								1.8	
27	x	24.0	36,000		2.5								2.0	
28	x	24.0	75,400		3.0								2.5	
29	x	24.0	34,400		3.5								2.5	
30	x	24.0	26,800		3.4								2.5	
31	x	24.0	29,600		3.3								3.5	
Total			1,041,200											
Average			33,587											
Maximum			126,800											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club hose	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2			
1	x	24.0	161,000		3.3									2.5	
2	x	24.0	119,000		3.3									2.5	
3	x	24.0	41,000		3.4									2.3	
4		24.0													
5	x	24.0	111,000		3.3									2.2	
6	x	24.0	57,000		3.5									2.5	
7	x	24.0	77,000		3.5									2.5	
8	x	24.0	92,000		3.5									2.5	
9	x	24.0	89,000		3.3									2.5	
10	x	24.0	36,000		3.4									2.0	
11		24.0													
12	x	24.0			2.5									2.3	
13	x	24.0	89,000		3.5									2.5	
14	x	24.0	41,000		2.9									2.5	
15	x	24.0	59,000		3.5									2.5	
16	x	24.0	69,000		3.0									2.5	
17	x	24.0	20,000		3.2									2.4	
18		24.0													
19	x	24.0	96,000		3.5									2.5	
20	x	24.0	107,000		3.5									2.5	
21	x	24.0	60,000		3.5									2.5	
22	x	24.0	94,000		3.0									2.4	
23	x	24.0	6,000		3.0									2.3	
24	x	24.0	1,000		2.0									1.8	
25		24.0													
26	x	24.0	15,000		2.0									1.8	
27	x	24.0	18,000		3.5									3.0	
28	x	24.0	9,000		3.0									2.5	
29	x	24.0	71,000		3.3									2.5	
30	x	24.0			3.3									2.5	
31	x	24.0	109,000		3.5									2.2	
Total			1,647,000												
Average			53,129												
Maximum			161,000												

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin / State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey / State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Mark "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Doses to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1	x	24.0	25,000		2.0								2.0	
2	x	24.0	33,000		2.5								2.0	
3	x	24.0	5,000		1.9								1.6	
4		24.0												
5	x	24.0	9,000		1.8								1.8	
6	x	24.0	9,000		2.5								2.5	
7	x	24.0	12,000		2.5								2.5	
8	x	24.0	19,000		2.5								2.5	
9	x	24.0	31,000		2.3								2.3	
10	x	24.0	19,000		1.0								0.6	
11		24.0												
12	x	24.0	103,000		3.5								2.5	
13	x	24.0	111,000		3.5								3.2	
14	x	24.0	95,000		2.0								2.0	
15	x	24.0	122,000		3.5								2.5	
16	x	24.0	63,000		3.0								2.5	
17	x	24.0	58,000		3.5								2.3	
18		24.0												
19	x	24.0	80,000		3.5								2.5	
20	x	24.0	67,000		3.0								2.5	
21	x	24.0	82,000		3.0								2.5	
22	x	24.0	125,000		3.5								2.5	
23	x	24.0	135,000		3.0								2.5	
24	x	24.0	88,000		3.5								3.5	
25		24.0												
26	x	24.0	126,000		3.3								2.5	
27	x	24.0	173,000		3.5								2.5	
28	x	24.0	5,000		3.5								2.5	
29	x	24.0	47,000		3.0								2.5	
30	x	24.0	16,000		3.5								2.5	
31	x	24.0	18,000		3.5								2.8	
Total			1,676,000											
Average			54,064											
Maximum			173,000											

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

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

I. General Information for the Month/Year of: July, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 pearlree		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: July, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	If:
				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 C1 Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24.0													
2		24.0													
3		24.0													
4		24.0													
5		24.0													
6		24.0													
7	x	24.0	1,000												sent to ground
8		24.0													
9	x	24.0	1,000												sent to ground
10		24.0													
11		24.0													
12		24.0													
13		24.0													
14		24.0													
15		24.0													
16		24.0													
17		24.0													
18		24.0													
19		24.0													
20		24.0													
21		24.0													
22	x	24.0	1,000												sent to ground
23		24.0													
24		24.0													
25		24.0													
26		24.0													
27		24.0													
28		24.0													
29		24.0													
30		24.0													
31		24.0													
Total			3,000												
Average			96												
Maximum			1,000												

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	July 2010
Community Water System (CWS) Name:	Summertree
Public Water System (PWS) Identification Number:	6511423

Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	unit
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	30,400	161,000	25,000	0							216,400
2	31,400	119,000	33,000	0							183,400
3	35,200	41,000	5,000	0							81,200
4	0	0	0	0							0
5	46,600	111,000	9,000	0							166,600
6	21,900	57,000	9,000	0							87,900
7	25,200	77,000	12,000	1,000							115,200
8	40,200	92,000	19,000	0							151,200
9	20,400	89,000	31,000	1,000							141,400
10	28,400	36,000	19,000	0							83,400
11	0	0	0	0							0
12	126,800	0	103,000	0							229,800
13	33,700	89,000	111,000	0							233,700
14	27,100	41,000	95,000	0							163,100
15	34,600	59,000	122,000	0							215,600
16	34,700	69,000	63,000	0							166,700
17	34,000	20,000	58,000	0							112,000
18	0	0	0	0							0
19	50,400	96,000	80,000	0							226,400
20	26,700	107,000	67,000	0							200,700
21	24,200	60,000	82,000	0							166,200
22	34,200	94,000	125,000	1,000							254,200
23	34,400	6,000	135,000	0							175,400
24	36,600	1,000	88,000	0							125,600
25	0	0	0	0							0
26	61,700	15,000	126,000	0							202,700
27	36,000	18,000	173,000	0							227,000
28	75,400	9,000	5,000	0							89,400
29	34,400	71,000	47,000	0							152,400
30	26,800	0	16,000	0							42,800
31	29,800	109,000	18,000	0							156,800
Total	1,041,200	1,647,000	1,676,000	3,000							4,367,200
Avg.	33,587	53,129	54,065	97							140,877
Max.	126,800	161,000	173,000	1,000							254,200

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

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	0511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	53,100		3.5								3.0	
3	x	24.0	30,300		3.5								2.8	
4	x	24.0	29,500		3.2								2.8	
5	x	24.0	27,600		2.8								2.6	
6	x	24.0	29,900		3.4								2.5	
7	x	24.0	26,900		3.3								2.4	
8		24.0												
9	x	24.0	55,600		2.0								1.5	
10	x	24.0	25,200		2.0								1.6	
11	x	24.0	22,400		3.5								2.8	
12	x	24.0	33,600		2.8								2.4	
13	x	24.0	24,700		3.0								2.5	
14	x	24.0	23,000		3.0								2.6	
15		24.0												
16	x	24.0	51,900		3.0								2.5	
17	x	24.0	30,500		3.5								2.8	
18	x	24.0	23,600		3.5								2.8	
19	x	24.0	25,400		3.0								2.8	
20	x	24.0	33,000		3.5								2.7	
21	x	24.0	24,100		3.1								2.4	
22		24.0												
23	x	24.0	50,300		3.5								2.8	
24	x	24.0	30,700		3.3								2.5	
25	x	24.0	29,600		3.0								2.5	
26	x	24.0	4,500		2.0								2.0	
27	x	24.0	1,100		2.0								2.0	
28	x	24.0	100		1.0								1.0	
29		24.0												
30	x	24.0	400		3.0								2.5	
31	x	24.0	35,300		2.0								2.0	
Total			722,300											
Average			23,300											
Maximum			55,600											

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

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

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Summerree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2		Plant Telephone Number:	1-800-272-1919
Plant Address:	west side of paradise pt club house	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: August, 2010

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	60,000		3.5								2.5	
3	x	24.0	92,000		2.2								2.0	
4	x	24.0	49,000		3.0								2.6	
5	x	24.0	61,000		3.5								2.8	
6	x	24.0	71,000		3.3								1.8	
7	x	24.0	14,000		2.8								2.0	
8		24.0												
9	x	24.0	51,000		3.0								2.5	
10	x	24.0	44,000		2.6								2.4	
11	x	24.0	38,000		3.2								2.8	
12	x	24.0	52,000		2.5								2.0	
13	x	24.0	47,000		2.5								2.0	
14	x	24.0	25,000		2.5								2.1	
15		24.0												
16	x	24.0	94,000		2.5								2.0	
17	x	24.0	134,000		2.1								2.4	
18	x	24.0	104,000		2.5								2.5	
19	x	24.0	94,000		3.0								2.8	
20	x	24.0	100,000		3.0								2.8	
21	x	24.0	7,000		2.0								2.3	
22		24.0												
23	x	24.0	62,000		2.5								2.3	
24	x	24.0	5,000		2.5								2.3	
25	x	24.0	3,000		2.0								2.0	
26	x	24.0	59,000		2.5								2.0	
27	x	24.0	89,000		2.5								2.5	
28	x	24.0	72,000		2.2								1.2	
29		24.0												
30	x	24.0	150,000		2.0								2.0	
31	x	24.0	2,000		2.0								2.0	
Total			1,579,000											
Average			50,935											
Maximum			150,000											

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

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

I. General Information for the Month/Year of: August, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey / State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

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

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: August, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	78,000		3.5								2.5	
3	x	24.0	57,000		3.4								2.6	
4	x	24.0	25,000		3.3								3.0	
5	x	24.0	20,000		3.4								2.8	
6	x	24.0	11,000		3.5								2.0	
7	x	24.0	25,000		3.3								2.4	
8		24.0												
9	x	24.0	69,000		3.0								2.5	
10	x	24.0	33,000		2.6								2.2	
11	x	24.0	40,000		3.5								3.0	
12	x	24.0	35,000		3.3								3.0	
13	x	24.0	46,000		3.0								2.5	
14	x	24.0	16,000		3.5								2.6	
15		24.0												
16	x	24.0	40,000		3.3								2.5	
17	x	24.0	60,000		3.5								2.8	
18	x	24.0	48,000		3.0								2.5	
19	x	24.0	35,000		3.5								2.8	
20	x	24.0	42,000		3.5								2.8	
21	x	24.0	40,000		3.3								3.0	
22		24.0												
23	x	24.0	49,000		3.4								2.8	
24	x	24.0	66,000		3.0								2.8	
25	x	24.0	51,000		3.5								3.0	
26	x	24.0	7,000		3.0								3.0	
27	x	24.0			3.0								2.5	
28	x	24.0			1.0								1.0	
29		24.0												
30	x	24.0			3.5								2.0	
31	x	24.0	112,000		3.4								2.5	
Total			1,005,000											
Average			32,419											
Maximum			112,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2010 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: August, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4	x	24.0	2,000											bacties sent to groung
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10	x	24.0	6,000											sent to ground
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16	x	24.0	7,000											sent to ground
17	x	24.0	11,000											sent to ground
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			26,000											
Average			838											
Maximum			11,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	August 2010										
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	all
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	0	0	0							0
2	53,100	60,000	78,000	0							191,100
3	30,300	92,000	57,000	0							179,300
4	29,500	49,000	25,000	2,000							105,500
5	27,600	61,000	20,000	0							108,600
6	29,900	71,000	11,000	0							111,900
7	26,900	14,000	25,000	0							65,900
8	0	0	0	0							0
9	55,600	51,000	69,000	0							175,600
10	25,200	44,000	33,000	6,000							108,200
11	22,400	38,000	40,000	0							100,400
12	33,600	52,000	35,000	0							120,600
13	24,700	47,000	46,000	0							117,700
14	23,000	25,000	16,000	0							64,000
15		0	0	0							0
16	51,900	94,000	40,000	7,000							192,900
17	30,500	134,000	60,000	11,000							235,500
18	23,600	104,000	48,000	0							175,600
19	25,400	94,000	35,000	0							154,400
20	33,000	100,000	42,000	0							175,000
21	24,100	7,000	40,000	0							71,100
22		0	0	0							0
23	50,300	62,000	49,000	0							161,300
24	30,700	5,000	66,000	0							101,700
25	29,600	3,000	51,000	0							83,600
26	4,500	59,000	7,000	0							70,500
27	1,100	89,000	0	0							90,100
28	100	72,000	0	0							72,100
29		0	0	0							0
30	400	150,000	0	0							150,400
31	35,300	2,000	112,000	0							149,300
Total	722,300	1,579,000	1,005,000	26,000							3,332,300
Avg.	23,300	50,935	32,419	838							107,493
Max.	55,600	150,000	112,000	11,000							235,500

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: September, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point In Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	33,300		2.3								1.8	
2	x	24.0	28,600		2.5								2.0	
3	x	24.0	26,200		3.3								2.4	
4	x	24.0	15,500		2.0								2.1	
5		24.0												
6	x	24.0	55,500		2.5								2.0	
7	x	24.0	28,100		2.5								2.0	
8	x	24.0	26,000		3.5								2.4	
9	x	24.0			2.0								2.6	
10	x	24.0	29,700		2.6								2.3	
11	x	24.0	34,900		1.2								1.5	
12		24.0												
13	x	24.0	50,500		1.5								1.5	
14	x	24.0	39,700		2.2								2.0	
15	x	24.0	34,000		2.0								1.8	
16	x	24.0	36,800		2.2								2.0	
17	x	24.0	34,000		2.6								2.5	
18	x	24.0	24,200		2.3								2.0	
19		24.0												
20	x	24.0	56,100		2.0								2.0	
21	x	24.0			1.8								2.3	
22	x	24.0	28,300		1.4								1.8	
23	x	24.0	33,000		2.5								2.0	
24	x	24.0	30,400		2.5								2.5	
25	x	24.0	18,300		2.0								1.8	
26		24.0												
27	x	24.0	58,500		1.5								1.0	
28	x	24.0	35,600		1.5								1.0	
29	x	24.0	31,300		1.7								2.0	
30	x	24.0	27,900		1.5								1.8	
31		24.0												
Total			816,400											
Average			27,213											
Maximum			58,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n. w. of club house paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: September, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0			1.3								1.0	
2	x	24.0	115,000		2.0								1.6	
3	x	24.0	184,000		1.8								2.0	
4	x	24.0	126,000		1.6								1.8	
5		24.0												
6	x	24.0	148,000		1.8								1.5	
7	x	24.0	86,000		1.0								1.0	
8	x	24.0	166,000		2.3								1.5	
9	x	24.0	141,000		2.2								2.8	
10	x	24.0	144,000		3.0								2.3	
11	x	24.0	12,000		3.0								1.8	
12		24.0												
13	x	24.0	4,000		2.0								1.5	
14	x	24.0	89,000		3.4								2.1	
15	x	24.0	58,000		3.5								2.3	
16	x	24.0	14,000		2.0								2.3	
17	x	24.0	164,000		2.8								2.5	
18	x	24.0	112,000		2.8								1.8	
19		24.0												
20	x	24.0	156,000		3.0								1.9	
21	x	24.0	93,000		2.3								2.0	
22	x	24.0	18,000		2.0								2.5	
23	x	24.0	143,000		2.3								2.3	
24	x	24.0	131,000		2.9								2.5	
25	x	24.0	45,000		2.8								2.7	
26		24.0												
27	x	24.0	6,000		1.5								1.0	
28	x	24.0			1.2								1.0	
29	x	24.0	1,000		2.6								2.0	
30	x	24.0	46,000		1.5								1.8	
31		24.0												
Total			2,202,000											
Average			73,400											
Maximum			184,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: September, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	89,000		3.5								2.8	
2	x	24.0	5,000		2.2								2.0	
3	x	24.0	2,000		3.5								2.3	
4	x	24.0	16,000		2.4								2.1	
5		24.0												
6	x	24.0			2.0								2.1	
7	x	24.0			2.0								2.3	
8	x	24.0	8,000		2.1								2.3	
9	x	24.0	143,000		3.1								3.0	
10	x	24.0	113,000		2.3								2.8	
11	x	24.0	56,000		3.5								2.6	
12		24.0												
13	x	24.0	131,000		3.5								2.5	
14	x	24.0	113,000		3.3								3.0	
15	x	24.0	129,000		3.4								2.5	
16	x	24.0	169,000		3.5								2.3	
17	x	24.0	88,000		2.1								2.3	
18	x	24.0	22,000		2.3								2.0	
19		24.0												
20	x	24.0	14,000		1.5								2.0	
21	x	24.0	192,000		3.5								2.4	
22	x	24.0	121,000		2.5								2.4	
23	x	24.0	97,000		3.1								2.1	
24	x	24.0	93,000		3.0								2.3	
25	x	24.0	76,000		2.9								2.5	
26		24.0												
27	x	24.0	175,000		2.5								1.5	
28	x	24.0	103,000		3.0								2.0	
29	x	24.0	102,000		2.9								2.4	
30	x	24.0	137,000		2.5								2.3	
31		24.0												
Total			2,194,000											
Average			73,133											
Maximum			192,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2010 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: September, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	11,000											sent to ground
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14	x	24.0	3,000											sent to ground
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22	x	24.0	1,000											sent to ground
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			15,000											
Average			500											
Maximum			11,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				September 2010						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	33,300	0	89,000	0							122,300
2	28,600	115,000	5,000	11,000							159,600
3	26,200	184,000	2,000	0							212,200
4	15,500	126,000	16,000	0							157,500
5	0	0	0	0							0
6	55,500	148,000	0	0							203,500
7	28,100	86,000		0							114,100
8	26,000	166,000	8,000	0							200,000
9	0	141,000	143,000	0							284,000
10	29,700	144,000	113,000	0							286,700
11	34,900	12,000	56,000	0							102,900
12	0	0	0	0							0
13	50,500	4,000	131,000	0							185,500
14	39,700	89,000	113,000	3,000							244,700
15	34,000	58,000	129,000	0							221,000
16	36,800	14,000	169,000	0							219,800
17	34,000	164,000	88,000	0							286,000
18	24,200	112,000	22,000	0							158,200
19	0	0	0	0							0
20	56,100	156,000	14,000	0							226,100
21	0	93,000	192,000	0							285,000
22	28,300	18,000	121,000	1,000							168,300
23	33,000	143,000	97,000	0							273,000
24	30,400	131,000	93,000	0							254,400
25	18,300	45,000	76,000	0							139,300
26	0	0	0	0							0
27	58,500	6,000	175,000	0							239,500
28	35,600	0	103,000	0							138,600
29	31,300	1,000	102,000	0							134,300
30	27,900	46,000	137,000	0							210,900
31	0	0	0	0							0
Total	816,400	2,202,000	2,194,000	15,000							5,227,400
Avg.	27,213	73,400	73,133	0							174,246
Max.	58,500	184,000	192,000	11,000							286,700

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

	October, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1		Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

October, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	35,500		1.5								1.4	
2	x	24.0	3,600		1.2								1.5	
3		24.0												
4	x	24.0	58,500		1.0								0.8	
5	x	24.0	33,700		1.6								1.8	
6	x	24.0	33,200		2.0								2.0	
7	x	24.0	119,500		2.0								2.4	
8	x	24.0	30,000		1.8								2.0	
9	x	24.0	31,400		2.3								1.8	
10		24.0												
11	x	24.0	54,100		2.0								1.5	
12	x	24.0	35,500		1.8								2.0	
13	x	24.0	29,600		1.3								2.1	
14	x	24.0	37,300		1.3								2.4	
15	x	24.0	42,200		1.5								2.0	
16	x	24.0	26,700		2.7								2.2	
17		24.0												
18	x	24.0	55,600		2.5								2.0	
19	x	24.0	34,400		3.5								2.5	
20	x	24.0	38,800		3.5								2.3	
21	x	24.0	28,900		2.5								3.0	
22	x	24.0	41,800		3.5								3.4	
23	x	24.0	42,900		3.4								3.3	
24		24.0												
25	x	24.0	62,300		2.4								2.0	
26	x	24.0	42,900		3.5								2.9	
27	x	24.0	38,300		3.5								2.8	
28	x	24.0	49,200		3.4								2.7	
29	x	24.0	37,400		3.3								2.7	
30	x	24.0	38,100		2.3								2.8	
31		24.0												
Total			1,081,400											
Average			34,883											
Maximum			119,500											

* Refer to the Instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

	October, 2010

A. Public Water System (PWS) Information

PWS Name:	Summerree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprir	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w of club house paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

October, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	51,000		3.3								2.8	
2	x	24.0	163,000		3.1								2.2	
3		24.0												
4	x	24.0	218,000		2.5								2.2	
5	x	24.0	227,000		3.3								1.8	
6	x	24.0	137,000		3.3								2.3	
7	x	24.0	172,000		2.3								2.0	
8	x	24.0	91,000		3.1								2.8	
9	x	24.0	121,000		3.1								2.4	
10		24.0												
11	x	24.0	131,000		3.0								2.5	
12	x	24.0	102,000		2.7								2.0	
13	x	24.0	35,000		2.6								2.3	
14	x	24.0	204,000		2.5								1.4	
15	x	24.0	72,000		2.6								2.1	
16	x	24.0	21,000		2.0								2.0	
17		24.0												
18	x	24.0	124,000		2.1								2.0	
19	x	24.0	137,000		3.5								2.5	
20	x	24.0	117,000		2.8								2.4	
21	x	24.0	116,000		3.3								3.0	
22	x	24.0	152,000		2.0								3.0	
23	x	24.0	12,000		2.2								2.1	
24		24.0												
25	x	24.0	59,000		2.5								2.4	
26	x	24.0	82,000		3.5								3.3	
27	x	24.0	59,000		3.3								3.5	
28	x	24.0	127,000		3.1								3.3	
29	x	24.0	68,000		2.3								2.1	
30	x	24.0	33,000		3.5								2.5	
31		24.0												
Total			2,831,000											
Average			91,322											
Maximum			227,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

	October, 2010	

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

October, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	173,000		2.5								2.4	
2	x	24.0	17,000		2.0								1.8	
3		24.0												
4	x	24.0	1,000		1.0								1.0	
5	x	24.0	10,000		2.0								2.3	
6	x	24.0	27,000		2.0								2.3	
7	x	24.0	74,000		2.3								2.0	
8	x	24.0	62,000		2.1								2.4	
9	x	24.0	41,000		3.3								2.6	
10		24.0												
11	x	24.0	65,000		2.5								2.5	
12	x	24.0	61,000		2.4								1.8	
13	x	24.0	103,000		2.7								2.0	
14	x	24.0	216,000		3.5								2.3	
15	x	24.0	170,000		3.3								3.1	
16	x	24.0	86,000		3.4								3.0	
17		24.0												
18	x	24.0	91,000		3.0								2.0	
19	x	24.0	146,000		3.5								2.4	
20	x	24.0	113,000		2.3								2.1	
21	x	24.0	139,000		3.3								3.0	
22	x	24.0	168,000		3.5								2.5	
23	x	24.0	102,000		3.2								2.6	
24		24.0												
25	x	24.0	218,000		3.4								2.5	
26	x	24.0	218,000		3.5								3.3	
27	x	24.0	238,000		3.3								3.2	
28	x	24.0	234,000		3.1								3.1	
29	x	24.0	159,000		3.5								2.4	
30	x	24.0	97,000		3.3								2.5	
31		24.0												
Total			3,035,000											
Average			97,903											
Maximum			238,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

	October, 2010	dif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: October, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfecting Concentration at Remote Point in Distribution System, mg/L	ulf
				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		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6	x	24.0	3,000											sent to ground
7		24.0												
8		24.0												
9	x	24.0	3,000											sent to ground
10		24.0												
11		24.0												
12		24.0												
13	x	24.0	1,000											sent to ground
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23	x	24.0	1,000											sent to ground
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			8,000											
Average			97,903											
Maximum			3,000											

1,600

* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :					October 2010						
Community Water System (CWS) Name:			Summertree								
Public Water System (PWS) Identification Number:			6511423								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	35,500	51,000	173,000	0							259,500
2	3,600	163,000	17,000	0							183,600
3	0	0	0	0							0
4	58,500	218,000	1,000	0							277,500
5	33,700	227,000	10,000	0							270,700
6	33,200	137,000	27,000	3,000							200,200
7	119,500	172,000	74,000	0							365,500
8	30,000	91,000	62,000	0							183,000
9	31,400	121,000	44,000	3,000							199,400
10	0	0	0	0							0
11	54,100	131,000	65,000	0							250,100
12	35,500	102,000	61,000	0							198,500
13	29,600	35,000	103,000	1,000							168,600
14	37,300	204,000	216,000	0							457,300
15	42,200	72,000	170,000	0							284,200
16	26,700	21,000	86,000	0							133,700
17	0	0	0	0							0
18	55,600	124,000	94,000	0							273,600
19	34,400	137,000	146,000	0							317,400
20	38,800	117,000	113,000	0							268,800
21	28,900	116,000	139,000	0							283,900
22	41,800	152,000	168,000	0							361,800
23	42,900	12,000	102,000	1,000							157,900
24	0	0	0	0							0
25	62,300	59,000	218,000	0							339,300
26	42,900	82,000	218,000	0							342,900
27	38,300	59,000	238,000	0							335,300
28	49,200	127,000	234,000	0							410,200
29	37,400	68,000	159,000	0							264,400
30	38,100	33,000	97,000	0							168,100
31	0	0	0	0							0
Total	1,081,400	2,831,000	3,035,000	8,000							6,955,400
Avg.	34,883	91,322	97,903	258							224,367
Max.	119,500	227,000	238,000	3,000							457,300

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8162	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: November, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	63,100		3.5								2.5	
2	x	24.0	43,500		3.5								3.0	
3	x	24.0	39,700		3.2								3.1	
4	x	24.0	36,900		3.4								3.0	
5	x	24.0	42,500		3.3								3.1	
6	x	24.0	38,400		2.0								1.6	
7		24.0												
8	x	24.0	76,200		3.0								2.7	
9	x	24.0	41,100		3.4								2.7	
10	x	24.0	39,700		3.5								2.4	
11	x	24.0	44,500		3.5								2.6	
12	x	24.0	35,300		3.3								2.3	
13	x	24.0	35,300		3.3								2.8	
14		24.0												
15	x	24.0	67,500		3.4								2.7	
16	x	24.0	41,600		3.2								2.7	
17	x	24.0	37,600		3.2								2.8	
18	x	24.0	45,000		3.5								3.0	
19	x	24.0	37,900		3.5								2.3	
20	x	24.0	37,500		3.1								2.4	
21		24.0												
22	x	24.0	68,600		3.0								2.2	
23	x	24.0	38,300		3.5								2.6	
24	x	24.0	44,700		3.4								2.6	
25	x	24.0	28,800		3.5								2.5	
26	x	24.0	34,600		3.0								2.5	
27	x	24.0	31,700		2.3								2.4	
28		24.0												
29	x	24.0	61,800		3.3								3.0	
30	x	24.0	39,700		3.5								2.8	
31		24.0												
Total			1,151,500											
Average			38,383											
Maximum			76,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6061
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w of club house paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: November, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	90,000		2.5								2.6	
2	x	24.0	82,000		3.5								3.1	
3	x	24.0	177,000		3.4								3.3	
4	x	24.0	103,000		3.3								3.1	
5	x	24.0	26,000		3.3								3.1	
6	x												2.2	well down for samples due to bactie hit
7														
8	x												2.2	
9	x	24.0	96,000		2.1								2.5	well back on bacties clean
10	x	24.0	52,000		2.1								2.3	
11	x	24.0	23,000		2.6								2.5	
12	x	24.0	4,000		2.1								2.5	
13	x	24.0	55,000		3.5								2.8	
14		24.0												
15	x	24.0	127,000		3.3								1.8	
16	x	24.0	167,000		3.3								2.5	
17	x	24.0	79,000		3.2								2.3	
18	x	24.0	98,000		3.2								2.2	
19	x	24.0	90,000		3.2								2.8	
20	x	24.0	21,000		2.3								1.4	
21		24.0												
22	x	24.0	3,000		2.0								1.4	
23	x	24.0	98,000		3.2								2.3	
24	x	24.0	79,000		2.8								3.0	
25	x	24.0	1,000		3.0								2.5	
26	x	24.0			2.0								2.0	
27	x	24.0	3,000		3.5								2.3	
28		24.0												
29	x	24.0	83,000		2.6								2.4	
30	x	24.0	119,000		3.1								3.3	
31		24.0												
Total			1,636,000											
Average			54,533											
Maximum			177,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2010

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6061
Contact Person's E-Mail Address:	pclynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey	State: Florida / Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,888		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: November, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/l	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	206,000		3.0								2.5	
2	x	24.0	126,000		3.5								3.0	
3	x	24.0	198,000		3.4								3.0	
4	x	24.0	90,000		3.3								2.5	
5	x	24.0	151,000		3.5								3.1	
6	x	24.0	108,000		3.4								2.5	
7		24.0												
8	x	24.0	233,000		3.3								3.0	
9	x	24.0	181,000		3.5								3.1	
10	x	24.0	204,000		3.4								3.2	
11	x	24.0	136,000		3.3								3.3	
12	x	24.0	139,000		3.5								3.5	
13	x	24.0	36,000		3.5								3.5	
14		24.0												
15	x	24.0	91,000		3.2								2.9	
16	x	24.0	131,000		3.3								3.0	
17	x	24.0	128,000		3.5								3.1	
18	x	24.0	124,000		3.5								3.0	
19	x	24.0	201,000		2.8								2.5	
20	x	24.0	95,000		2.8								2.1	
21		24.0												
22	x	24.0	190,000		3.0								2.8	
23	x	24.0	239,000		3.5								3.3	
24	x	24.0	216,000		3.5								3.5	
25	x	24.0	104,000		3.3								3.0	
26	x	24.0	92,000		3.4								3.0	
27	x	24.0	57,000		3.5								3.3	
28		24.0												
29	x	24.0	71,000		3.4								3.0	
30	x	24.0	110,000		3.3								3.1	
31		24.0												
Total			3,657,000											
Average			121,900											
Maximum			239,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	November, 2010	uif

A. Public Water System (PWS) Information

PWS Name:	Summerlee	PWS Identification Number:	6511323
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1130	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6061
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 17	Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 pearuee	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214300		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

_____	Stephen Habery	C-8012
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: November, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				uif
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
1		24.0													
2	x	24.0	1,000											sent to ground	
3		24.0													
4		24.0													
5		24.0													
6		24.0													
7		24.0													
8		24.0													
9		24.0													
10	x	24.0	1,000											sent to ground	
11		24.0													
12		24.0													
13		24.0													
14		24.0													
15		24.0													
16		24.0													
17		24.0													
18		24.0													
19		24.0													
20		24.0													
21		24.0													
22		24.0													
23	x	24.0	1,000											sent to ground	
24		24.0													
25		24.0													
26		24.0													
27		24.0													
28		24.0													
29		24.0													
30		24.0													
31		24.0													
Total			3,000												
Average			121,900												
Maximum			1,000												

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : November 2010

Community Water System (CWS) Name: Summertree

Public Water System (PWS) Identification Number: 6511423

Day of Month	Plant 1 Name: Plant 1 Well 1	Plant 2 Name: Plant 2 Well 2	Plant 3 Name: Plant 3 Well 13	Plant 4 Name: Plant 4 Well 17	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	63,100	50,000	206,000	0							319,100
2	43,500	82,000	126,000	1,000							252,500
3	39,700	177,000	198,000	0							414,700
4	38,900	103,000	90,000	0							229,900
5	42,500	26,000	151,000	0							219,500
6	38,400	0	108,000	0							146,400
7	0	0	0	0							0
8	76,200	0	233,000	0							309,200
9	41,100	96,000	181,000	0							318,100
10	39,700	52,000	204,000	1,000							296,700
11	44,500	23,000	136,000	0							203,500
12	35,300	4,000	139,000	0							178,300
13	35,300	55,000	36,000	0							126,300
14	0	0	0	0							0
15	67,500	127,000	91,000	0							285,500
16	41,600	167,000	131,000	0							339,600
17	37,600	79,000	128,000	0							244,600
18	45,000	98,000	124,000	0							267,000
19	37,900	90,000	201,000	0							328,900
20	37,500	21,000	95,000	0							153,500
21	0	0	0	0							0
22	68,600	3,000	190,000	0							261,600
23	38,300	98,000	239,000	1,000							376,300
24	44,700	79,000	216,000	0							339,700
25	28,800	1,000	104,000	0							133,800
26	34,600	0	92,000	0							126,600
27	31,700	3,000	57,000	0							91,700
28	0	0	0	0							0
29	61,800	83,000	71,000	0							215,800
30	39,700	119,000	110,000	0							268,700
31	0	0	0	0							0
Total	1,151,500	1,636,000	3,657,000	3,000							6,447,500
Avg.	38,383	54,533	121,900	100							214,916
Max.	76,200	177,000	239,000	1,000							414,700

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	11128st rd 52	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: December, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	28,500		3.5								3.1	
2	x	24.0	600		2.4								2.6	
3	x	24.0	43,000		2.5								2.3	
4	x	24.0	32,700		1.4								1.0	
5		24.0												
6	x	24.0	55,700		3.4								3.0	
7	x	24.0	50,900		3.5								3.2	
8	x	24.0	39,700		2.5								1.8	
9	x	24.0	49,600		2.1								2.3	
10	x	24.0	29,500		2.0								1.3	
11	x	24.0	40,600		2.6								2.2	
12		24.0												
13	x	24.0	72,700		3.2								2.4	
14	x	24.0	31,900		2.5								2.2	
15	x	24.0	40,100		3.3								2.6	
16	x	24.0	47,600		3.5								2.6	
17	x	24.0	35,900		3.5								2.8	
18	x	24.0	43,000		3.1								3.0	
19		24.0												
20	x	24.0	60,200		3.5								3.3	
21	x	24.0	39,000		3.1								2.9	
22	x	24.0	45,700		3.4								3.2	
23	x	24.0	39,100		3.5								2.8	
24	x	24.0	23,600		3.0								2.8	
25	x	24.0	35,400		3.3								2.6	
26		24.0												
27	x	24.0	68,800		3.0								2.5	
28	x	24.0	37,300		3.3								2.8	
29	x	24.0	36,200		3.5								3.2	
30	x	24.0	38,900		2.5								3.0	
31	x	24.0	38,500		3.0								2.8	
Total			1,104,700											
Average			35,635											
Maximum			72,700											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Polymer Page 3 Due in December

I. General Information for the Month/Year of:	December, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w of club house paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	213,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: December, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	19,000		3.3								2.2	
2	x	24.0	74,000		3.5								2.6	
3	x	24.0	66,000		3.3								2.4	
4	x	24.0	19,000		2.0								1.0	
5		24.0												
6	x	24.0	108,000		2.0								1.8	
7	x	24.0	51,000		2.2								1.0	
8	x	24.0	97,000		1.3								1.0	
9	x	24.0	41,000		1.0								1.1	
10	x	24.0	159,000		2.0								1.5	
11	x	24.0	75,000		2.8								1.5	
12		24.0												
13	x	24.0	99,000		2.5								1.4	
14	x	24.0	18,000		1.5								1.5	
15	x	24.0	19,000		3.2								3.3	
16	x	24.0	13,000		3.0								3.1	
17	x	24.0	33,000		3.2								2.8	
18	x	24.0	50,000		3.5								2.6	
19		24.0												
20	x	24.0	12,000		1.5								1.0	
21	x	24.0	69,000		3.5								2.8	
22	x	24.0	95,000		3.3								2.8	
23	x	24.0	75,000		3.4								2.1	
24	x	24.0	48,000		3.4								3.0	
25	x	24.0	15,000		3.5								2.0	
26		24.0												
27	x	24.0	37,000		1.0								1.0	
28	x	24.0			1.7								1.6	
29	x	24.0	85,000		2.3								2.4	
30	x	24.0	61,000		2.8								2.4	
31	x	24.0	22,000		3.0								2.3	
Total			1,460,000											
Average			47,096											
Maximum			159,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Polymer Page 3 Due in December

I. General Information for the Month/Year of: December, 2010

A. Public Water System (PWS) Information

PWS Name:	*Summertree*			*PWS Identification Number:*	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: December, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	198,000		3.5								3.2	
2	x	24.0	69,000		3.5								3.1	
3	x	24.0	212,000		3.1								2.8	
4	x	24.0	67,000		2.0								2.0	
5		24.0												
6	x	24.0	82,000		3.5								1.7	
7	x	24.0	204,000		1.0								1.5	
8	x	24.0	199,000		3.5								2.5	
9	x	24.0	203,000		3.3								2.5	
10	x	24.0	107,000		3.3								2.3	
11	x	24.0	32,000		3.5								2.3	
12		24.0												
13	x	24.0	72,000		2.8								2.5	
14	x	24.0	80,000		3.5								2.5	
15	x	24.0	74,000		3.3								3.2	
16	x	24.0	99,000		3.4								2.8	
17	x	24.0	124,000		3.3								3.3	
18	x	24.0	45,000		2.4								2.1	
19		24.0												
20	x	24.0	123,000		3.5								3.4	
21	x	24.0	108,000		2.8								3.1	
22	x	24.0	88,000		3.3								2.8	
23	x	24.0	67,000		3.5								2.8	
24	x	24.0	142,000		3.0								2.4	
25	x	24.0	52,000		2.6								2.1	
26		24.0												
27	x	24.0	142,000		2.4								2.0	
28	x	24.0	90,000		2.8								2.2	
29	x	24.0	21,000		2.2								1.8	
30	x	24.0	157,000		3.5								2.2	
31	x	24.0	150,000		3.5								2.8	
Total			3,007,000											
Average			97,000											
Maximum			212,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Polymer Page 3 Due in December

I. General Information for the Month/Year of:	December, 2010	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: December, 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14	x	24.0	1,000											sent to ground
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		21.0												
29		24.0												
30		24.0												
31	x	24.0												
Total			1,000											
Average			33											
Maximum			1,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				December 2010							
Community Water System (CWS) Name: Summertree											
Public Water System (PWS) Identification Number: 6511423											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	28,500	19,000	198,000	0							245,500
2	600	74,000	69,000	0							143,600
3	43,000	66,000	212,000	0							321,000
4	32,700	19,000	67,000	0							118,700
5	0	0	0	0							0
6	55,700	108,000	82,000	0							245,700
7	50,900	51,000	204,000	0							305,900
8	39,700	97,000	199,000	0							335,700
9	49,600	41,000	203,000	0							293,600
10	29,500	159,000	107,000	0							295,500
11	40,600	75,000	32,000	0							147,600
12	0	0	0	0							0
13	72,700	99,000	72,000	0							243,700
14	31,900	18,000	80,000	1,000							130,900
15	40,100	19,000	74,000	0							133,100
16	47,600	13,000	99,000	0							159,600
17	35,900	33,000	124,000	0							192,900
18	43,000	50,000	45,000	0							138,000
19	0	0	0	0							0
20	60,200	12,000	123,000	0							195,200
21	39,000	69,000	108,000	0							216,000
22	45,700	95,000	88,000	0							228,700
23	39,100	75,000	67,000	0							181,100
24	23,600	48,000	142,000	0							213,600
25	35,400	15,000	52,000	0							102,400
26	0	0	0	0							0
27	68,800	37,000	142,000	0							247,800
28	37,300	0	90,000	0							127,300
29	36,200	85,000	21,000	0							142,200
30	38,900	61,000	157,000	0							256,900
31	38,500	22,000	150,000	0							210,500
Total	1,104,700	1,460,000	3,007,000	1,000							5,572,700
Avg.	35,635	47,096	97,000	33							179,765
Max.	72,700	159,000	212,000	1,000							335,700

2011

MORs

ORANGEWOOD

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	January, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City: Holiday		State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	3,800		1.4								1.2	
2		24.0												
3	x	24.0	37,600		1.4								1.1	
4	x	24.0	25,900		1.5								1.0	
5	x	24.0	20,700		1.5								1.0	
6	x	24.0	23,900		1.4								1.0	
7	x	24.0	16,400		1.3								1.0	
8	x	24.0	15,000		1.4								1.2	
9		24.0												
10	x	24.0	40,000		1.3								1.2	
11	x	24.0	20,000		1.3								1.2	
12	x	24.0	22,000		1.5								1.3	
13	x	24.0	15,500		1.5								1.5	
14	x	24.0	16,600		1.8								1.5	
15	x	24.0	10,600		1.5								1.0	
16		24.0												
17	x	24.0	43,000		1.8								1.5	
18	x	24.0	14,200		1.8								1.5	
19	x	24.0	22,300		1.6								1.2	
20	x	24.0	16,800		1.5								1.2	
21	x	24.0	19,800		1.0								1.3	
22	x	24.0	13,700		1.7								1.3	
23		24.0												
24	x	24.0	46,800		2.0								1.6	
25	x	24.0	13,100		1.8								1.5	
26	x	24.0	23,400		1.6								1.5	
27	x	24.0	13,300		1.7								1.5	
28	x	24.0	18,300		1.5								1.4	
29	x	24.0	12,900		1.7								1.3	
30		24.0												
31	x	24.0	41,300		1.6								1.5	
Total			566,900											
Average			18,287											
Maximum			46,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	January, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2		Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	31,300		1.9								1.5	
2		24.0												
3	x	24.0	57,600		1.7								1.4	
4	x	24.0	37,900		1.5								1.3	
5	x	24.0	32,200		1.0								0.8	
6	x	24.0	37,200		2.0								1.5	
7	x	24.0	26,600		2.0								1.5	
8	x	24.0	29,000		0.7								1.2	
9		24.0												
10	x	24.0	68,600		1.5								1.4	
11	x	24.0	34,400		1.6								1.5	
12	x	24.0	31,500		1.8								1.5	
13	x	24.0	34,400		1.0								0.8	
14	x	24.0	36,200		1.5								1.2	
15	x	24.0	29,500		1.8								1.5	
16		24.0												
17	x	24.0	76,800		2.0								1.5	
18	x	24.0	33,200		2.2								1.5	
19	x	24.0	36,100		1.8								1.6	
20	x	24.0	35,100		1.5								1.4	
21	x	24.0	33,600		0.6								0.8	
22	x	24.0	31,300		2.2								1.4	
23		24.0												
24	x	24.0	63,000		2.4								1.5	
25	x	24.0	28,200		2.0								1.4	
26	x	24.0	37,100		2.0								1.5	
27	x	24.0	32,100		1.8								1.5	
28	x	24.0	35,900		1.8								1.5	
29	x	24.0	34,700		2.0								1.6	
30		24.0												
31	x	24.0	82,700		1.8								1.5	
Total			1,066,200											
Average			34,393											
Maximum			83,000											

* Refer to the Instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3-4		Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3-4

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	41,100		1.8								1.5	
2		24.0												
3	x	24.0	56,500		1.9								1.4	
4	x	24.0	24,300		1.9								1.5	
5	x	24.0	49,100		1.8								1.4	
6	x	24.0	18,000		1.7								1.4	
7	x	24.0	10,200		1.6								1.3	
8	x	24.0	22,200		1.8								1.3	
9		24.0												
10	x	24.0	52,200		1.7								1.5	
11	x	24.0	23,600		1.8								1.4	
12	x	24.0	28,900		1.8								1.5	
13	x	24.0	26,200		1.9								1.6	
14	x	24.0	25,300		1.5								1.3	
15	x	24.0	20,200		1.8								1.5	
16		24.0												
17	x	24.0	51,500		1.8								1.7	
18	x	24.0	24,400		1.8								1.5	
19	x	24.0	29,800		1.8								1.6	
20	x	24.0	26,800		1.7								1.4	
21	x	24.0	24,600		1.7								1.5	
22	x	24.0	20,400		1.8								1.5	
23		24.0												
24	x	24.0	54,500		1.7								1.5	
25	x	24.0	26,800		1.8								1.6	
26	x	24.0	26,300		1.8								1.5	
27	x	24.0	24,600		1.8								1.4	
28	x	24.0	25,700		1.6								1.5	
29	x	24.0	22,000		1.8								1.3	
30		24.0												
31	x	24.0	51,600		1.8								1.5	
Total			806,800											
Average			26,025											
Maximum			56,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvip

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	33,400		2.4								1.9	
2		24.0												
3	x	24.0	45,800		2.2								1.8	
4	x	24.0	28,000		2.0								1.8	
5	x	24.0	24,300		2.0								1.5	
6	x	24.0	24,200		1.8								1.5	
7	x	24.0	27,900		1.6								1.4	
8	x	24.0	24,300		1.2								0.9	
9		24.0												
10	x	24.0	57,400		1.6								1.5	
11	x	24.0	23,100		1.8								1.5	
12	x	24.0	19,800		1.5								1.5	
13	x	24.0	18,600		1.6								1.2	
14	x	24.0	20,400		1.5								1.3	
15	x	24.0	23,800		1.5								1.3	
16		24.0												
17	x	24.0	53,200		1.5								1.4	
18	x	24.0	21,000		1.5								1.3	
19	x	24.0	27,000		1.6								1.4	
20	x	24.0	26,300		1.8								1.5	
21	x	24.0	26,000		1.3								1.3	
22	x	24.0	23,200		1.5								1.3	
23		24.0												
24	x	24.0	50,900		1.7								1.4	
25	x	24.0	24,900		1.4								1.2	
26	x	24.0	29,700		1.5								1.3	
27	x	24.0	30,900		1.6								1.2	
28	x	24.0	23,100		1.2								1.0	
29	x	24.0	24,600		2.0								1.3	
30		24.0												
31	x	24.0	59,300		2.0								1.5	
Total			791,000											
Average			25,516											
Maximum			59,300											

* Refer to the Instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FLORIDA

I. General Information for the Month/Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 hwtp

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	11,800		1.6								1.4	
2		24.0												
3	x	24.0	32,600		1.8								1.4	
4	x	24.0	19,700		1.5								1.3	
5	x	24.0	16,000		1.5								1.3	
6	x	24.0	16,100		1.5								1.3	
7	x	24.0	16,000		1.0								1.4	
8	x	24.0	16,100		1.5								1.3	
9		24.0												
10	x	24.0	36,400		1.6								1.5	
11	x	24.0	13,300		1.5								1.3	
12	x	24.0	14,500		1.5								1.4	
13	x	24.0	15,300		1.4								1.3	
14	x	24.0	16,600		1.5								1.3	
15	x	24.0	16,000		1.0								1.2	
16		24.0												
17	x	24.0	31,900		1.3								1.2	
18	x	24.0	14,600		1.7								1.5	
19	x	24.0	16,400		1.8								1.6	
20	x	24.0	22,600		1.8								1.5	
21	x	24.0	13,100		1.3								1.0	
22	x	24.0	16,000		1.2								1.0	
23		24.0												
24	x	21.0	35,600		1.6								1.4	
25	x	24.0	10,600		1.8								1.4	
26	x	24.0	18,000		1.5								1.5	
27	x	24.0	16,100		1.4								1.1	
28	x	24.0	16,100		1.5								1.2	
29	x	24.0	16,100		1.4								1.3	
30		24.0												
31	x	24.0	33,100		1.5								1.2	
Total			500,600											
Average			16,148											
Maximum			36,400											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	January, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	91,000		1.4								1.2	
2		24.0												
3	x	24.0	253,000		1.5								1.3	
4	x	24.0	146,000		1.5								1.2	
5	x	24.0	117,000		2.0								1.5	
6	x	24.0	123,000		2.0								1.6	
7	x	24.0	129,000		2.0								1.5	
8	x	24.0	87,000		1.5								1.3	
9		24.0												
10	x	24.0	275,000		1.8								1.5	
11	x	24.0	103,000		1.5								1.5	
12	x	24.0	109,000		1.6								1.5	
13	x	24.0	96,000		1.4								1.3	
14	x	24.0	139,000		1.5								1.3	
15	x	24.0	92,000		1.5								1.5	
16		24.0												
17	x	24.0	258,000		1.5								1.5	
18	x	24.0	117,000		1.6								1.4	
19	x	24.0	144,000		1.6								1.2	
20	x	24.0	109,000		1.8								1.2	
21	x	24.0	114,000		1.7								1.3	
22	x	24.0	89,000		1.8								1.5	
23		24.0												
24	x	24.0	289,000		1.8								1.5	
25	x	24.0	88,000		1.7								1.4	
26	x	24.0	133,000		2.0								1.5	
27	x	24.0	116,000		2.1								1.8	
28	x	24.0	104,000		1.9								1.6	
29	x	24.0	95,000		1.8								1.5	
30		24.0												
31	x	24.0	265,000		2.0								1.6	
Total			3,681,000											
Average			118,741											
Maximum			289,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				January 2011							
Community Water System (CWS) Name:			Orangewood								
Public Water System (PWS) Identification Number:			6511311								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	3,800	31,300	41,100	33,400	11,800	91,000					212,400
2	0	0	0								0
3	37,600	57,600	56,500	45,800	32,600	253,000					483,100
4	25,900	37,900	24,300	28,000	19,700	146,000					281,800
5	20,700	32,200	49,100	24,200	16,000	117,000					259,200
6	23,900	37,200	18,000	24,200	16,100	123,000					242,400
7	16,400	26,600	10,200	27,900	16,000	129,000					226,100
8	15,000	29,000	22,200	24,300	16,100	87,000					193,600
9	0	0	0								0
10	40,000	68,600	52,200	57,400	36,400	275,000					529,600
11	20,000	34,400	23,600	23,100	13,300	103,000					217,400
12	22,000	31,500	28,900	19,800	14,500	109,000					225,700
13	15,500	34,400	26,200	18,600	15,300	96,000					206,000
14	16,600	36,200	25,300	20,400	16,600	139,000					254,100
15	10,600	29,500	20,200	23,800	16,000	92,000					192,100
16	0	0	0								0
17	43,000	76,600	51,500	53,200	31,900	258,000					514,400
18	14,200	33,200	24,400	21,000	14,600	117,000					224,400
19	22,300	36,100	29,800	27,000	16,400	144,000					275,600
20	16,800	35,100	26,800	26,300	22,600	109,000					236,600
21	19,800	33,600	24,600	26,000	13,100	114,000					231,100
22	13,700	31,300	20,400	23,200	16,000	89,000					193,600
23	0	0	0								0
24	46,800	83,000	54,500	50,900	35,600	289,000					559,800
25	13,100	28,200	26,800	24,900	10,600	88,000					191,600
26	23,400	37,100	26,300	29,700	18,000	133,000					267,500
27	13,300	32,100	24,600	30,900	16,100	116,000					233,000
28	18,300	35,900	25,700	23,100	16,100	104,000					223,100
29	12,900	34,700	22,000	24,600	16,100	95,000					205,300
30	0	0	0								0
31	41,300	82,700	51,600	59,300	33,100	265,000					533,000
Total	566,900	1,066,200	806,800	791,000	500,600	3,681,000					7,412,500
Avg.	18,287	34,393	26,025	25,516	16,148	118,741					239,112
Max.	46,800	83,000	56,500	57,400	35,600	289,000					559,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	February, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Productcd, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	10,100		1.4								1.2	
2	x	24.0	18,400		1.6								1.5	
3	x	24.0	13,800		1.5								1.4	
4	x	24.0	17,600		1.6								1.5	
5	x	24.0	20,300		1.7								1.3	
6		24.0												
7	x	24.0	32,700		1.8								1.5	
8	x	24.0	9,900		1.6								1.4	
9	x	24.0	85,300		1.5								1.4	
10	x	24.0	68,400		1.8								1.5	
11	x	24.0	71,000		1.6								1.5	
12	x	24.0	64,300		1.5								1.3	
13		24.0												
14	x	24.0	188,200		1.5								1.3	
15	x	24.0	56,100		1.0								1.0	
16	x	24.0	50,400		0.8								0.8	
17	x	24.0	32,600		1.8								1.6	
18	x	24.0	91,300		1.8								1.5	
19	x	24.0	51,300		1.8								1.3	
20		24.0												
21	x	24.0	178,300		1.8								1.3	
22	x	24.0	65,300		1.5								1.3	
23	x	24.0	87,300		1.6								1.3	
24	x	24.0	69,200		1.5								1.2	
25	x	24.0	60,500		1.8								1.6	
26	x	24.0	52,900		1.7								1.3	
27		24.0												
28	x	24.0	178,800		1.6								1.4	
29		24.0												
30		24.0												
31		24.0												
Total			1,573,900											
Average			56,210											
Maximum			188,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	February, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	31,500		1.8								1.4	
2	x	24.0	37,700		1.2								1.0	
3	x	24.0	37,300		1.3								1.0	
4	x	24.0	38,600		1.0								1.0	
5	x	24.0	36,800		1.8								1.4	
6		24.0												
7	x	24.0	79,100		1.6								1.5	
8	x	24.0	27,400		1.8								1.2	
9	x	24.0	43,000		1.8								1.5	
10	x	24.0	55,400		2.0								1.5	
11	x	24.0	54,000		2.0								1.6	
12	x	24.0	57,200		2.3								1.6	
13		24.0												
14	x	24.0	123,900		2.5								1.8	
15	x	24.0	56,500		2.0								1.5	
16	x	24.0	50,500		2.2								1.8	
17	x	24.0	75,600		2.1								1.7	
18	x	24.0	78,500		2.0								1.7	
19	x	24.0	55,600		2.0								1.6	
20		24.0												
21	x	24.0	133,400		1.5								1.3	
22	x	24.0	44,100		1.6								1.3	
23	x	24.0	86,000		1.6								1.3	
24	x	24.0	66,400		1.6								1.2	
25	x	24.0	56,800		0.6								0.4	
26	x	24.0	64,800		2.3								1.6	
27		24.0												
28	x	24.0	141,200		2.0								1.6	
29		24.0												
30		24.0												
31		24.0												
Total			1,531,300											
Average			54,689											
Maximum			141,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	wells 3-4	Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

[redacted] February, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1 bwtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 ml/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	23,700		1.8								1.6	
2	x	24.0	23,800		1.8								1.5	
3	x	24.0	24,000		1.8								1.6	
4	x	24.0	26,300		1.9								1.5	
5	x	24.0	21,500		1.9								1.3	
6		24.0												
7	x	24.0	43,300		1.5								1.2	
8	x	24.0	31,900		1.8								1.6	
9	x	24.0	41,400		1.8								1.7	
10	x	24.0	47,500		1.9								1.6	
11	x	24.0	47,100		1.8								1.4	
12	x	24.0	32,800		1.8								1.5	
13		24.0												
14	x	24.0	24,800		1.8								1.4	
15	x	24.0	31,800		1.6								1.5	
16	x	24.0	109,700		1.7								1.4	
17	x	24.0	36,000		1.8								1.6	
18	x	24.0	37,800		1.9								1.5	
19	x	24.0	45,700		1.8								1.5	
20		24.0												
21	x	24.0	89,200		1.8								1.5	
22	x	24.0	39,000		1.7								1.4	
23	x	24.0	45,300		1.9								1.5	
24	x	24.0	47,400		1.9								1.7	
25	x	24.0	47,700		1.9								1.5	
26	x	24.0	45,900		2.0								1.5	
27		24.0												
28	x	24.0	80,300		1.9								1.7	
29		24.0												
30		24.0												
31		24.0												
Total			1,043,900											
Average			37,282											
Maximum			109,700											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	27,100		1.9								1.5	
2	x	24.0	27,500		1.8								1.6	
3	x	24.0	28,600		1.8								1.2	
4	x	24.0	25,600		1.8								1.5	
5	x	24.0	27,200		2.2								1.6	
6		24.0												
7	x	24.0	52,200		2.0								1.6	
8	x	24.0	27,900		1.9								1.7	
9	x	24.0	13,400		1.9								1.5	
10	x	24.0	34,200		2.2								1.6	
11	x	24.0	33,100		2.2								1.5	
12	x	24.0	35,900		2.3								1.6	
13		24.0												
14	x	24.0	66,400		2.5								1.5	
15	x	24.0	33,200		2.5								1.5	
16	x	24.0	30,000		2.5								1.8	
17	x	24.0	36,100		2.0								1.8	
18	x	24.0	30,900		2.8								1.6	
19	x	24.0	33,900		2.3								1.8	
20		24.0												
21	x	24.0	70,800		2.5								1.8	
22	x	24.0	31,000		2.4								1.9	
23	x	24.0	33,700		2.3								1.8	
24	x	24.0	32,700		2.0								1.9	
25	x	24.0	34,300		2.1								1.7	
26	x	24.0	32,300		2.0								1.3	
27		24.0												
28	x	24.0	67,900		1.9								1.4	
29		24.0												
30		24.0												
31		24.0												
Total			865,900											
Average			30,925											
Maximum			70,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bstp

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	15,200		1.5								1.4	
2	x	24.0	16,200		1.0								0.8	
3	x	24.0	16,400		1.4								1.2	
4	x	24.0	16,100		1.5								1.2	
5	x	24.0	22,800		1.0								1.0	
6		24.0												
7	x	24.0	32,200		1.2								1.0	
8	x	24.0	9,600		1.0								0.8	
9	x	24.0	16,000		1.0								0.7	
10	x	24.0	17,200		2.5								2.0	
11	x	24.0	16,200		3.5								2.5	
12	x	24.0	18,200		3.0								2.8	
13		24.0												
14	x	24.0	37,100		3.0								2.5	
15	x	24.0	11,300		3.0								2.5	
16	x	24.0	24,800		2.4								2.6	
17	x	24.0	18,900		2.2								1.6	
18	x	24.0	15,100		2.5								1.8	
19	x	24.0	16,200		2.3								2.2	
20		24.0												
21	x	24.0	39,100		3.0								2.0	
22	x	24.0	9,500		3.1								2.2	
23	x	24.0	14,500		2.5								2.0	
24	x	24.0	18,000		2.3								2.1	
25	x	24.0	16,200		2.0								1.8	
26	x	24.0	26,100		0.6								1.2	
27		24.0												
28	x	24.0	39,600		1.4								1.0	
29		24.0												
30		24.0												
31		24.0												
Total			482,500											
Average			17,232											
Maximum			39,600											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	February, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 bvtp		Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	85,000		2.0								1.8	
2	x	24.0	92,000		1.8								1.4	
3	x	24.0	112,000		2.0								1.6	
4	x	24.0	111,000		2.0								1.5	
5	x	24.0	131,000		1.6								1.5	
6		24.0												
7	x	24.0	209,000		1.8								1.5	
8	x	24.0	73,000		1.8								1.6	
9	x	24.0	1,000		1.7								1.6	well down for repairs
10	x												1.5	
11	x												1.0	
12	x												1.1	
13														
14	x												1.2	
15	x												1.0	
16	x												1.3	
17	x												1.2	
18	x												1.2	
19	x												1.1	
20														
21	x												1.0	
22	x												1.3	
23	x												1.2	
24	x												1.0	
25	x												1.1	
26	x												1.0	
27														
28	x												1.0	
29														
30														
31														
Total			814,000											
Average			29,071											
Maximum			209,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				February 2011							
Community Water System (CWS) Name:		Orangewood									
Public Water System (PWS) Identification Number:		6511311									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	10,100	31,500	23,700	27,100	15,200	85,000					192,600
2	18,400	37,700	23,800	27,500	16,200	92,000					215,600
3	13,800	37,300	24,000	28,600	16,400	112,000					232,100
4	17,600	38,600	26,300	25,600	16,100	111,000					235,200
5	20,300	36,800	21,500	27,200	22,800	131,000					259,600
6	0	0	0								0
7	32,700	79,100	43,300	52,200	32,200	209,000					448,500
8	9,900	27,400	31,900	27,900	9,600	73,000					179,700
9	85,300	43,000	41,400	13,400	16,000	1,000					200,100
10	68,400	55,400	47,500	34,200	17,200						222,700
11	71,000	54,000	47,100	33,100	16,200						221,400
12	64,300	57,200	32,800	35,900	18,200						208,400
13	0	0	0								0
14	188,200	123,900	24,800	66,400	37,100						440,400
15	56,100	56,500	31,800	33,200	11,300						188,900
16	50,400	50,500	109,700	30,000	24,800						265,400
17	32,600	75,600	36,000	36,100	18,900						199,200
18	91,200	78,500	37,800	30,900	15,100						253,500
19	51,300	55,600	45,700	33,900	16,200						202,700
20	0	0	0								0
21	178,300	133,400	89,200	70,800	39,100						510,800
22	65,300	44,100	39,000	31,000	9,500						188,900
23	87,300	86,000	45,300	33,700	14,500						266,800
24	69,200	66,400	47,400	32,700	18,000						233,700
25	60,500	56,800	47,700	34,300	16,200						215,500
26	52,900	64,800	45,900	32,300	26,100						222,000
27	0	0	0								0
28	178,800	141,200	80,300	67,900	39,600						507,800
29	0	0	0								0
30	0	0	0								0
31	0	0	0								0
Total	1,573,900	1,531,300	1,043,900	865,900	482,500	814,000					6,311,500
Avg:	56,210	54,689	37,282	30,925	17,232	29,071					225,410
Max:	188,200	141,200	109,700	70,800	39,600	209,000					510,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	67,900		1.7								1.3	
2	x	24.0	56,800		1.5								1.2	
3	x	24.0	66,600		0.8								1.0	
4	x	24.0			0.6								0.6	
5	x	24.0	22,300		2.0								1.2	
6		24.0												
7	x	24.0	30,000		1.8								1.6	
8	x	24.0	2,800		1.8								1.5	
9	x	24.0	2,300		2.0								1.7	
10	x	24.0	13,000		2.0								1.5	
11	x	24.0	12,800		2.0								1.8	
12	x	24.0	14,300		1.9								1.7	
13		24.0												
14	x	24.0	58,500		1.8								1.4	
15	x	24.0	700		2.0								1.6	
16	x	24.0	100		1.8								1.6	
17	x	24.0			1.6								1.3	
18	x	24.0	5,400		1.0								1.3	
19	x	24.0	26,900		2.0								1.6	
20		24.0												
21	x	24.0	39,200		1.8								1.4	
22	x	24.0	46,700		2.2								2.0	
23	x	24.0	27,500		2.2								2.0	
24	x	24.0	32,800		2.2								1.8	
25	x	24.0	41,000		2.0								1.6	
26	x	24.0	29,900		2.0								1.5	
27		24.0												
28	x	24.0	388,200		2.0								1.6	
29	x	24.0	19,900		1.5								1.3	
30	x	24.0	36,900		2.1								1.5	
31	x	24.0	41,100		2.0								1.3	
Total			1,083,600											
Average			34,954											
Maximum			388,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City: Holiday		State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	68,400		2.0								1.5	
2	x	24.0	67,900		1.7								1.5	
3	x	24.0	68,800		2.0								1.7	
4	x	24.0	96,000		1.0								0.8	
5	x	24.0	67,200		2.2								1.6	
6		24.0												
7	x	24.0	125,200		1.5								1.2	
8	x	24.0	68,400		2.2								1.5	
9	x	24.0	43,200		1.6								1.5	
10	x	24.0	45,800		2.0								1.6	
11	x	24.0	43,600		2.1								1.8	
12	x	24.0	40,900		1.8								1.6	
13		24.0												
14	x	24.0			1.6								1.2	
15	x	24.0	45,700		2.0								1.5	
16	x	24.0	41,100		2.2								2.0	
17	x	24.0	41,900		0.8								1.4	
18	x	24.0	35,100		2.0								1.6	
19	x	24.0	46,100		2.0								1.8	
20		24.0												
21	x	24.0	74,700		2.1								1.6	
22	x	24.0	41,400		2.0								1.8	
23	x	24.0	32,500		2.0								1.8	
24	x	24.0	35,400		1.2								1.5	
25	x	24.0	37,300		1.6								1.5	
26	x	24.0	31,900		1.8								1.6	
27		24.0												
28	x	24.0	200		2.0								1.6	
29	x	24.0	33,500		2.0								1.4	
30	x	24.0	40,800		0.6								1.0	
31	x	24.0	32,900		2.0								1.3	
Total			1,305,900											
Average			42,125											
Maximum			125,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1698			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	48,500		1.9								1.5	
2	x	24.0	39,000		1.9								1.7	
3	x	24.0	42,200		2.1								1.8	
4	x	24.0	49,100		2.0								1.9	
5	x	24.0	26,100		1.8								1.5	
6		24.0												
7	x	24.0	34,200		1.7								1.4	
8	x	24.0	32,000		1.8								1.5	
9	x	24.0	41,400		1.8								1.6	
10	x	24.0	22,000		1.5								1.3	
11	x	24.0	20,500		1.6								1.4	
12	x	24.0	20,300		1.6								1.4	
13		24.0												
14	x	24.0	71,300		1.8								1.6	
15	x	24.0	100		1.7								1.4	
16	x	24.0	2,100		1.3								1.5	
17	x	24.0	300		1.2								1.0	
18	x	24.0	400		1.2								1.0	
19	x	24.0	4,300		2.0								1.6	
20		24.0												
21	x	24.0	6,800		2.0								1.8	
22	x	24.0	3,600		1.5								1.3	
23	x	24.0	3,400		1.6								1.1	
24	x	24.0	5,800		1.5								1.3	
25	x	24.0	3,700		1.4								1.5	
26	x	24.0	12,900		1.5								1.3	
27		24.0												
28	x	24.0	7,000		1.6								1.4	
29	x	24.0	300		1.5								1.2	
30	x	24.0	10,200		1.7								1.5	
31	x	24.0	6,400		1.8								1.4	
Total			513,900											
Average			16,577											
Maximum			71,300											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1 hwtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City: Holiday State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bstp

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	32,500		1.8								1.4	
2	x	24.0	31,400		1.7								1.5	
3	x	24.0	33,100		2.3								1.8	
4	x	24.0	32,400		2.0								1.7	
5	x	24.0	31,200		2.0								1.8	
6		24.0												
7	x	24.0	49,900		2.2								1.6	
8	x	24.0	24,800		2.0								1.8	
9	x	24.0	33,600		1.8								1.8	
10	x	24.0	25,200		1.4								1.2	
11	x	24.0	30,800		1.6								1.2	
12	x	24.0	27,600		1.8								1.4	
13		24.0												
14	x	24.0	57,200		1.8								1.5	
15	x	24.0	26,100		2.0								1.4	
16	x	24.0	22,700		2.0								1.3	
17	x	24.0	23,600		2.0								1.5	
18	x	24.0	21,800		1.8								1.7	
19	x	24.0	29,400		2.2								1.7	
20		24.0												
21	x	24.0	59,800		2.0								1.6	
22	x	24.0	19,400		2.2								1.8	
23	x	24.0	19,700		2.3								1.8	
24	x	24.0	22,200		2.1								1.9	
25	x	24.0	23,300		2.0								1.7	
26	x	24.0	23,700		2.2								1.5	
27		24.0												
28	x	24.0	44,100		2.0								1.7	
29	x	24.0	21,600		1.8								1.4	
30	x	24.0	24,800		2.0								1.6	
31	x	24.0	23,300		2.0								1.2	
Total			815,200											
Average			26,297											
Maximum			59,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	March, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp		Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bwtp

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	10,400		2.0								1.8	
2	x	24.0	19,000		1.8								1.4	
3	x	24.0	17,900		2.0								1.6	
4	x	24.0	32,500		1.8								1.4	
5	x	24.0	20,200		1.8								1.7	
6		24.0												
7	x	24.0	30,500		2.2								1.6	
8	x	24.0	10,500		2.0								1.7	
9	x	24.0	19,400		2.0								1.4	
10	x	24.0	13,900		1.7								1.4	
11	x	24.0	18,300		1.8								1.2	
12	x	24.0	8,900		1.4								1.2	
13		24.0												
14	x	24.0	27,300		1.8								1.6	
15	x	24.0	12,700		2.2								1.5	
16	x	24.0	12,700		2.0								1.6	
17	x	24.0	12,600		2.0								1.8	
18	x	24.0	12,600		2.1								1.7	
19	x	24.0	19,300		2.3								1.8	
20		24.0												
21	x	24.0	18,500		2.0								1.8	
22	x	24.0	12,600		2.0								1.6	
23	x	24.0	12,400		1.7								1.6	
24	x	24.0	12,400		1.8								1.4	
25	x	24.0	12,400		1.7								1.5	
26	x	24.0	12,400		2.0								1.7	
27		24.0												
28	x	24.0	34,200		1.8								1.4	
29	x	24.0	14,300		1.7								1.5	
30	x	24.0	11,500		2.0								1.8	
31	x	24.0	12,400		2.0								1.6	
Total			441,800											
Average			14,252											
Maximum			32,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bwtp

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x												1.8	
2	x												1.4	
3	x												1.6	well back on line
4	x	24.0	2,000		1.2								1.0	
5	x	24.0	101,000		1.5								1.7	
6		24.0												
7	x	24.0	209,000		1.6								1.0	
8	x	24.0	69,000		1.8								1.4	
9	x	24.0	114,000		1.8								1.5	
10	x	24.0	103,000		1.7								1.4	
11	x	24.0	94,000		1.8								1.6	
12	x	24.0	61,000		1.9								1.7	
13		24.0												
14	x	24.0	273,000		1.8								1.5	
15	x	24.0	156,000		2.0								1.5	
16	x	24.0	193,000		1.8								1.6	
17	x	24.0	154,000		1.6								1.5	
18	x	24.0	171,000		1.7								1.4	
19	x	24.0	23,000		1.5								1.5	
20		24.0												
21	x	24.0	63,000		1.8								1.2	
22	x	24.0	120,000		1.7								1.5	
23	x	24.0	132,000		1.6								1.5	
24	x	24.0	113,000		1.8								1.2	
25	x	24.0	130,000		1.4								1.3	
26	x	24.0	111,000		1.5								1.5	
27		24.0												
28	x	24.0	314,000		1.5								1.4	
29	x	24.0	124,000		1.8								1.3	
30	x	24.0	99,000		1.8								1.6	
31	x	24.0	73,000		1.9								1.4	
Total			3,002,000											
Average			96,838											
Maximum			314,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	March 2011										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	67,900	68,400	48,500	32,500	10,400						227,700
2	56,800	67,900	39,000	31,400	19,000						214,100
3	66,600	68,800	42,200	33,100	17,900						228,600
4	0	96,000	49,100	32,400	32,500	2,000					212,000
5	22,300	67,200	26,100	31,200	20,200	101,000					268,000
6	0	0	0								0
7	30,000	125,200	34,200	49,900	30,500	209,000					478,800
8	2,800	68,400	32,000	24,800	10,500	69,000					207,500
9	2,300	43,200	41,400	33,600	19,400	114,000					253,900
10	13,000	45,800	22,000	25,200	13,900	103,000					222,900
11	12,800	43,600	20,500	30,800	18,300	94,000					220,000
12	14,300	40,900	20,300	27,600	8,900	61,000					173,000
13	0	0	0								0
14	58,500	0	71,300	57,200	27,300	273,000					487,300
15	700	45,700	100	26,100	12,700	156,000					241,300
16	100	41,100	2,100	22,700	12,700	193,000					271,700
17	0	41,900	300	23,600	12,600	154,000					232,400
18	5,400	35,100	400	21,800	12,600	171,000					246,300
19	26,900	46,100	4,300	29,400	19,300	23,000					149,000
20	0	0	0								0
21	39,200	74,700	6,800	59,800	18,500	63,000					262,000
22	46,700	41,400	3,600	19,400	12,600	120,000					243,700
23	27,500	32,500	3,400	19,700	12,400	132,000					227,500
24	32,800	35,400	5,800	22,200	12,400	113,000					221,600
25	41,000	37,300	3,700	23,300	12,400	130,000					247,700
26	29,900	31,900	12,900	23,700	12,400	111,000					221,800
27	0	0	0								0
28	388,200	200	7,000	44,100	24,200	314,000					777,700
29	19,900	33,500	300	21,600	14,300	124,000					213,600
30	36,900	40,800	10,200	24,800	11,500	99,000					223,200
31	41,100	32,900	6,400	23,300	12,400	73,000					189,100
Total	1,083,600	1,305,900	513,900	815,200	221,800	3,002,000					7,162,400
Avg.	34,954	42,125	16,577	26,296	14,251	96,838					231,045
Max.	388,200	125,200	71,300	59,800	32,500	314,000					777,700

DEP Form 62-555.900(11)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demonstate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	36,500		1.6								1.4	
2	x	24.0	56,000		1.3								1.3	
3		24.0												
4	x	24.0	112,000		1.8								1.4	
5	x	24.0	11,900		2.0								1.6	
6	x	24.0	32,800		1.8								1.6	
7	x	24.0	43,900		1.8								1.3	
8	x	24.0	48,700		0.8								1.2	
9	x	24.0	31,500		1.8								1.3	
10		24.0												
11	x	24.0	81,300		1.6								1.4	
12	x	24.0	38,900		1.0								1.3	
13	x	24.0	30,400		1.8								1.5	
14	x	24.0	29,700		1.5								1.2	
15	x	24.0	39,500		1.8								1.4	
16	x	24.0	45,000		2.2								1.5	
17		24.0												
18	x	24.0	129,800		3.0								2.7	
19	x	24.0	34,200		1.8								1.6	
20	x	24.0	57,500		2.0								1.5	
21	x	24.0	27,100		0.6								1.0	
22	x	24.0	53,300		1.3								1.0	
23	x	24.0	53,200		1.5								1.2	
24		24.0												
25	x	24.0	102,700		0.7								1.0	
26	x	24.0	39,100		2.2								1.6	
27	x	24.0	36,500		0.8								0.6	
28	x	24.0	46,300		1.0								0.9	
29	x	24.0	50,300		2.0								1.6	
30	x	24.0	47,300		2.0								1.3	
31		24.0												
Total			1,315,400											
Average			43,846											
Maximum			129,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Repose Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	36,900		2.0								1.8	
2	x	24.0	35,800		2.0								1.6	
3		24.0												
4	x	24.0	77,200		2.0								1.6	
5	x	24.0	39,600		2.2								1.4	
6	x	24.0	35,600		2.0								1.2	
7	x	24.0	35,700		0.6								1.0	
8	x	24.0	36,000		2.2								1.6	
9	x	24.0	32,600		2.0								1.5	
10		24.0												
11	x	24.0	72,400		2.0								1.6	
12	x	24.0	37,100		0.6								1.3	
13	x	24.0	34,600		1.8								1.6	
14	x	24.0	32,800		1.8								1.4	
15	x	24.0	36,600		1.6								1.4	
16	x	24.0	31,700		2.0								1.5	
17		24.0												
18	x	24.0	74,900		0.7								1.1	
19	x	24.0	28,700		2.0								1.2	
20	x	24.0	33,800		1.0								1.3	
21	x	24.0	30,400		1.8								1.0	
22	x	24.0	33,100		1.6								1.2	
23	x	24.0	30,800		0.6								0.8	
24		24.0												
25	x	24.0	67,200		1.4								1.1	
26	x	24.0	30,900		2.0								1.6	
27	x	24.0	29,200		2.0								1.4	
28	x	24.0	32,800		0.9								0.6	
29	x	24.0	30,900		1.4								1.0	
30	x	24.0	32,700		2.0								1.5	
31		24.0												
Total			1,030,000											
Average			34,333											
Maximum			77,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3-4

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	7,100		1.7								1.4	
2	x	24.0	3,400		1.6								1.3	
3		24.0												
4	x	24.0	1,200		1.4								1.2	
5	x	24.0	15,800		1.6								1.4	
6	x	24.0	6,100		1.7								1.5	
7	x	24.0	13,100		1.9								1.4	
8	x	24.0	2,000		1.9								1.5	
9	x	24.0	5,500		1.8								1.5	
10		24.0												
11	x	24.0	1,000		1.8								1.4	
12	x	24.0	7,000		1.8								1.3	
13	x	24.0	400		1.7		"						1.4	
14	x	24.0	9,400		1.8		"						1.4	
15	x	24.0	13,700		1.9		"						1.5	
16	x	24.0	12,700		2.0		"						1.5	
17		24.0					"							
18	x	24.0	1,200		1.8		"						1.4	
19	x	24.0	8,200		1.8		"						1.5	
20	x	24.0	9,900		1.8		"						1.6	
21	x	24.0	68,500		1.9								1.7	
22	x	24.0	2,600		1.7								1.4	
23	x	24.0	6,300		0.5								1.0	
24		24.0												
25	x	24.0	5,900		1.4								1.1	
26	x	24.0	1,000		1.4								1.2	
27	x	24.0	40,700		1.8								1.7	
28	x	24.0	8,600		1.8								1.6	
29	x	24.0	25,000		1.5								1.4	
30	x	24.0	15,800		1.7								1.5	
31		24.0												
Total			312,100											
Average			10,403											
Maximum			68,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1 hvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange	City: Holiday State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 hvtp

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	19,100		1.9								1.6	
2	x	24.0	27,900		2.0								1.3	
3		24.0												
4	x	24.0	48,600		2.0								1.6	
5	x	24.0	19,900		2.0								1.3	
6	x	24.0	22,900		1.9								1.2	
7	x	24.0	18,200		1.8								1.5	
8	x	24.0	16,500		1.5								1.3	
9	x	24.0	19,700		2.0								1.3	
10		24.0												
11	x	24.0	39,000		1.9								1.7	
12	x	24.0	18,200		1.8								1.4	
13	x	24.0	19,600		2.2								1.7	
14	x	24.0	19,800		2.0								1.5	
15	x	24.0	22,800		1.8								1.5	
16	x	24.0	25,000		0.8								1.0	
17		24.0												
18	x	24.0	50,300		1.4								1.0	
19	x	24.0	22,800		1.8								1.3	
20	x	24.0	27,700		1.7								1.4	
21	x	24.0	20,300		1.8								1.3	
22	x	24.0	21,300		1.7								1.2	
23	x	24.0	22,500		1.8								1.3	
24		24.0												
25	x	24.0	41,600		1.8								1.5	
26	x	24.0	19,500		1.8								1.3	
27	x	24.0	17,700		1.7								1.4	
28	x	24.0	14,100		1.8								1.4	
29	x	24.0	24,000		1.2								1.0	
30	x	24.0	24,500		2.0								1.3	
31		24.0												
Total			643,500											
Average			21,450											
Maximum			50,300											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6311311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bvtp

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe): –

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	12,500		1.7								1.4	
2	x	24.0	13,300		2.2								1.6	
3		24.0												
4	x	24.0	24,200		1.9								1.7	
5	x	24.0	12,500		2.2								1.5	
6	x	24.0	19,000		2.0								1.7	
7	x	24.0	13,000		1.8								1.4	
8	x	24.0	7,100		2.1								1.9	
9	x	24.0	10,700		2.0								1.6	
10		24.0												
11	x	24.0	24,900		1.8								1.7	
12	x	24.0	12,400		1.7								1.5	
13	x	24.0	12,300		1.8								1.5	
14	x	24.0	12,400		1.7								1.4	
15	x	24.0	12,400		1.8								1.5	
16	x	24.0	12,300		1.8								1.3	
17		24.0												
18	x	24.0	23,200		1.7								1.4	
19	x	24.0	13,900		1.8								1.5	
20	x	24.0	12,400		1.9								1.7	
21	x	24.0	12,300		1.8								1.3	
22	x	24.0	15,600		1.8								1.5	
23	x	24.0	10,000		1.7								1.3	
24		24.0												
25	x	24.0	23,700		1.7								1.4	
26	x	24.0	15,300		1.8								1.5	
27	x	24.0	5,800		1.7								1.4	
28	x	24.0	22,500		1.8								1.4	
29	x	24.0	12,400		1.5								1.3	
30	x	24.0	5,600		1.8								1.5	
31		24.0												
Total			371,800											
Average			12,393											
Maximum			24,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

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 certifythat all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bwtp

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	103,000		1.7								1.4	
2	x	24.0	95,000		1.6								1.5	
3		24.0												
4	x	24.0	178,000		1.5								1.2	
5	x	24.0	133,000		1.6								1.3	
6	x	24.0	117,000		1.8								1.4	
7	x	24.0	137,000		1.7								1.6	
8	x	24.0	142,000		1.8								1.4	
9	x	24.0	97,000		1.8								1.5	
10		24.0												
11	x	24.0	271,000		1.9								1.3	
12	x	24.0	127,000		1.9								1.7	
13	x	24.0	144,000		1.7								1.5	
14	x	24.0	123,000		1.8								1.6	
15	x	24.0	134,000		1.9								1.5	
16	x	24.0	88,000		1.5								1.5	
17		24.0												
18	x	24.0	194,000		1.6								1.4	
19	x	24.0	113,000		1.5								1.3	
20	x	24.0	81,000		1.4								1.2	
21	x	24.0	59,000		1.7								1.3	
22	x	24.0	106,000		1.8								1.5	
23	x	24.0	129,000		1.5								1.5	
24		24.0												
25	x	24.0	249,000		1.6								1.4	
26	x	24.0	107,000		1.5								1.3	
27	x	24.0	87,000		1.5								1.2	
28	x	24.0	141,000		1.6								1.2	
29	x	24.0	77,000		1.4								1.2	
30	x	24.0	98,000		1.8								1.5	
31		24.0												
Total			3,320,000											
Average			110,666											
Maximum			271,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				April 2011							
Community Water System (CWS) Name:				Orangewood							
Public Water System (PWS) Identification Number:				6511311							
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	36,500	36,900	7,100	19,100	12,500	103,000					215,100
2	56,000	35,800	3,400	27,900	13,300	95,000					231,400
3	0	0	0								0
4	112,000	77,200	1,200	48,600	24,200	178,000					441,200
5	11,900	39,600	15,800	19,900	12,500	133,000					232,700
6	32,800	35,600	6,100	22,900	19,000	117,000					233,400
7	43,900	35,700	13,100	18,200	13,000	137,000					260,900
8	48,700	36,000	2,000	16,500	7,100	142,000					252,300
9	31,500	32,600	5,500	19,700	10,700	97,000					197,000
10	0	0	0								0
11	81,300	72,400	1,000	39,000	24,900	271,000					489,600
12	38,900	37,100	7,000	18,200	12,400	127,000					240,600
13	30,400	34,600	400	19,600	12,300	144,000					241,300
14	29,700	32,800	9,400	19,800	12,400	123,000					227,100
15	39,500	36,600	13,700	22,800	12,400	124,000					249,000
16	45,000	31,700	12,700	25,000	12,400	88,000					214,800
17	0	0	0								0
18	129,800	74,900	1,200	50,300	23,200	194,000					473,400
19	34,200	28,700	8,200	22,800	13,900	113,000					220,800
20	57,500	33,800	9,900	27,700	12,400	81,000					222,300
21	27,100	30,400	88,500	20,300	12,300	59,000					237,600
22	53,300	33,100	2,600	21,300	15,600	106,000					231,900
23	53,200	30,800	6,300	22,500	10,000	129,000					251,800
24	0	0	0								0
25	102,700	67,200	5,900	41,600	23,700	249,000					490,100
26	39,100	30,900	1,000	19,500	15,300	107,000					212,800
27	36,500	29,200	40,700	17,700	5,800	87,000					216,900
28	46,300	32,800	8,600	14,100	22,500	141,000					265,300
29	50,300	30,900	25,000	24,000	12,400	77,000					219,600
30	47,300	32,700	15,800	24,500	5,600	98,000					223,900
31	0	0	0								0
Total	1,315,400	1,030,000	312,100	643,500	371,800	3,320,000					6,992,800
Avg.	43,846	34,333	10,403	21,450	12,393	110,666					233,093
Max.	129,800	77,200	88,500	50,300	24,900	271,000					490,100

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery	C-8012
	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0												
2	x	24.0	128,100		1.8								1.4	
3	x	24.0	11,200		1.8								1.8	
4	x	24.0	65,200		1.2								1.3	
5	x	24.0	45,000		2.0								1.3	
6	x	24.0	56,700		1.7								1.4	
7	x	24.0	36,900		2.0								1.5	
8		24.0												
9	x	24.0	83,400		2.0								1.8	
10	x	24.0	49,000		1.0								1.3	
11	x	24.0	54,600		1.6								1.2	
12	x	24.0	51,900		1.6								1.6	
13	x	24.0	68,000		2.0								1.8	
14	x	24.0	3,000		1.5								1.3	
15		24.0												
16	x	24.0	17,900		1.4								1.2	
17	x	24.0	3,000		1.5								1.3	
18	x	24.0	3,100		1.7								1.2	
19	x	24.0	600		1.0								1.3	
20	x	24.0	4,600		1.5								1.5	
21	x	24.0	1,800		1.5								1.3	
22		24.0												
23	x	24.0	400		1.3								1.2	
24	x	24.0	5,200		0.6								0.8	
25	x	24.0	40,100		2.0								1.3	
26	x	24.0	88,500		2.1								1.7	
27	x	24.0	124,800		2.0								1.5	
28	x	24.0	57,600		0.8								1.3	
29		24.0												
30	x	24.0	131,100		1.2								1.3	
31	x	24.0	82,800		1.4								1.4	
Total			1,214,500											
Average			39,177											
Minimum			131,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	66,000		2.0								1.6	
3	x	24.0	34,700		2.0								1.6	
4	x	24.0	33,300		0.6								1.0	
5	x	24.0	37,800		1.7								1.3	
6	x	24.0	35,100		2.0								1.3	
7	x	24.0	30,300		1.5								1.6	
8		24.0												
9	x	24.0	63,200		2.2								1.8	
10	x	24.0	32,500		1.8								1.3	
11	x	24.0	33,500		2.2								1.8	
12	x	24.0	31,800		2.0								1.8	
13	x	24.0	29,500		2.0								1.7	
14	x	24.0	28,400		1.7								1.5	
15		24.0												
16	x	24.0	52,600		1.9								1.4	
17	x	24.0	29,700		1.8								1.6	
18	x	24.0	1,700		2.0								1.6	
19	x				1.8								1.5	replace 4 inch hydro tank valve
20	x				1.5								1.5	run bacties
21	x				1.5								1.0	
22														
23	x				1.3								1.6	well back on line
24	x				0.6								1.5	
25	x	24.0	37,000		2.0								1.4	
26	x	24.0	36,300		2.0								1.2	
27	x	24.0	38,000		2.0								1.5	
28	x	24.0	39,400		0.6								1.2	
29		24.0												
30	x	24.0	75,100		1.5								0.8	
31	x	24.0	47,700		1.8								1.2	
Total			813,600											
Average			26,245											
Maximum			75,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pclynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operators				
Lead/Chief Operator:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	13,100		1.4								1.3	
3	x	24.0	8,600		1.6								1.4	
4	x	24.0	1,300		1.5								1.3	
5	x	24.0	8,500		1.8								1.3	
6	x	24.0	6,900		1.0								1.0	
7	x	24.0			2.0								1.6	
8		24.0												
9	x	24.0	21,900		2.2								1.8	
10	x	24.0	3,800		1.8								1.4	
11	x	24.0	2,900		1.7								1.3	
12	x	24.0	2,800		1.9								1.4	
13	x	24.0	33,500		1.9								1.5	
14	x	24.0	600		1.8								1.3	
15		24.0												
16	x	24.0	3,600		1.4								1.2	
17	x	24.0	3,300		1.6								1.4	
18	x	24.0	1,400		1.4								1.2	
19	x	24.0	30,200		1.8								1.7	
20	x	24.0	14,900		1.9								1.5	
21	x	24.0	23,000		1.8								1.3	
22														
23	x	24.0	76,800		1.7								1.5	
24	x	24.0	8,400		1.8								1.4	
25	x	24.0	200		1.8								1.4	
26	x	24.0	1,500		1.9								1.6	
27	x	24.0	1,300		1.9								1.5	
28	x	24.0	7,500		1.5								1.3	
29		24.0												
30	x	24.0	19,100		0.7								1.0	
31	x	24.0	16,400		1.8								1.4	
Total			311,500											
Average			10,048											
Maximum			76,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pclynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1 bwtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	42,100		2.1								1.7	
3	x	24.0	18,400		2.0								1.8	
4	x	24.0	21,900		2.0								1.4	
5	x	24.0	21,600		2.1								1.8	
6	x	24.0	18,500		2.0								1.3	
7	x	24.0	21,200		2.2								1.5	
8		24.0												
9	x	24.0	42,100		1.9								1.7	
10	x	24.0	21,600		2.0								1.4	
11	x	24.0	22,000		2.0								1.6	
12	x	24.0	22,600		2.0								1.7	
13	x	24.0	26,000		1.8								1.5	
14	x	24.0	1,100		2.0								1.3	
15		24.0												
16	x	24.0	6,100		2.1								1.4	
17	x	24.0	1,900		1.9								1.4	
18	x	24.0	1,300		1.4								1.3	
19	x	24.0	8,900		1.8								1.3	
20	x	24.0	2,400		1.4								1.2	
21	x	24.0	13,200		1.8								1.4	
22														
23	x	24.0	16,300		1.9								1.5	
24	x	24.0	18,300		2.0								1.3	
25	x	24.0	55,500		1.9								1.4	
26	x	24.0	21,900		1.9								1.5	
27	x	24.0	24,500		1.8								1.5	
28	x	24.0	20,300		2.0								1.3	
29		24.0												
30	x	24.0	40,200		2.0								1.5	
31	x	24.0	16,400		1.9								1.6	
Total			526,300											
Average			16,977											
Maximum			55,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Hynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pclynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bwtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery	C-8012
	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bvtp

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0												
2	x	24.0	21,100		1.8								1.6	
3	x	24.0	14,900		1.9								1.4	
4	x	24.0	13,000		1.8								1.5	
5	x	24.0	12,300		1.7								1.4	
6	x	24.0	18,700		2.0								1.5	
7	x	24.0	5,800		2.0								1.6	
8		24.0												
9	x	24.0	24,300		2.1								1.8	
10	x	24.0	18,600		1.8								1.5	
11	x	24.0	12,200		1.8								1.5	
12	x	24.0	5,600		1.7								1.4	
13	x	24.0	8,800		1.6								1.2	
14	x	24.0	22,300		1.8								1.3	
15		24.0												
16	x	24.0	14,700		1.7								1.5	
17	x	24.0	15,500		1.8								1.4	
18	x	24.0	10,000		1.8								1.6	
19	x	24.0	14,200		1.5								1.3	
20	x	24.0	15,300		1.9								1.4	
21	x	24.0	15,300		2.0								1.8	
22														
23	x	24.0	18,400		1.8								1.5	
24	x	24.0	11,300		1.7								1.5	
25	x	24.0	12,400		1.8								1.4	
26	x	24.0	12,300		1.7								1.5	
27	x	24.0	12,000		1.8								1.4	
28	x	24.0	12,300		1.5								1.3	
29		24.0												
30	x	24.0	22,800		1.5								1.3	
31	x	24.0	20,300		1.4								1.2	
Total			384,300											
Average			12,396											
Maximum			24,300											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bvtp

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2			
1		24.0													
2	x	24.0	232,000		1.7									1.5	
3	x	24.0	153,000		1.6									1.4	
4	x	24.0	112,000		1.7									1.3	
5	x	24.0	109,000		1.6									1.4	
6	x	24.0	131,000		2.0									1.5	
7	x	24.0	64,000		2.0									1.6	
8		24.0													
9	x	24.0	194,000		2.0									1.7	
10	x	24.0	118,000		2.3									1.5	
11	x	24.0	100,000		2.2									1.6	
12	x	24.0	78,000		2.1									1.8	
13	x	24.0	37,000		2.0									1.5	
14	x	24.0	198,000		1.8									1.3	
15		24.0													
16	x	24.0	280,000		1.7									1.4	
17	x	24.0	153,000		1.8									1.5	
18	x	24.0	194,000		1.9									1.7	
19	x	24.0	170,000		2.2									1.8	
20	x	24.0	212,000		2.0									1.7	
21	x	24.0	180,000		2.0									1.8	
22															
23	x	24.0	350,000		2.0									1.7	
24	x	24.0	175,000		2.0									1.8	
25	x	24.0	76,000		1.9									1.6	
26	x	24.0	37,000		1.8									1.5	
27	x	24.0	26,000		1.9									1.4	
28	x	24.0	75,000		2.0									1.6	
29		24.0													
30	x	24.0	170,000		2.2									1.5	
31	x	24.0	121,000		2.0									1.7	
Total			3,745,000												
Average			120,806												
Maximum			350,000												

* Refer to the Instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				May 2011							
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	0	0								0
2	128,100	66,000	13,100	42,100	21,100	232,000					502,400
3	11,200	34,700	8,600	18,400	14,900	153,000					240,800
4	65,200	33,300	1,300	21,900	13,000	112,000					246,700
5	45,000	37,800	8,500	21,600	12,300	109,000					234,200
6	56,700	35,100	6,900	18,500	18,700	131,000					266,900
7	36,900	30,300	0	21,200	5,800	64,000					158,200
8	0	0	0								0
9	83,400	63,200	21,900	42,100	24,300	194,000					428,900
10	49,000	32,500	3,800	21,600	18,600	118,000					243,500
11	54,600	33,500	2,900	22,000	12,200	100,000					225,200
12	51,900	31,800	2,800	22,600	5,600	78,000					192,700
13	68,000	29,500	33,500	26,000	8,800	37,000					202,800
14	3,000	28,400	600	1,100	22,300	198,000					253,400
15	0	0	0								0
16	17,900	52,600	3,600	6,100	14,700	280,000					374,900
17	3,000	29,700	3,300	1,900	15,500	153,000					206,400
18	3,100	1,700	1,400	1,300	10,000	194,000					211,500
19	600	0	30,200	8,900	14,200	170,000					223,900
20	4,600	0	14,900	2,400	15,300	212,000					249,200
21	1,800	0	23,000	13,200	15,300	180,000					233,300
22	0	0	0								0
23	400	0	76,800	16,300	18,400	350,000					461,900
24	5,200	0	8,400	18,300	11,300	175,000					218,200
25	40,100	37,000	200	55,500	12,400	76,000					221,200
26	88,500	38,300	1,500	21,900	12,300	37,000					197,500
27	124,800	38,000	1,300	24,500	12,000	26,000					226,600
28	57,600	39,400	7,500	20,300	12,200	75,000					212,000
29	0	0	0								0
30	131,100	75,100	19,100	40,200	22,800	170,000					458,300
31	82,800	47,700	16,400	16,400	20,300	121,000					304,600
Total	1,214,500	813,600	311,500	526,300	384,300	3,745,000					6,995,200
Avg.	39,177	26,245	10,048	16,977	12,396	120,806					225,652
Max.	131,100	75,100	76,800	55,500	24,300	350,000					502,400

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pclynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	56,000		2.0								1.6	
2	x	24.0	20,100		1.7								1.2	
3	x	24.0	34,100		1.8								1.4	
4	x	24.0	61,600		2.0								1.6	
5		24.0												
6	x	24.0	116,000		2.1								1.8	
7	x	24.0	75,600		1.3								1.3	
8	x	24.0	92,700		2.2								1.5	
9	x	24.0	32,900		1.8								1.5	
10	x	24.0	54,300		1.6								1.2	
11	x	24.0	33,500		1.3								1.3	
12		24.0												
13	x	24.0	44,400		1.7								1.3	
14	x	24.0	26,300		1.8								1.5	
15	x	24.0	32,300		0.8								1.2	
16	x	24.0	20,700		1.5								1.3	
17	x	24.0	26,700		1.7								1.4	
18	x	24.0	50,300		2.5								1.5	
19		24.0												
20	x	24.0	109,900		2.4								1.2	
21	x	24.0	39,700		2.2								1.3	
22	x	24.0	43,600		1.4								1.0	
23	x	24.0	34,400		2.0								1.7	
24	x	24.0	32,400		2.1								2.0	
25	x	24.0	53,000		2.0								1.8	
26		24.0												
27	x	24.0	100,300		1.8								1.4	
28	x	24.0	49,600		1.0								0.8	
29	x	24.0	23,500		0.6								0.8	
30	x	24.0	24,300		1.6								1.0	
31		24.0												
Total			1,288,100											
Average			42,936											
Maximum			116,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	0511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	37,700		1.0								1.3	
2	x	24.0	36,900		1.5								1.3	
3	x	24.0	38,500		1.6								1.4	
4	x	24.0	52,300		1.5								1.3	
5		24.0												
6	x	24.0	80,100		1.0								1.2	
7	x	24.0	45,200		2.0								1.4	
8	x	24.0	55,900		1.8								1.6	
9	x	24.0	28,400		1.2								1.4	
10	x	24.0	40,700		1.8								1.6	
11	x	24.0	42,500		1.5								1.3	
12		24.0												
13	x	24.0	71,600		0.6								1.0	
14	x	24.0	38,700		1.5								1.2	
15	x	24.0	41,600		1.5								1.5	
16	x	24.0	42,000		1.0								1.5	
17	x	24.0	29,700		1.4								1.2	
18	x	24.0	40,400		1.8								1.5	
19		24.0												
20	x	24.0	72,100		1.6								1.4	
21	x	24.0	33,500		1.7								1.4	
22	x	24.0	37,000		1.0								0.6	
23	x	24.0	37,700		1.4								1.2	
24	x	24.0	31,100		1.5								1.2	
25	x	24.0	27,100		1.5								1.1	
26		24.0												
27	x	24.0	76,200		1.8								1.5	
28	x	24.0	34,400		1.8								1.4	
29	x	24.0	35,100		0.6								1.0	
30	x	24.0	32,700		2.0								1.2	
31		24.0												
Total			1,139,100											
Average			37,970											
Minimum			80,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	4,000		1.5								1.4	
2	x	24.0	1,700		1.7								1.5	
3	x	24.0	17,400		1.7								1.4	
4	x	24.0	15,000		1.5								1.3	
5		24.0												
6	x	24.0	77,000		1.8								1.4	
7	x	24.0	5,400		1.7								1.3	
8	x	24.0	3,100		1.8								1.5	
9	x	24.0	3,400		1.8								1.6	
10	x	24.0	4,300		1.7								1.5	
11	x	24.0	7,200		1.5								1.3	
12		24.0												
13	x	24.0	52,400		1.8								1.5	
14	x	24.0	9,100		2.0								1.5	
15	x	24.0	13,900		1.9								1.6	
16	x	24.0	19,700		1.8								1.6	
17	x	24.0	24,800		1.9								1.5	
18	x	24.0	3,100		1.5								1.3	
19		24.0												
20	x	24.0	7,400		1.7								1.4	
21	x	24.0	3,600		1.8								1.4	
22	x	24.0	6,000		1.9								1.5	
23	x	24.0	4,000		1.5								1.3	
24	x	24.0	1,300		1.5								1.2	
25	x	24.0	11,100		1.6								1.4	
26		24.0												
27	x	24.0	25,600		1.8								1.4	
28	x	24.0	8,500		1.7								1.5	
29	x	24.0	18,800		1.8								1.6	
30	x	24.0	29,600		1.8								1.4	
31		24.0												
Total			377,400											
Average			12,580											
Maximum			77,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	x	24.0	20,600		1.5								1.3	
2	x	24.0	19,400		1.6								1.2	
3	x	24.0	21,200		1.7								1.3	
4	x	24.0	22,600		1.5								1.3	
5		24.0												
6	x	24.0	47,700		1.5								1.2	
7	x	24.0	22,200		1.4								1.2	
8	x	24.0	23,300		1.5								1.3	
9	x	24.0	21,900		1.5								1.3	
10	x	24.0	18,100		1.6								1.2	
11	x	24.0	17,300		1.5								1.3	
12		24.0												
13	x	24.0	29,200		1.5								1.5	
14	x	24.0	16,200		1.5								1.3	
15	x	24.0	16,000		1.3								1.3	
16	x	24.0			1.4								1.2	
17	x	24.0	400		1.2								1.0	
18	x	24.0	5,000		1.5								1.0	
19		24.0												
20	x	24.0			1.4								1.1	
21	x	24.0	28,900		1.8								1.4	
22	x	24.0	28,900		1.7								1.5	
23	x	24.0	25,300		1.8								1.5	
24	x	24.0	22,800		1.5								1.2	
25	x	24.0	22,000		1.7								1.5	
26		24.0												
27	x	24.0	38,200		1.8								1.4	
28	x	24.0	19,500		1.7								1.5	
29	x	24.0	18,900		2.0								1.3	
30	x	24.0	18,100		2.0								1.6	
31		24.0												
Total			523,700											
Average			17,456											
Minimum			47,700											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 bvtp

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	5,600		1.8								1.3	
2	x	24.0	12,300		1.8								1.5	
3	x	24.0	8,700		1.7								1.4	
4	x	24.0	22,200		1.8								1.5	
5		24.0												
6	x	24.0	15,200		1.7								1.5	
7	x	24.0	17,100		1.7								1.6	
8	x	24.0	13,500		1.6								1.3	
9	x	24.0	10,000		1.5								1.3	
10	x	24.0	10,800		1.3								1.0	
11	x	24.0	13,000		1.5								1.3	
12		24.0												
13	x	24.0	23,500		1.6								1.5	
14	x	24.0	18,700		1.5								1.5	
15	x	24.0	12,300		1.5								1.3	
16	x	24.0	5,700		1.6								1.2	
17	x	24.0	12,300		1.4								1.2	
18	x	24.0	12,300		2.0								1.5	
19		24.0												
20	x	24.0	24,400		2.1								1.7	
21	x	24.0	12,100		2.0								1.8	
22	x	24.0	12,200		1.4								1.1	
23	x	24.0	12,800		1.0								1.0	
24	x	24.0	14,500		1.0								1.2	
25	x	24.0	6,500		1.7								1.4	
26		24.0												
27	x	24.0	37,900		1.3								1.1	
28	x	24.0	24,300		1.8								1.5	
29	x	24.0	11,100		2.0								1.6	
30	x	24.0	17,600		2.2								1.6	
31		24.0												
Total			386,600											
Average			12,886											
Maximum			37,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 3 bvtp	Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday dr	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 hwp

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	104,000		2.0								1.5	
2	x	24.0	78,000		2.0								1.7	
3	x	24.0	78,000		1.9								1.7	
4	x	24.0	76,000		1.7								1.5	
5		24.0												
6	x	24.0	46,000		1.8								1.4	
7	x	24.0	60,000		1.5								1.2	
8	x	24.0	67,000		1.4								1.2	
9	x	24.0	66,000		1.8								1.5	
10	x	24.0	65,000		1.7								1.4	
11	x	24.0	101,000		2.0								1.6	
12		24.0												
13	x	24.0	222,000		2.0								1.5	
14	x	24.0	149,000		2.0								1.6	
15	x	24.0	104,000		1.8								1.6	
16	x	24.0	107,000		1.8								1.5	
17	x	24.0	98,000		1.8								1.4	
18	x	24.0	97,000		2.0								1.4	
19		24.0												
20	x	24.0	236,000		2.0								1.7	
21	x	24.0	111,000		2.1								1.8	
22	x	24.0	50,000		2.0								1.7	
23	x	24.0	122,000		2.0								1.8	
24	x	24.0	96,000		2.1								1.4	
25	x	24.0	40,000		2.0								1.3	
26		24.0												
27	x	24.0	123,000		2.0								1.7	
28	x	24.0	58,000		1.8								1.5	
29	x	24.0	81,000		1.8								1.5	
30	x	24.0	57,000		2.2								1.6	
31		24.0												
Total			2,492,000											
Average			83,066											
Minimum			236,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	June 2011										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	56,000	37,700	4,000	20,600	5,600	104,000					227,900
2	20,100	36,900	1,700	19,400	12,300	78,000					168,400
3	34,100	38,500	17,400	21,200	8,700	78,000					197,900
4	61,600	52,300	15,000	22,600	22,200	76,000					249,700
5	0	0	0								0
6	116,000	80,100	77,000	47,700	15,200	46,000					382,000
7	75,600	45,200	5,400	22,200	17,100	60,000					225,500
8	92,700	55,900	3,100	23,300	13,500	67,000					255,500
9	32,900	28,400	3,400	21,900	10,000	66,000					162,800
10	54,300	40,700	4,300	18,100	10,800	65,000					193,200
11	33,500	42,500	7,200	17,300	13,000	101,000					214,500
12	0	0	0								0
13	44,400	71,600	52,400	29,200	23,500	222,000					443,100
14	26,300	38,700	9,100	16,200	18,700	149,000					258,000
15	32,300	41,600	13,900	16,000	12,300	104,000					220,100
16	20,700	42,000	19,700		5,700	107,000					195,100
17	26,700	29,700	24,800	400	12,300	98,000					191,900
18	50,200	40,400	3,100	5,000	12,300	97,000					208,000
19	0	0	0								0
20	109,900	72,100	7,400		24,400	236,000					449,800
21	39,700	33,500	3,600	28,900	12,100	111,000					228,800
22	43,600	37,000	6,000	28,900	12,200	50,000					177,700
23	34,400	37,700	4,000	25,300	12,800	122,000					236,200
24	32,400	31,100	1,300	22,800	14,500	96,000					198,100
25	53,000	27,100	11,100	22,000	6,500	40,000					159,700
26	0	0	0								0
27	100,300	76,200	25,600	38,200	37,900	123,000					401,200
28	49,600	34,400	8,500	19,500	24,300	58,000					194,300
29	23,500	35,100	18,800	18,900	11,100	81,000					188,400
30	24,300	32,700	29,600	18,100	17,600	57,000					179,300
31	0	0	0								0
Total	1,288,100	1,139,100	377,400	523,700	386,600	2,492,000					6,206,900
Avg.	42,936	37,970	12,580	17,456	12,886	83,066					206,896
Max.	116,000	80,100	77,000	47,700	37,900	236,000					449,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FLORIDA

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	33,000		1.8								1.2	
2	x	24.0	39,500		0.6								0.8	
3		24.0												
4	x	24.0	38,000		1.5								1.3	
5	x	24.0	22,200		1.8								1.5	
6	x	24.0	34,000		1.4								1.2	
7	x	24.0	29,200		1.8								1.5	
8	x	24.0	43,300		2.0								1.6	
9	x	24.0	22,300		1.7								1.3	
10		24.0												
11	x	24.0	83,100		1.6								1.4	
12	x	24.0	10,600		1.5								1.2	
13	x	24.0	24,100		2.3								1.6	
14	x	24.0	19,100		1.2								1.3	
15	x	24.0	25,600		1.4								1.0	
16	x	24.0	15,900		2.2								1.5	
17		24.0												
18	x	24.0	36,800		1.7								1.4	
19	x	24.0	200		1.6								1.4	
20	x	24.0	3,300		0.6								1.0	
21	x	24.0	2,600		1.5								1.0	
22	x	24.0	14,800		1.2								1.0	
23	x	24.0	12,000		0.5								0.7	
24		24.0												
25	x	24.0	43,300		1.4								1.2	
26	x	24.0	23,700		2.0								1.5	
27	x	24.0	80,500		1.8								1.6	
28	x	24.0	81,200		1.9								1.5	
29	x	24.0	68,700		1.6								1.4	
30	x	24.0	70,600		2.0								1.6	
31		24.0												
Total			867,600											
Average			27,987											
Maximum			83,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	47327 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	33,000		2.2								1.6	
2	x	24.0	38,100		2.0								1.5	
3		24.0												
4	x	24.0	68,200		2.0								1.6	
5	x	24.0	38,400		2.0								1.6	
6	x	24.0	2,900		1.8								1.4	
7	x	24.0			1.3								1.6	
8	x	24.0			1.6								1.2	
9	x	24.0	29,900		0.6								1.3	
10		24.0												
11	x	24.0	71,000		0.4								1.0	
12	x	24.0	35,100		1.9								1.2	
13	x	24.0	38,600		2.0								1.6	
14	x	24.0	32,800		1.0								1.5	
15	x	24.0	36,100		1.8								1.6	
16	x	24.0	33,500		2.0								1.6	
17		24.0												
18	x	24.0	75,900		1.8								1.4	
19	x	24.0	30,500		1.8								1.6	
20	x	24.0	41,400		0.5								0.8	
21	x	24.0	34,900		2.2								1.3	
22	x	24.0	39,200		2.0								1.8	
23	x	24.0	30,800		2.0								1.6	
24		24.0												
25	x	24.0	71,500		1.7								1.5	
26	x	24.0	35,900		1.6								1.3	
27	x	24.0	44,300		1.6								1.2	
28	x	24.0	36,800		1.4								1.2	
29	x	24.0	38,600		1.5								1.3	
30	x	24.0	39,000		2.5								1.8	
31		24.0												
Total			976,400											
Average			31,496											
Maximum			75,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	wells 3-4	Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	20,700		1.8								1.5	
2	x	24.0	11,700		1.6								1.5	
3		24.0												
4	x	24.0	62,000		1.8								1.6	
5	x	24.0	23,800		1.7								1.4	
6	x	24.0	9,200		1.8								1.5	
7	x	24.0	11,100		1.9								1.4	
8	x	24.0	9,300		1.7								1.3	
9	x	24.0	11,100		1.8								1.5	
10		24.0												
11	x	24.0	28,900		1.8								1.4	
12	x	24.0	8,900		1.9								1.5	
13	x	24.0	800		1.6								1.4	
14	x	24.0	4,500		1.8								1.4	
15	x	24.0	2,100		1.8								1.5	
16	x	24.0	1,200		1.5								1.3	
17		24.0												
18	x	24.0	21,800		1.6								1.2	
19	x	24.0	1,900		1.8								1.5	
20	x	24.0	1,600		1.7								1.4	
21	x	24.0	5,800		1.8								1.5	
22	x	24.0	600		1.5								1.2	
23	x	24.0	1,900		1.8								1.5	
24		24.0												
25	x	24.0	2,600		1.7								1.4	
26	x	24.0	3,400		1.8								1.6	
27	x	24.0	40,800		1.7								1.5	
28	x	24.0	25,100		1.8								1.4	
29	x	24.0	25,400		1.7								1.4	
30	x	24.0	34,600		1.6								1.0	
31		24.0												
Total			370,800											
Average			11,961											
Maximum			62,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 bwtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 bvtp

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	17,900		1.8								1.3	
2	x	24.0	16,900		2.0								1.3	
3		24.0												
4	x	24.0	36,200		2.0								1.5	
5	x	24.0	17,900		1.8								1.5	
6	x	24.0	17,800		1.7								1.5	
7	x	24.0	18,500		0.6								1.2	
8	x	24.0	18,000		1.5								1.5	
9	x	24.0	17,800		2.0								1.4	
10		24.0												
11	x	24.0	35,500		1.6								1.4	
12	x	24.0	18,200		1.6								1.2	
13	x	24.0	17,700		1.5								1.3	
14	x	24.0	19,800		1.5								1.2	
15	x	24.0	18,200		1.7								1.5	
16	x	24.0	18,400		1.5								1.7	
17		24.0												
18	x	24.0	34,900		1.8								1.4	
19	x	24.0	19,400		1.5								1.3	
20	x	24.0	18,300		1.6								1.2	
21	x	24.0	18,000		1.5								1.0	
22	x	24.0	19,900		1.4								1.1	
23	x	24.0	17,800		2.0								1.3	
24		24.0												
25	x	24.0	37,700		1.8								1.4	
26	x	24.0	20,300		1.7								1.5	
27	x	24.0	20,400		1.8								1.4	
28	x	24.0	19,700		1.7								1.4	
29	x	24.0	20,400		2.0								1.7	
30	x	24.0	20,400		2.0								1.4	
31	x	24.0												
Total			556,000											
Average			17,935											
Maximum			37,700											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 bvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr		City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 hvtp

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	24.0	17,500		2.0								1.8	
2	x	24.0	17,600		2.0								1.5	
3		24.0												
4	x	24.0	31,300		2.0								1.6	
5	x	24.0	21,100		2.0								1.5	
6	x	24.0	13,900		1.9								1.4	
7	x	24.0	20,900		1.8								1.5	
8	x	24.0	20,600		1.7								1.5	
9	x	24.0	14,500		2.0								1.4	
10		24.0												
11	x	24.0	31,600		1.8								1.7	
12	x	24.0	21,200		1.7								1.5	
13	x	24.0	17,600		1.8								1.5	
14	x	24.0	15,000		1.7								1.5	
15	x	24.0	16,600		1.8								1.2	
16	x	24.0	21,000		1.8								1.3	
17		24.0												
18	x	24.0	41,300		1.8								1.4	
19	x	24.0	9,700		1.7								1.5	
20	x	24.0	23,900		2.0								1.6	
21	x	24.0	15,000		2.0								1.3	
22	x	24.0	9,900		1.7								1.5	
23	x	24.0	14,400		1.6								1.2	
24		24.0												
25	x	24.0	34,700		1.4								1.2	
26	x	24.0	19,800		1.6								1.2	
27	x	24.0	10,900		1.6								1.4	
28	x	24.0	14,400		1.8								1.5	
29	x	24.0	14,800		1.6								1.4	
30	x	24.0	14,300		1.5								1.3	
31	x	24.0												
Total			503,500											
Average			16,241											
Maximum			41,300											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 hvtp			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 bylp

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant In Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	65,000		1.8								1.5	
2	x	24.0	53,000		1.8								1.5	
3		24.0												
4	x	24.0	133,000		1.8								1.4	
5	x	24.0	106,000		1.9								1.3	
6	x	24.0	94,000		1.9								1.4	
7	x	24.0	133,000		1.7								1.3	
8	x	24.0	98,000		1.8								1.4	
9	x	24.0	57,000		1.7								1.3	
10		24.0												
11	x	24.0	161,000		1.6								1.4	
12	x	24.0	89,000		1.6								1.3	
13	x	24.0	109,000		1.5								1.5	
14	x	24.0	102,000		1.5								1.3	
15	x	24.0	118,000		1.4								1.2	
16	x	24.0	102,000		1.7								1.3	
17		24.0												
18	x	24.0	213,000		1.5								1.3	
19	x	24.0	126,000		1.8								1.4	
20	x	24.0	148,000		1.8								1.6	
21	x	24.0	116,000		1.7								1.3	
22	x	24.0	85,000		1.5								1.3	
23	x	24.0	78,000		1.5								1.2	
24		24.0												
25	x	24.0	250,000		0.6								1.0	
26	x	24.0	104,000		1.6								1.0	
27	x	24.0			0.8								1.1	well down for new electrical heaters in
28	x	24.0			1.0								1.4	control panel
29	x	24.0			0.9								1.4	
30	x	24.0			1.0								1.3	
31	x	24.0												
Total			2,540,000											
Average			81,935											
Maximum			250,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				July 2011							
Community Water System (CWS) Name:		Orangewood									
Public Water System (PWS) Identification Number:		6511311									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 bvtp	well 2 bvtp	well 3 bvtp					Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	33,000	33,000	20,700	17,900	17,500	65,000					187,100
2	39,500	38,100	11,700	16,900	17,600	53,000					176,800
3	0	0	0								0
4	38,000	68,200	62,000	36,200	31,300	133,000					368,700
5	22,200	38,400	23,800	17,900	21,100	106,000					229,400
6	34,000	2,900	9,200	17,800	13,900	94,000					171,800
7	29,200	0	11,100	18,500	20,900	133,000					212,700
8	43,300	0	9,300	18,000	20,600	98,000					189,200
9	22,300	29,900	11,100	17,800	14,500	57,000					152,600
10	0	0	0								0
11	83,100	71,000	28,900	35,500	31,600	161,000					411,100
12	10,600	35,100	8,900	18,200	21,200	89,000					183,000
13	24,100	38,600	800	17,700	17,600	109,000					207,800
14	19,100	32,800	4,500	19,800	15,000	102,000					193,200
15	25,600	36,100	2,100	18,200	16,600	118,000					216,600
16	15,900	33,500	1,200	18,400	21,000	102,000					192,000
17	0	0	0								0
18	26,800	75,900	21,800	34,900	41,300	213,000					413,700
19	200	30,500	1,900	19,400	9,700	126,000					187,700
20	3,300	41,400	1,600	18,300	23,900	148,000					236,500
21	2,600	34,900	5,800	18,000	15,000	116,000					192,300
22	14,800	39,200	600	19,900	9,900	85,000					169,400
23	12,000	30,800	1,900	17,800	14,400	78,000					154,900
24	0	0	0								0
25	43,300	71,500	2,600	37,700	34,700	250,000					439,800
26	23,700	35,900	3,400	20,300	19,800	104,000					207,100
27	80,500	44,300	40,800	20,400	10,900						196,900
28	81,200	36,800	25,100	19,700	14,400						177,200
29	68,700	38,600	25,400	20,400	14,800						167,900
30	70,600	39,000	34,600	20,400	14,300						178,900
31	0	0	0								0
Total	867,600	976,400	370,800	556,000	503,500	2,540,000					5,814,300
Avg.	27,987	31,496	11,961	17,935	16,241	81,935					187,558
Max.	83,100	75,900	62,000	37,700	41,300	250,000					439,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City: Holiday	State: Florida / Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW*Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	120,000		0.8								0.6	
2	x	24.0	600		0.5								0.8	
3	x	24.0	63,000		1.8								1.3	
4	x	24.0	47,700		1.5								1.3	
5	x	24.0	88,600		0.8								1.1	
6	x	24.0	12,400		1.0								1.0	
7		24.0												
8	x	24.0	69,200		0.8								1.3	
9	x	24.0	39,900		2.0								1.3	
10	x	24.0	36,400		2.0								1.1	
11	x	24.0	55,400		1.8								1.3	
12	x	24.0	65,500		2.0								1.5	
13	x	24.0	63,000		1.0								1.3	
14		24.0												
15	x	24.0	69,200		1.5								1.2	
16	x	24.0	43,700		2.0								1.3	
17	x	24.0	58,900		1.8								1.3	
18	x	24.0	61,200		1.8								1.4	
19	x	24.0	116,400		1.9								1.6	
20	x	24.0	4,000		1.7								1.5	
21		24.0												
22	x	24.0	37,400		1.8								1.6	
23	x	24.0	37,200		1.6								1.3	
24	x	24.0	51,200		1.5								1.3	
25	x	24.0	10,600		1.7								1.4	
26	x	24.0	10,100		1.4								1.2	
27	x	24.0	11,300		1.6								1.2	
28		24.0												
29	x	24.0	1,300		1.5								1.2	
30	x	24.0	100		1.8								1.3	
31	x	24.0	1		1.7								1.3	
Total			1,174,301											
Average			37,881											
Maximum			120,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	August, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	72,300		1.2								1.0	
2	x	24.0	33,800		2.0								1.4	
3	x	24.0	41,700		1.8								1.6	
4	x	24.0	34,700		1.8								1.6	
5	x	24.0	37,500		1.7								1.5	
6	x	24.0	29,000		2.0								1.0	
7		24.0												
8	x	24.0	71,000		0.9								1.1	
9	x	24.0	33,100		2.5								1.6	
10	x	24.0	34,700		1.8								1.2	
11	x	24.0	30,400		1.0								1.0	
12	x	24.0	37,300		1.8								1.6	
13	x	24.0	36,700		1.0								1.5	
14		24.0												
15	x	24.0	64,100		1.5								1.2	
16	x	24.0	40,600		1.0								1.3	
17	x	24.0	36,100		1.5								1.3	
18	x	24.0	26,300		1.8								1.3	
19	x	24.0	29,400		1.0								1.2	
20	x	24.0	34,100		1.8								1.5	
21		24.0												
22	x	24.0	85,300		1.7								1.5	
23	x	24.0	35,100		1.8								1.5	
24	x	24.0	42,100		1.9								1.7	
25	x	24.0	35,800		1.7								1.4	
26	x	24.0	35,700		1.7								1.3	
27	x	24.0	37,800		1.5								1.7	
28		24.0												
29	x	24.0	85,400		1.8								1.4	
30	x	24.0	31,100		2.0								1.5	
31	x	24.0	36,600		2.2								1.6	
Total			1,147,800											
Average			37,026											
Maximum			85,400											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 areadia rd	City: Holiday		State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	90,000		0.8								1.1	
2	x	24.0	102,100		1.8								1.4	
3	x	24.0	63,500		1.8								1.5	
4	x	24.0	34,400		1.5								1.4	
5	x	24.0	53,700		1.8								1.5	
6	x	24.0	19,900		1.6								1.3	
7		24.0												
8	x	24.0	17,100		1.8								1.5	
9	x	24.0	3,600		1.4								1.2	
10	x	24.0	32,200		1.4								1.3	
11	x	24.0	31,800		1.6								1.4	
12	x	24.0	36,400		1.4								1.2	
13	x	24.0	42,700		0.8								1.0	
14		24.0												
15	x	24.0	150,700		1.0								0.8	
16	x	24.0	65,200		2.0								1.8	
17	x	24.0	59,500		0.5								1.2	
18	x	24.0			0.9								1.0	
19	x	24.0			0.7								1.1	
20	x	24.0	39,500		2.0								1.3	
21		24.0												
22	x	24.0	128,200		1.9								1.4	
23	x	24.0	11,500		1.8								1.6	
24	x	24.0	23,800		1.8								1.5	
25	x	24.0	7,000		1.8								1.2	
26	x	24.0	4,800		1.9								1.3	
27	x	24.0	3,300		1.7								1.4	
28		24.0												
29	x	24.0	8,500		1.7								1.5	
30	x	24.0	4,600		1.8								1.5	
31	x	24.0			1.4								1.2	
Total			1,034,000											
Average			33,354											
Maximum			150,700											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 b v			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 b v

III. Daily Data for the Month/Year of:	August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	40,800		1.7								1.5	
2	x	24.0	20,400		0.6								1.0	
3	x	24.0	20,500		1.8								1.3	
4	x	24.0	20,600		1.8								1.2	
5	x	24.0	20,600		1.4								1.2	
6	x	24.0	20,300		2.0								1.4	
7		24.0												
8	x	24.0	40,900		2.0								1.8	
9	x	24.0	20,400		1.8								1.4	
10	x	24.0	20,600		1.7								1.2	
11	x	24.0	19,900		1.8								1.4	
12	x	24.0	20,600		1.6								1.3	
13	x	24.0	19,800		1.7								1.3	
14		24.0												
15	x	24.0	40,700		1.5								1.3	
16	x	24.0	20,600		1.6								1.2	
17	x	24.0	20,700		0.5								1.0	
18	x	24.0	21,300		1.0								0.8	
19	x	24.0	21,500		1.7								1.2	
20	x	24.0	20,700		2.0								1.3	
21		24.0												
22	x	24.0	41,300		1.8								1.5	
23	x	24.0	20,700		1.7								1.5	
24	x	24.0	17,700		1.5								1.3	
25	x	24.0	17,700		1.4								1.2	
26	x	24.0	18,200		1.3								1.2	
27	x	24.0	16,900		1.4								1.1	
28		24.0												
29	x	24.0	36,100		1.6								1.2	
30	x	24.0	17,800		1.5								1.3	
31	x	24.0	17,800		1.6								1.4	
Total			635,100											
Average			20,487											
Maximum			41,300											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 b v	Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☐ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 b v

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	26,400		1.4								1.2	
2	x	24.0	17,600		1.5								1.3	
3	x	24.0	15,300		1.5								1.0	
4	x	24.0	19,500		1.3								1.2	
5	x	24.0	100		1.0								0.8	
6	x	24.0	78,000		2.2								1.6	
7		24.0												
8	x	24.0	207,600		0.8								1.9	
9	x	24.0	104,600		2.2								2.0	
10	x	24.0	12,700		2.0								1.6	
11	x	24.0	12,600		2.1								1.8	
12	x	24.0	12,600		3.0								2.3	
13	x	24.0	15,000		1.5								1.7	
14		24.0												
15	x	24.0	33,500		0.8								1.0	
16	x	24.0	11,100		2.8								2.2	
17	x	24.0	11,400		2.5								2.0	
18	x	24.0	24,000		2.2								1.8	
19	x	24.0	46,500		2.0								1.9	
20	x	24.0	5,600		1.8								1.5	
21		24.0												
22	x	24.0	44,000		1.9								1.7	
23	x	24.0	14,300		1.8								1.7	
24	x	24.0	15,400		1.8								1.4	
25	x	24.0	13,000		2.2								1.9	
26	x	24.0	14,300		2.0								1.7	
27	x	24.0	12,200		2.1								1.4	
28		24.0												
29	x	24.0	19,800		1.9								1.4	
30	x	24.0	7,000		1.8								1.5	
31	x	24.0	15,500		1.8								1.5	
Total			809,600											
Average			26,116											
Maximum			207,600											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 b v			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☐ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 b v

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, g.d.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1													1.2	
2	x												1.3	
3	x												1.0	
4													1.2	
5													0.8	
6	x												1.6	
7														
8	x												1.9	
9													2.0	
10													1.6	
11	x												1.8	
12													2.3	
13													1.7	
14														
15													1.0	
16													2.2	
17	x												2.0	
18	x												1.8	
19													1.9	well back on installed new heaters
20	x	24.0	62,000		1.5								1.2	
21		24.0												
22	x	24.0	111,000		1.4								1.3	
23	x	24.0	49,000		1.6								1.2	
24	x	24.0	55,000		1.5								1.2	
25	x	24.0	102,000		1.6								1.4	
26	x	24.0	137,000		1.6								1.4	
27	x	24.0	97,000		1.4								1.2	
28		24.0												
29	x	24.0	290,000		1.4								1.3	
30	x	24.0	96,000		1.5								1.2	
31	x	24.0	114,000		1.7								1.3	
Total			1,113,000											
Average			35,900											
Maximum			290,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				August 2011							
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 by	well 2 by	well 3 by					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	120,000	72,400	90,000	40,800	26,400						349,600
2	600	33,800	102,100	20,400	17,600						174,500
3	63,000	41,700	63,500	20,500	15,300						204,000
4	47,700	34,700	34,400	20,600	19,500						156,900
5	88,600	37,500	53,700	20,600	100						200,500
6	12,400	29,000	19,900	20,300	78,000						159,600
7	0	0	0								0
8	69,200	71,000	17,100	40,900	207,600						405,800
9	39,900	33,100	3,600	20,400	104,600						201,600
10	36,400	34,700	32,200	20,600	12,700						136,600
11	55,400	30,400	31,800	19,900	12,600						150,100
12	65,500	37,300	36,400	20,600	12,600						172,400
13	63,000	36,700	42,700	19,800	15,000						177,200
14	0	0	0								0
15	69,200	64,100	150,700	40,700	33,500						358,200
16	43,700	40,600	65,200	20,600	11,100						181,200
17	58,900	36,100	59,500	20,700	11,400						186,600
18	61,200	26,300	0	21,300	24,000						132,800
19	116,400	29,400	0	21,500	46,500						213,800
20	4,000	34,100	39,500	20,700	5,600	62,000					165,900
21	0	0	0								0
22	37,400	85,300	128,200	41,300	44,000	111,000					447,200
23	37,200	35,100	11,500	20,700	14,300	49,000					167,800
24	51,200	42,100	23,800	17,700	15,400	55,000					205,200
25	10,600	35,600	7,000	17,700	13,000	102,000					186,100
26	10,100	35,700	4,800	18,200	14,300	137,000					220,100
27	11,300	37,800	3,300	16,900	12,200	97,000					178,500
28	0	0	0								0
29	1,300	85,400	8,500	36,100	10,800	290,000					441,100
30	100	31,100	4,600	17,800	7,000	96,000					156,600
31	0	36,600	0	17,800	15,500	114,000					183,900
Total	1,174,300	1,147,800	1,034,000	635,100	809,600	1,113,000					5,913,800
Avg.	37,881	37,026	33,355	20,487	26,116	35,903					190,768
Max.	120,000	85,400	150,700	41,300	207,600	290,000					447,200

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington rd	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	2,000		1.5								1.0	
2	x	24.0	5,100		0.5								0.6	
3	x	24.0	2,700		1.0								0.5	
4		24.0												
5	x	24.0	66,900		1.0								0.5	
6	x	24.0	46,800		0.8								0.5	
7	x	24.0	19,900		0.9								0.6	
8	x	24.0	21,800		1.8								1.5	
9	x	24.0	22,500		2.0								1.5	
10	x	24.0	13,500		2.2								1.3	
11		24.0												
12	x	24.0	35,300		2.0								1.5	
13	x	24.0	23,300		2.5								1.5	
14	x	24.0	22,400		2.0								1.5	
15	x	24.0	31,800		2.5								1.5	
16	x	24.0	28,600		2.3								1.4	
17	x	24.0	30,700		2.0								1.5	
18		24.0												
19	x	24.0	80,900		2.0								1.7	
20	x	24.0	27,000		2.1								1.8	
21	x	24.0	15,000		1.7								1.5	
22	x	24.0	10,900		1.8								1.5	
23	x	24.0	13,200		1.8								1.6	
24	x	24.0	29,100		2.0								1.5	
25		24.0												
26	x	24.0	178,800		2.2								1.5	
27	x	24.0	11,600		1.8								1.5	
28	x	24.0			1.6								1.3	
29	x	24.0	25,600		1.7								1.3	
30	x	24.0	18,100		1.8								1.5	
31		24.0												
Total			783,400											
Average			26,113											
Maximum			178,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri / State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pclynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington rd	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	34,800		2.0								1.5	
2	x	24.0	34,800		1.7								1.5	
3	x	24.0	39,300		0.8								1.3	
4		24.0												
5	x	24.0	74,900		1.2								1.2	
6	x	24.0	35,300		2.0								1.5	
7	x	24.0	37,000		2.1								1.5	
8	x	24.0	32,300		2.0								1.5	
9	x	24.0	38,900		2.8								2.2	
10	x	24.0	37,900		2.5								2.0	
11		24.0												
12	x	24.0	75,800		3.0								2.5	
13	x	24.0	34,300		2.2								2.0	
14	x	24.0	38,700		2.5								2.0	
15	x	24.0	39,000		2.0								2.0	
16	x	24.0	36,900		1.8								1.5	
17	x	24.0	28,900		2.0								1.5	
18		24.0												
19	x	24.0	78,100		1.4								1.2	
20	x	24.0	38,200		1.6								1.4	
21	x	24.0	34,100		1.5								1.5	
22	x	24.0	37,900		1.9								1.6	
23	x	24.0	33,200		1.7								1.4	
24	x	24.0	34,200		1.5								1.6	
25		24.0												
26	x	24.0			2.0								1.6	
27	x	24.0	24,900		1.7								1.3	
28	x	24.0	38,100		0.6								1.0	
29	x	24.0	33,500		1.6								1.2	
30	x	24.0	25,000		1.8								1.4	
31		24.0												
Total			996,000											
Average			33,200											
Maximum			78,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	2,500		1.8								1.5	
2	x	24.0	10,900		1.8								1.5	
3	x	24.0	15,300		2.0								1.3	
4		24.0												
5	x	24.0	9,100		2.0								1.4	
6	x	24.0	100		1.8								1.6	
7	x	24.0	4,400		1.7								1.6	
8	x	24.0	4,400		1.8								1.5	
9	x	24.0	1,300		1.7								1.4	
10	x	24.0	3,100		1.8								1.5	
11		24.0												
12	x	24.0	3,700		1.4								1.2	
13	x	24.0	1,100		1.8								1.5	
14	x	24.0	5,000		1.9								1.4	
15	x	24.0	7,400		1.7								1.4	
16	x	24.0	400		1.8								1.5	
17	x	24.0			1.7								1.5	
18		24.0												
19	x	24.0	200		1.2								1.0	
20	x	24.0	7,000		1.4								1.0	
21	x	24.0	4,100		1.6								1.2	
22	x	24.0	11,900		1.8								1.4	
23	x	24.0	4,600		1.8								1.4	
24	x	24.0	5,500		1.7								1.5	
25		24.0												
26	x	24.0			1.8								1.5	
27	x	24.0	300		1.3								0.8	
28	x	24.0	68,800		0.6								0.8	
29	x	24.0	2,900		1.1								0.7	
30	x	24.0	900		0.5								0.8	
31		24.0												
Total			174,900											
Average			5,830											
Maximum			68,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 t/p			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 t/p

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	17,600		1.5								1.0	
2	x	24.0	19,800		2.2								1.4	
3	x	24.0	16,100		2.2								1.6	
4		24.0												
5	x	24.0	36,000		2.0								1.5	
6	x	24.0	17,900		2.5								1.5	
7	x	24.0	18,100		1.9								1.7	
8	x	24.0	17,500		1.7								1.6	
9	x	24.0	18,000		1.8								1.6	
10	x	24.0	17,600		1.8								1.3	
11		24.0												
12	x	24.0	35,200		2.5								1.7	
13	x	24.0	18,000		2.0								1.4	
14	x	24.0	17,900		2.0								1.5	
15	x	24.0	17,300		1.8								1.5	
16	x	24.0	18,000		1.6								1.4	
17	x	24.0	16,300		1.8								1.5	
18		24.0												
19	x	24.0	37,400		1.7								1.4	
20	x	24.0	17,900		1.7								1.4	
21	x	24.0	18,000		1.8								1.2	
22	x	24.0	17,900		1.5								1.4	
23	x	24.0	19,300		2.5								2.1	
24	x	24.0	17,700		3.0								2.0	
25		24.0												
26	x	24.0	38,000		2.0								1.6	
27	x	24.0	16,200		2.5								1.8	
28	x	24.0	18,000		1.5								1.3	
29	x	24.0	18,000		1.8								1.4	
30	x	24.0	18,000		1.7								1.4	
31		24.0												
Total			537,700											
Average			17,923											
Maximum			38,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 t/p			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511711	Plant Name:	well 2 dp

III. Daily Data for the Month/Year of: _____

☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) _____

☐ Ultraviolet Radiation ☐ Other (Describe): _____

☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System: _____

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water	CT Calculations, or UV Dose, to Demonstate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of
						CT Calculations					UV Dose		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C)	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at	Water, °C	____ if Applicable	____ Required, mg	Lowest Operating UV Dose,	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at
1	x	24.0	12,500		1.5								1.2	
2	x	24.0	19,300		2.0								1.5	
3	x	24.0	6,600		1.8								1.5	
4		24.0												
5	x	24.0	22,300		1.6								1.5	
6	x	24.0	13,500		1.8								1.5	
7	x	24.0	10,400		1.7								1.4	
8	x	24.0	16,100		1.6								1.4	
9	x	24.0	13,300		1.5								1.3	
10	x	24.0	12,000		2.0								1.3	
11		24.0												
12	x	24.0	28,000		2.1								1.5	
13	x	24.0	9,700		2.5								2.0	
14	x	24.0	12,200		2.5								2.0	
15	x	24.0	14,400		2.5								2.0	
16	x	24.0	13,200		1.8								1.8	
17	x	24.0	10,800		2.0								1.6	
18		24.0												
19	x	24.0	27,600		2.0								1.7	
20	x	24.0	19,900		1.9								1.8	
21	x	24.0	7,800		1.7								1.4	
22	x	24.0	13,500		1.4								1.3	
23	x	24.0	13,800		1.5								1.1	
24	x	24.0	18,000		2.0								1.5	
25		24.0												
26	x	24.0	24,400		1.8								1.5	
27	x	24.0	7,300		1.7								1.4	
28	x	24.0	19,000		1.8								1.3	
29	x	24.0	13,800		1.7								1.5	
30	x	24.0	9,200		1.8								1.4	
31		24.0												
Total			386,700											
Average			12,890											
Maximum			27,600											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 3 t/p	Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City: Holiday State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	Keith Schneider	C	8462	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 t/p

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	113,000		1.8								1.5	
2	x	24.0	141,000		1.5								1.5	
3	x	24.0	63,000		1.7								1.5	
4		24.0												
5	x	24.0	196,000		1.8								1.5	
6	x	24.0	98,000		2.0								1.5	
7	x	24.0	92,000		1.8								1.4	
8	x	24.0	92,000		1.6								1.3	
9	x	24.0	101,000		1.8								1.4	
10	x	24.0	75,000		1.5								1.5	
11		24.0												
12	x	24.0	240,000		2.7								2.1	
13	x	24.0	93,000		2.5								2.5	
14	x	24.0	88,000		2.7								2.0	
15	x	24.0	105,000		1.0								1.5	
16	x	24.0	121,000		1.8								1.4	
17	x	24.0	42,000		1.8								1.5	
18		24.0												
19	x	24.0	236,000		1.9								1.6	
20	x	24.0	118,000		1.8								1.7	
21	x	24.0	101,000		1.7								1.4	
22	x	24.0	110,000		1.7								1.3	
23	x	24.0	89,000		1.8								1.4	
24	x	24.0	103,000		2.0								1.8	
25		24.0												
26	x	24.0	198,000		2.0								1.6	
27	x	24.0	76,000		1.8								1.3	
28	x	24.0	100,000		1.8								1.5	
29	x	24.0	100,000		1.4								1.2	
30	x	24.0	90,000		1.6								1.3	
31		24.0												
Total			2,981,000											
Average			99,366											
Maximum			240,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				September 2011							
Community Water System (CWS) Name:			Orangewood								
Public Water System (PWS) Identification Number:			6511311								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 t/p	well 2 t/p	well 3 t/p					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	2,000	34,800	2,500	17,600	12,500	113,000					182,400
2	5,100	34,800	10,900	19,800	19,300	141,000					230,900
3	2,700	39,300	15,300	16,100	6,600	63,000					143,000
4	0	0	0								0
5	66,900	74,900	9,100	36,000	22,300	196,000					405,200
6	46,800	35,300	100	17,900	13,500	98,000					211,600
7	19,900	37,000	4,400	18,100	10,400	92,000					181,800
8	21,800	32,300	4,400	17,500	16,100	92,000					184,100
9	22,500	38,900	1,300	18,000	13,500	101,000					195,200
10	13,500	37,900	3,100	17,600	12,000	75,000					159,100
11	0	0	0								0
12	35,300	75,800	3,700	35,200	26,000	240,000					416,000
13	23,300	34,300	1,100	18,000	9,700	93,000					179,400
14	22,400	38,700	5,000	17,900	12,200	88,000					184,200
15	31,800	39,000	7,400	17,300	14,400	105,000					214,900
16	28,600	36,900	400	18,000	13,200	121,000					218,100
17	30,700	28,900	0	16,300	10,700	42,000					128,600
18	0	0	0								0
19	80,600	78,100	200	37,400	27,600	236,000					460,100
20	27,000	38,200	7,000	17,900	19,900	118,000					228,000
21	15,000	34,100	4,100	18,000	7,800	101,000					180,000
22	10,900	37,900	11,900	17,900	13,500	110,000					202,100
23	13,200	33,200	4,600	19,300	13,800	89,000					173,100
24	29,100	34,200	5,500	17,700	18,000	103,000					207,500
25	0	0	0								0
26	178,800	0	0	38,000	24,400	198,000					439,200
27	11,600	24,900	300	16,200	7,300	76,000					136,300
28	0	38,100	68,800	18,000	19,000	100,000					243,900
29	25,600	33,500	2,900	18,000	13,800	100,000					193,800
30	18,100	25,000	900	18,000	9,200	90,000					161,200
31	0	0	0								0
Total	783,400	996,000	174,900	537,700	386,700	2,981,000					5,859,700
Avg.	26,113	33,200	5,630	17,923	12,890	99,366					195,323
Max.	178,800	78,100	68,800	38,000	27,600	240,000					460,100

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City: Holiday	State: Florida / Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

_____	Stephen Habery	C-8012
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	22,700		2.0								1.5	
2		24.0												
3	x	24.0	13,700		1.7								1.3	
4	x	24.0	3,600		1.3								0.9	
5	x	24.0	8,400		0.7								0.5	
6	x	24.0	13,600		0.8								0.6	
7	x	24.0	36,300		1.3								0.7	
8	x	24.0	24,700		1.5								1.2	
9		24.0												
10	x	24.0	66,400		1.7								1.4	
11	x	24.0	27,500		1.7								1.3	
12	x	24.0	27,400		1.6								1.2	
13	x	24.0	10,800		1.4								1.0	
14	x	24.0	23,700		1.5								1.3	
15	x	24.0	8,300		1.5								1.3	
16		24.0												
17	x	24.0	46,900		1.6								1.3	
18	x	24.0	23,200		1.7								1.4	
19	x	21.0	6,700		1.3								1.0	
20	x	24.0	6,000		1.6								1.3	
21	x	24.0	6,000		2.0								1.6	
22	x	21.0	3,100		1.8								1.4	
23		24.0												
24	x	24.0	70,900		1.5								1.2	
25	x	24.0	31,200		1.5								1.0	
26	x	24.0	31,800		2.7								1.6	
27	x	24.0	22,300		2.8								1.7	
28	x	24.0	28,500		2.6								1.5	
29	x	24.0	13,700		2.2								1.5	
30		24.0												
31	x	24.0	70,700		1.8								1.4	
Total			651,100											
Average			21,003											
Maximum			70,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	October, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2		Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington rd	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	37,900		2.0								1.6	
2		24.0												
3	x	24.0	67,600		0.6								1.0	
4	x	24.0	31,900		1.4								0.8	
5	x	24.0	34,700		1.6								1.2	
6	x	24.0	33,600		1.3								0.8	
7	x	24.0	35,600		1.2								0.8	
8	x	24.0	34,100		1.5								1.0	
9		24.0												
10	x	24.0	69,000		1.7								1.2	
11	x	24.0	29,300		1.7								1.3	
12	x	24.0	34,600		1.8								1.3	
13	x	24.0	35,100		1.5								1.1	
14	x	24.0	38,300		1.6								1.2	
15	x	24.0	32,200		1.3								1.5	
16		24.0												
17	x	24.0	65,000		1.4								1.3	
18	x	24.0	32,200		1.2								0.8	
19	x	24.0	33,200		1.2								0.9	
20	x	24.0	38,300		1.0								1.1	
21	x	24.0	40,300		1.8								1.3	
22	x	24.0	21,100		1.6								1.3	
23		24.0												
24	x	24.0	69,100		1.4								1.2	
25	x	24.0	32,800		1.4								1.1	
26	x	24.0	33,700		1.5								1.3	
27	x	24.0	31,000		1.4								1.2	
28	x	24.0	34,900		1.5								1.2	
29	x	24.0	32,700		1.5								1.0	
30		24.0												
31	x	24.0	70,500		1.4								0.8	
Total			1,048,900											
Average			33,835											
Maximum			70,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City: Holiday	State: Florida	Zip Code:	34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	6,800		2.0								1.5	
2		24.0												
3	x	24.0	5,700		1.7								1.4	
4	x	24.0	500		1.8								1.5	
5	x	24.0	8,000		2.0								1.8	
6	x	24.0	10,200		2.2								1.8	
7	x	24.0	7,900		2.0								1.7	
8	x	24.0	3,100		1.8								1.5	
9		24.0												
10	x	24.0	500		1.0								0.8	
11	x	24.0	1,300		2.0								1.8	
12	x	24.0	4,100		2.0								1.4	
13	x	24.0	8,900		2.1								1.8	
14	x	24.0	1,900		2.0								1.5	
15	x	24.0	9,900		1.8								1.5	
16		24.0												
17	x	24.0	10,400		2.0								1.4	
18	x	24.0	1,100		1.9								1.3	
19	x	24.0	200		2.0								1.5	
20	x	24.0	400		1.8								1.5	
21	x	24.0	200		1.8								1.3	
22	x	24.0	100		1.8								1.3	
23		24.0												
24	x	24.0	118,700		1.7								1.4	
25	x	24.0	4,000		1.9								1.5	
26	x	24.0	12,300		1.9								1.6	
27	x	24.0	22,900		2.0								1.8	
28	x	24.0	12,300		2.1								1.7	
29	x	24.0	3,400		1.8								1.3	
30		24.0												
31	x	24.0	2,400		1.7								1.4	
Total			257,200											
Average			8,297											
Maximum			118,700											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	October, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 t/p			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 t/p

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	18,000		2.5								1.6	
2		24.0												
3	x	24.0	35,900		2.2								1.8	
4	x	24.0	17,800		2.6								1.6	
5	x	24.0	17,900		2.2								1.7	
6	x	24.0	17,800		2.0								1.8	
7	x	24.0	17,900		1.1								0.7	
8	x	24.0	17,800		2.3								1.6	
9		24.0												
10	x	24.0	35,700		2.1								1.7	
11	x	24.0	17,900		2.3								1.8	
12	x	24.0	18,000		2.0								1.8	
13	x	24.0	18,000		2.0								1.7	
14	x	24.0	17,900		2.1								1.8	
15	x	24.0	17,800		2.5								2.0	
16		24.0												
17	x	24.0	35,900		2.3								2.0	
18	x	24.0	17,900		2.1								1.7	
19	x	24.0	18,000		2.0								1.6	
20	x	24.0	18,000		2.2								1.5	
21	x	24.0	17,900		2.3								1.6	
22	x	24.0	17,900		2.3								1.5	
23		24.0												
24	x	24.0	35,800		2.0								1.8	
25	x	24.0	17,800		1.8								1.4	
26	x	24.0	17,900		1.9								1.5	
27	x	24.0	17,900		1.8								1.6	
28	x	24.0	17,900		1.9								1.5	
29	x	24.0	17,300		2.3								1.8	
30		24.0												
31	x	24.0	36,600		2.0								1.7	
Total			555,200											
Average			17,910											
Maximum			36,600											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 t/p			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 t/p

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	15,800		2.2								1.6	
2		24.0												
3	x	24.0	31,700		2.1								1.8	
4	x	24.0	9,300		1.6								1.2	
5	x	24.0	14,900		1.8								1.5	
6	x	24.0	13,500		1.4								1.2	
7	x	24.0	15,000		1.6								1.3	
8	x	24.0	14,000		1.7								1.5	
9		24.0												
10	x	24.0	29,100		1.8								1.3	
11	x	24.0	11,400		1.4								1.3	
12	x	24.0	17,400		1.5								1.2	
13	x	24.0	10,900		1.7								1.2	
14	x	24.0	19,000		1.8								1.3	
15	x	24.0	8,400		1.8								1.5	
16		24.0												
17	x	24.0	28,100		1.7								1.4	
18	x	24.0	9,300		1.8								1.3	
19	x	24.0	15,300		1.7								1.3	
20	x	24.0	19,300		1.8								1.5	
21	x	24.0	15,300		1.8								1.3	
22	x	24.0	9,700		2.0								1.5	
23		24.0												
24	x	24.0	32,100		2.1								1.7	
25	x	24.0	20,400		1.9								1.4	
26	x	24.0	14,400		1.7								1.3	
27	x	24.0	9,100		2.3								1.4	
28	x	24.0	14,000		2.4								1.5	
29	x	24.0			2.0								1.3	
30		24.0												
31	x	24.0	30,600		2.0								1.7	
Total			428,000											
Average			13,806											
Maximum			32,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 3 t/p	Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City: Holiday State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 t/p

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	143,000		1.8								1.5	
2		24.0												
3	x	24.0	209,000		1.4								1.2	
4	x	24.0	192,000		1.6								1.2	
5	x	24.0	100,000		1.4								0.9	
6	x	24.0	134,000		1.5								1.0	
7	x	24.0	102,000		1.4								0.8	
8	x	24.0	97,000		2.0								1.5	
9		24.0												
10	x	24.0	234,000		1.7								1.3	
11	x	24.0	98,000		2.1								1.0	
12	x	24.0	116,000		2.0								1.5	
13	x	24.0	118,000		1.8								1.4	
14	x	24.0	132,000		1.9								1.4	
15	x	24.0	103,000		1.8								1.6	
16		24.0												
17	x	24.0	264,000		1.9								1.5	
18	x	24.0	127,000		1.8								1.5	
19	x	24.0	136,000		1.5								1.2	
20	x	24.0	159,000		1.8								1.5	
21	x	24.0	139,000		1.6								1.5	
22	x	24.0	81,000		1.7								1.3	
23		24.0												
24	x	24.0	114,000		1.8								1.4	
25	x	24.0	94,000		1.4								1.2	
26	x	24.0	72,000		1.6								1.2	
27	x	24.0	78,000		1.5								1.3	
28	x	24.0	93,000		1.7								1.4	
29	x	24.0	103,000		1.5								1.3	
30		24.0												
31	x	24.0	217,000		1.6								1.2	
Total			3,455,000											
Average			111,451											
Maximum			264,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of : October 2011

Community Water System (CWS) Name: Orangewood

Public Water System (PWS) Identification Number: 6511311

	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 t/p	well 2 t/p	well 3 t/p					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	22,700	37,900	6,800	18,000	15,800	143,000					244,200
2	0	0	0								0
3	13,700	67,600	5,700	35,900	31,700	209,000					363,600
4	3,600	31,900	500	17,800	9,300	192,000					255,100
5	8,400	34,700	8,000	17,900	14,900	100,000					183,900
6	13,600	33,600	10,200	17,800	13,500	134,000					222,700
7	36,300	35,800	7,900	17,900	15,000	102,000					214,900
8	24,700	34,100	3,100	17,800	14,000	97,000					190,700
9	0	0	0								0
10	66,400	69,000	500	35,700	29,100	234,000					434,700
11	27,500	29,300	1,300	17,900	11,400	98,000					185,400
12	27,400	34,600	4,100	18,000	17,400	116,000					217,500
13	10,600	35,100	8,900	18,000	10,900	118,000					201,700
14	23,700	38,300	1,900	17,900	19,000	132,000					232,800
15	8,300	32,200	9,900	17,800	8,400	103,000					179,600
16	0	0	0								0
17	46,900	65,000	10,400	35,900	28,100	264,000					450,300
18	23,200	32,200	1,100	17,900	9,300	127,000					210,700
19	6,700	33,200	200	18,000	15,300	136,000					209,400
20	6,000	38,300	400	18,000	19,300	159,000					241,000
21	6,000	40,300	200	17,900	15,300	139,000					218,700
22	3,100	21,100	100	17,900	9,700	81,000					132,900
23	0	0	0								0
24	70,900	69,100	118,700	35,800	32,100	114,000					440,600
25	34,200	32,800	4,000	17,800	20,400	94,000					203,200
26	31,800	33,700	12,300	17,900	14,400	72,000					182,100
27	22,300	31,000	22,900	17,900	9,100	78,000					181,200
28	28,500	34,900	12,300	17,900	14,000	93,000					200,600
29	13,700	32,700	3,400	17,300		103,000					170,100
30	0	0	0								0
31	70,700	70,500	2,400	36,600	30,600	217,000					427,800
Total	651,100	1,048,900	257,200	555,200	428,000	3,455,000					6,395,400
Avg.	21,003	33,835	8,297	17,909	13,806	111,451					206,303
Max.	70,900	70,500	118,700	36,600	32,100	234,000					450,300

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	November, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	10,900		1.9								1.6	
2	x	24.0			1.7								1.3	
3	x	24.0	84,300		1.8								1.3	
4	x	24.0	80,500		1.7								1.3	
5	x	24.0	85,100		2.2								1.6	
6		24.0												
7	x	24.0	234,400		1.9								1.4	
8	x	24.0	83,700		2.0								1.4	
9	x	24.0	83,600		2.0								1.6	
10	x	24.0	84,800		2.1								1.6	
11	x	24.0	56,900		2.0								1.6	
12	x	24.0	77,000		2.1								1.5	
13		24.0												
14	x	24.0	252,300		2.4								1.8	
15	x	24.0	24,200		2.3								1.8	
16	x	24.0	12,800		2.3								1.7	
17	x	24.0	38,100		2.1								1.6	
18	x	24.0	30,600		2.0								1.6	
19	x	24.0	20,200		2.1								1.6	
20		24.0												
21	x	24.0	48,100		2.0								1.4	
22	x	24.0	8,300		1.9								1.6	
23	x	24.0	10,300		2.1								1.6	
24	x	24.0	6,600		2.0								1.5	
25	x	24.0	8,300		1.8								1.4	
26	x	24.0	6,000		1.9								1.4	
27		24.0												
28	x	24.0	10,300		0.6								1.0	
29	x	24.0	12,000		1.3								1.0	
30	x	24.0	4,500		1.3								1.1	
31		24.0												
Total			1,373,800											
Average			45,793											
Maximum			252,300											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	31,100		1.6								1.3	
2	x	24.0	34,300		1.5								1.2	
3	x	24.0	44,200		1.5								1.3	
4	x	24.0	34,600		1.6								1.3	
5	x	24.0	43,300		2.3								1.6	
6		24.0												
7	x	24.0	80,500		1.8								1.4	
8	x	24.0	40,500		1.7								1.4	
9	x	24.0	41,200		2.2								1.6	
10	x	24.0	38,200		2.1								1.6	
11	x	24.0	39,000		2.1								1.5	
12	x	24.0	35,800		3.0								1.6	
13		24.0												
14	x	24.0	74,900		1.6								1.4	
15	x	24.0	35,000		1.7								1.4	
16	x	24.0	39,200		1.6								1.4	
17	x	24.0	38,400		1.7								1.3	
18	x	24.0	39,500		1.7								1.3	
19	x	24.0	39,500		1.6								1.3	
20		24.0												
21	x	24.0	81,400		0.5								1.0	
22	x	24.0	31,800		1.5								1.3	
23	x	24.0	38,100		1.4								1.3	
24	x	24.0	37,000		1.5								1.3	
25	x	24.0	39,200		1.4								1.2	
26	x	24.0	39,500		1.3								1.2	
27		24.0												
28	x	24.0	67,900		0.5								0.7	
29	x	24.0			0.8								0.7	
30	x	24.0	41,300		0.5								0.8	
31		24.0												
Total			1,105,400											
Average			36,846											
Maximum			81,400											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3-4

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	2,000		1.4								1.3	
2	x	24.0	8,800		1.9								1.7	
3	x	24.0	34,500		1.9								1.5	
4	x	24.0	8,000		2.0								1.5	
5	x	24.0	4,700		2.0								1.6	
6		24.0												
7	x	24.0	28,900		2.0								1.7	
8	x	24.0	18,900		1.9								1.8	
9	x	24.0	2,100		1.7								1.6	
10	x	24.0	5,700		1.8								1.5	
11	x	24.0	62,000		1.9								1.7	
12	x	24.0	29,000		1.8								1.6	
13		24.0												
14	x	24.0	27,800		1.9								1.7	
15	x	24.0	7,300		1.8								1.7	
16	x	24.0	13,700		1.9								1.6	
17	x	24.0	11,200		1.9								1.7	
18	x	24.0	13,200		1.9								1.7	
19	x	24.0	1,800		1.8								1.7	
20		24.0												
21	x	24.0	5,300		1.8								1.7	
22	x	24.0	1,500		1.7								1.5	
23	x	24.0	1,400		1.8								1.6	
24	x	24.0	7,800		1.7								1.6	
25	x	24.0			1.8								1.6	
26	x	24.0	200		1.7								1.3	
27		24.0												
28	x	24.0	800		1.8								1.4	
29	x	24.0	1,500		1.8								1.3	
30	x	24.0	26,100		1.9								1.5	
31		24.0												
Total			323,700											
Average			10,790											
Maximum			62,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1 dp			Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange dr	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 t/p

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	17,900		2.0								1.7	
2	x	24.0	17,900		1.8								1.5	
3	x	24.0	2,500		2.1								1.7	
4	x	24.0	500		2.0								1.6	
5	x	24.0	600		2.3								1.3	
6		24.0												
7	x	24.0	900		2.1								1.2	
8	x	24.0	500		1.9								1.7	
9	x	24.0	500		1.7								1.4	
10	x	24.0	900		1.8								1.4	
11	x	24.0	800		1.7								1.4	
12	x	24.0	600		1.8								1.3	
13		24.0												
14	x	24.0	1,300		1.5								1.3	
15	x	24.0	500		1.6								1.2	
16	x	24.0	600		1.4								1.2	
17	x	24.0	1,200		1.3								1.1	
18	x	24.0	1,700		1.4								1.1	
19	x	24.0	1,500		1.3								1.1	
20		24.0												
21	x	24.0	2,800		1.3								1.0	
22	x	24.0	100		1.3								1.0	
23	x	24.0	800		1.2								0.9	
24	x	24.0	200		1.3								1.0	
25	x	24.0	700		1.4								0.9	
26	x	24.0	600		1.3								1.0	
27		24.0												
28	x	24.0	1,500		1.4								1.0	
29	x	24.0	400		1.6								1.2	
30	x	24.0	900		1.5								1.2	
31		24.0												
Total			58,400											
Average			1,946											
Maximum			17,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2 t/p	Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☑ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2 t/p

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	9,700		2.1								1.4	
2	x	24.0	15,600		1.8								1.2	
3	x	24.0	18,400		1.9								1.4	
4	x	24.0	17,500		2.1								1.5	
5	x	24.0	16,900		2.3								1.6	
6		24.0												
7	x	24.0	41,800		2.1								1.4	
8	x	24.0	10,200		1.8								1.3	
9	x	24.0	21,100		1.7								1.4	
10	x	24.0	17,200		1.8								1.3	
11	x	24.0	17,600		1.9								1.3	
12	x	24.0	16,600		1.7								1.4	
13		24.0												
14	x	24.0	36,000		2.4								1.6	
15	x	24.0	15,500		2.3								1.6	
16	x	24.0	17,000		2.2								1.8	
17	x	24.0	16,200		2.2								1.7	
18	x	24.0	16,400		2.0								1.8	
19	x	24.0	16,600		2.1								1.8	
20		24.0												
21	x	24.0	36,300		2.0								1.7	
22	x	24.0	9,900		2.0								1.6	
23	x	24.0	15,900		2.1								1.6	
24	x	24.0	15,600		2.0								1.5	
25	x	24.0	15,600		2.1								1.5	
26	x	24.0	14,900		2.0								1.6	
27		24.0												
28	x	24.0	35,300		2.0								1.6	
29	x	24.0	10,900		1.9								1.5	
30	x	24.0	16,400		2.0								1.6	
31		24.0												
Total			491,100											
Average			16,370											
Maximum			41,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 3 t/p			Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 t/p

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	93,000		2.0								1.4	
2	x	24.0	114,000		2.1								1.3	
3	x	24.0	22,000		2.0								1.3	
4	x	24.0	22,000		2.1								1.4	
5	x	24.0	15,000		1.7								1.5	
6		24.0												
7	x	24.0	38,000		1.8								1.5	
8	x	24.0	31,000		1.5								1.2	
9	x	24.0	60,000		1.8								1.4	
10	x	24.0	30,000		1.7								1.3	
11	x	24.0	33,000		1.8								1.4	
12	x	24.0	28,000		1.7								1.4	
13		24.0												
14	x	24.0	85,000		1.8								1.5	
15	x	24.0	147,000		1.9								1.4	
16	x	24.0	133,000		2.0								1.7	
17	x	24.0	112,000		1.9								1.6	
18	x	24.0	97,000		1.8								1.4	
19	x	24.0	124,000		1.9								1.5	
20		24.0												
21	x	24.0	313,000		1.8								1.7	
22	x	24.0	140,000		1.7								1.5	
23	x	24.0	162,000		1.7								1.6	
24	x	24.0	118,000		1.8								1.6	
25	x	24.0	166,000		1.7								1.5	
26	x	24.0	174,000		1.8								1.5	
27		24.0												
28	x	24.0	338,000		1.9								1.7	
29	x	24.0	126,000		1.8								1.5	
30	x	24.0	116,000		1.8								1.6	
31		24.0												
Total			2,837,000											
Average			94,566											
Maximum			338,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	November 2011										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 t/p	well 2 t/p	well 3 t/p					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	10,900	31,100	2,000	17,900	9,700	93,000					164,600
2	0	34,300	8,800	17,900	15,600	114,000					190,600
3	84,300	44,200	34,500	2,500	18,400	22,000					205,900
4	80,500	34,600	8,000	500	17,500	22,000					163,100
5	85,100	43,300	4,700	600	16,900	15,000					165,600
6	0	0	0								0
7	234,400	80,500	28,900	900	41,800	38,000					424,500
8	83,700	40,500	18,900	500	10,200	31,000					184,800
9	83,600	41,200	2,100	500	21,100	60,000					208,500
10	84,800	38,200	5,700	900	17,200	30,000					176,800
11	56,900	39,000	62,000	800	17,600	33,000					209,300
12	77,000	35,800	29,000	600	16,600	28,000					187,000
13	0	0	0								0
14	252,300	74,900	27,800	1,300	36,000	85,000					477,300
15	24,200	35,000	7,300	500	15,500	147,000					229,500
16	12,800	39,200	13,700	600	17,000	133,000					216,300
17	38,100	38,400	11,200	1,200	16,200	112,000					217,100
18	30,600	39,500	13,200	1,700	16,400	97,000					198,400
19	20,200	39,500	1,800	1,500	16,600	124,000					203,600
20	0	0	0								0
21	48,100	81,400	5,300	2,800	36,300	313,000					486,900
22	8,300	31,800	1,500	100	9,900	140,000					191,600
23	10,300	38,100	1,400	800	15,900	162,000					228,500
24	6,600	37,000	7,800	200	15,600	118,000					185,200
25	8,300	39,200	0	700	15,600	166,000					229,800
26	6,000	39,500	200	800	14,900	174,000					235,200
27		0	0								0
28	10,300	67,900	300	1,500	35,300	338,000					453,300
29	12,000	0	1,500	400	10,900	126,000					150,800
30	4,500	41,300	26,100	900	16,400	116,000					205,200
31	0	0	0								0
Total	1,373,800	1,105,400	323,700	58,400	491,100	2,837,000					6,189,400
Avg.	45,793	36,846	10,790	1,946	16,370	94,566					206,313
Max.	252,300	81,400	62,000	17,000	41,800	338,000					486,900

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

~~Polymer Page 3 Due in December~~

I. General Information for the Month/Year of:	December, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1		Plant Telephone Number:	1-800-272-1919
Plant Address:	4730 darlington rd	City: Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000			
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	1,400		1.0								1.2	
2	x	24.0	900		1.1								1.0	
3	x	24.0	400		1.3								1.0	
4		24.0												
5	x	24.0	300		1.3								1.2	
6	x	24.0	28,400		1.2								1.0	
7	x	24.0	26,900		2.3								1.3	
8	x	24.0	10,700		1.8								1.5	
9	x	24.0	11,500		1.9								1.4	
10	x	24.0	9,200		2.1								1.5	
11		24.0												
12	x	24.0	18,700		1.5								1.3	
13	x	24.0	24,500		1.7								1.4	
14	x	24.0	17,900		1.6								1.4	
15	x	24.0	15,500		1.7								1.4	
16	x	24.0	16,600		1.6								1.3	
17	x	24.0	29,500		1.5								1.3	
18		24.0												
19	x	24.0	46,100		1.6								1.4	
20	x	24.0	27,600		2.0								1.3	
21	x	24.0	41,800		2.2								1.5	
22	x	24.0	15,700		2.0								1.4	
23	x	24.0	35,600		2.1								1.4	
24	x	24.0	35,400		2.0								1.3	
25		24.0												
26	x	24.0	62,200		2.1								1.4	
27	x	24.0	23,500		1.9								1.3	
28	x	24.0	6,100		1.8								1.3	
29	x	24.0	7,800		1.9								1.2	
30	x	24.0	25,200		1.7								1.2	
31	x	24.0	35,500		1.8									
Total			574,900											
Average			18,545											
Maximum			62,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin / State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	4727 darlington rd	City: Holiday / State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	210,000		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	wells 3-4

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	11,700		1.8								1.6	
2	x	24.0	7,500		1.7								1.5	
3	x	24.0	11,200		1.8								1.3	
4		24.0												
5	x	24.0	44,000		1.9								1.5	
6	x	24.0	2,600		1.6								1.4	
7	x	24.0	400		2.0								1.5	
8	x	24.0			2.0								1.5	
9	x	24.0	300		1.5								1.6	
10	x	24.0	14,900		1.7								1.5	
11		24.0												
12	x	24.0	39,000		1.8								1.2	
13	x	24.0	15,000		1.9								1.5	
14	x	24.0	1,100		1.8								1.7	
15	x	24.0	13,100		1.9								1.5	
16	x	24.0	27,200		1.6								1.2	
17	x	24.0	8,400		1.7								1.3	
18		24.0												
19	x	24.0	1,800		1.8								1.4	
20	x	24.0	18,800		1.7								1.4	
21	x	24.0	16,600		1.5								1.2	
22	x	24.0	59,400		1.6								1.3	
23	x	24.0	400		1.5								1.3	
24	x	24.0			1.6								1.3	
25		24.0												
26	x	24.0			1.7								1.3	
27	x	24.0	1,500		1.8								1.4	
28	x	24.0	52,500		1.9								1.5	
29	x	24.0	3,600		1.6								1.4	
30	x	24.0	4,200		1.3								1.1	
31	x	24.0	56,400		1.4								1.2	
Total			411,600											
Average			13,277											
Maximum			59,400											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 2

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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 Calculation							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	38,700		1.7								1.5	
2	x	24.0	35,200		1.5								1.3	
3	x	24.0	35,700		1.6								1.3	
4		24.0												
5	x	24.0	71,400		1.8								1.6	
6	x	24.0	34,200		1.7								1.5	
7	x	24.0	41,100		2.0								1.6	
8	x	24.0	32,800		1.7								1.6	
9	x	24.0	32,700		1.8								1.5	
10	x	24.0	32,000		1.7								1.6	
11		24.0												
12	x	24.0	68,100		1.4								1.0	
13	x	24.0	34,000		1.5								1.2	
14	x	24.0	32,100		1.5								1.3	
15	x	24.0	32,900		1.4								1.2	
16	x	24.0	34,600		1.5								1.3	
17	x	24.0	37,600		1.7								1.4	
18		24.0												
19	x	24.0	76,400		1.0								0.6	
20	x	24.0	33,100		2.0								1.3	
21	x	24.0	40,900		1.8								1.4	
22	x	24.0	30,000		1.9								1.4	
23	x	24.0	36,600		1.8								1.4	
24	x	24.0	32,700		1.9								1.5	
25		24.0												
26	x	24.0	68,300		1.7								1.3	
27	x	24.0	33,400		1.8								1.3	
28	x	24.0	34,100		1.6								1.2	
29	x	24.0	34,400		1.6								1.3	
30	x	24.0	36,500		1.5								1.3	
31	x	24.0	33,200		1.5								1.2	
Total			1,082,700											
Average			34,926											
Maximum			76,400											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	December, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	wells 3-4			Plant Telephone Number:	1-800-272-1919
Plant Address:	2448 arcadia rd	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	75,000				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	December, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1 t/p	Plant Telephone Number:	1-800-272-1919
Plant Address:	1733 orange	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	23,200		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 1 t/p

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	1,100		1.5								1.3	
2	x	24.0	900		1.6								1.3	
3	x	24.0	1,000		1.6								1.3	
4		24.0												
5	x	24.0	2,100		1.7								1.0	
6	x	24.0	1,000		1.6								1.2	
7	x	24.0	1,400		1.8								1.3	
8	x	24.0	1,000		1.8								1.3	
9	x	24.0	1,000		1.8								1.3	
10	x	24.0	1,200		1.9								1.4	
11		24.0												
12	x	24.0	2,400		1.0								0.7	
13	x	24.0	800		1.3								0.9	
14	x	24.0	800		1.1								1.0	
15	x	24.0	1,100		2.0								1.3	
16	x	24.0	1,100		1.8								1.4	
17	x	24.0	1,200		2.1								1.5	
18		24.0												
19	x	24.0	2,600		1.8								1.4	
20	x	24.0	1,800		1.7								1.6	
21	x	24.0	1,500		1.5								1.3	
22	x	24.0	2,000		1.7								1.4	
23	x	24.0	1,900		1.6								1.4	
24	x	24.0	2,000		1.7								1.3	
25		24.0												
26	x	24.0	4,100		1.5								1.4	
27	x	24.0	2,000		1.3								1.1	
28	x	24.0	2,200		1.4								1.2	
29	x	24.0	2,300		1.3								1.1	
30	x	24.0	2,100		1.4								1.2	
31	x	24.0	2,300		1.3								1.2	
Total			44,900											
Average			1,448											
Maximum			4,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood			PWS Identification Number:	6511311
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696			Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2 t/p			Plant Telephone Number:	1-800-272-1919
Plant Address:	2031 pleasure	City:	Holiday	State: Florida	Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	12,700				
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	0511311	Plant Name:	well 2 t/p

December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	16,500		2.0								1.7	
2	x	24.0	15,800		1.8								1.6	
3	x	24.0	15,300		1.8								1.5	
4		24.0												
5	x	24.0	29,800		2.3								1.8	
6	x	24.0	16,800		2.1								1.7	
7	x	24.0	21,500		2.3								1.8	
8	x	24.0	11,600		2.3								1.5	
9	x	24.0	8,200		2.0								1.3	
10	x	24.0	6,700		2.1								1.5	
11		24.0												
12	x	24.0	28,700		1.8								1.5	
13	x	24.0	12,600		1.9								1.5	
14	x	24.0	12,500		1.8								1.4	
15	x	24.0	13,000		3.0								1.8	
16	x	24.0	11,800		2.0								1.2	
17	x	24.0	14,300		2.1								1.3	
18		24.0												
19	x	24.0	25,800		2.0								1.2	
20	x	24.0	18,800		1.7								1.4	
21	x	24.0	9,500		1.4								1.2	
22	x	24.0	14,300		1.5								1.3	
23	x	24.0	12,700		1.6								1.4	
24	x	24.0	14,200		1.5								1.4	
25		24.0												
26	x	24.0	22,700		1.3								1.1	
27	x	24.0	11,400		1.2								1.4	
28	x	24.0	11,200		1.5								1.3	
29	x	24.0	13,700		1.8								1.4	
30	x	24.0	10,700		1.7								1.3	
31	x	24.0	8,300		1.7								1.3	
Total			408,400											
Average			13,174											
Maximum			29,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Orangewood	PWS Identification Number:	6511311
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1696	Total Population Served at End of Month:	5,937
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 3 t/p	Plant Telephone Number:	1-800-272-1919
Plant Address:	2044 holiday dr	City: Holiday	State: Florida Zip Code: 34690
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	175,100		
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:	Stephen Habery	C	8012	Days / Weekends
Other Operators:	will stevens	C	14416	Days / Weekends
	Tony Cardinal	C	8493	Days / Weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511311	Plant Name:	well 3 t/p

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	112,000		1.7								1.3	
2	x	24.0	151,000		1.8								1.3	
3	x	24.0	133,000		1.7								1.3	
4		24.0												
5	x	24.0	275,000		1.5								1.2	
6	x	24.0	121,000		1.5								1.3	
7	x	24.0	169,000		1.7								1.5	
8	x	24.0	130,000		1.5								1.5	
9	x	24.0	122,000		1.6								1.4	
10	x	24.0	95,000		1.4								1.3	
11		24.0												
12	x	24.0	257,000		1.1								1.0	
13	x	24.0	154,000		1.5								1.3	
14	x	24.0	137,000		1.6								1.2	
15	x	24.0	117,000		2.3								2.0	
16	x	24.0	129,000		2.5								2.2	
17	x	24.0	100,000		2.1								1.7	
18		24.0												
19	x	24.0	293,000		2.0								1.8	
20	x	24.0	113,000		1.8								1.4	
21	x	24.0	105,000		1.7								1.5	
22	x	24.0	90,000		1.8								1.6	
23	x	24.0	150,000		1.7								1.6	
24	x	24.0	123,000		2.0								1.7	
25		24.0												
26	x	24.0	225,000		1.8								1.6	
27	x	24.0	233,000		1.6								1.4	
28	x	24.0	83,000		1.7								1.4	
29	x	24.0	141,000		1.8								1.3	
30	x	24.0	134,000		1.5								1.2	
31	x	24.0	57,000		1.6								1.3	
Total			3,949,000											
Average			127,387											
Maximum			293,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	December 2011										
Community Water System (CWS) Name:	Orangewood										
Public Water System (PWS) Identification Number:	6511311										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 3-4	well 1 t/p	well 2 t/p	well 3 t/p					
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	240,000	210,000	75,000	23,200	12,700	175,100					736,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	1,400	38,700	11,700	1,100	16,500	112,000					181,400
2	900	35,200	7,500	900	15,800	151,000					211,300
3	400	35,700	11,200	1,000	15,300	133,000					196,600
4	0	0	0								0
5	300	71,400	44,000	2,100	29,800	275,000					422,600
6	28,400	34,200	2,600	1,000	16,800	121,000					204,000
7	26,900	41,100	400	1,400	21,500	169,000					260,300
8	10,700	32,800	0	1,000	11,600	130,000					186,100
9	11,500	32,700	300	1,000	8,200	122,000					175,700
10	9,200	32,000	14,900	1,200	6,700	95,000					159,000
11	0	0	0								0
12	18,700	68,100	39,000	2,400	28,700	257,000					413,900
13	24,500	34,000	15,000	800	12,600	154,000					240,900
14	17,900	32,100	1,100	800	12,500	137,000					201,400
15	15,500	32,900	13,100	1,100	13,000	117,000					192,600
16	18,600	34,600	27,200	1,100	11,800	129,000					220,300
17	29,500	37,600	8,400	1,200	14,300	100,000					191,000
18	0	0	0								0
19	46,100	76,400	1,800	2,600	25,800	293,000					445,700
20	27,600	33,100	18,800	1,800	18,800	113,000					213,100
21	41,800	40,900	16,600	1,500	9,500	105,000					215,300
22	15,700	30,000	59,400	2,000	14,300	90,000					211,400
23	35,600	36,600	400	1,900	12,700	150,000					237,200
24	35,400	32,700	0	2,000	14,200	123,000					207,300
25	0	0	0								0
26	62,200	68,300	0	4,100	22,700	225,000					382,300
27	23,500	33,400	1,500	2,000	11,400	233,000					304,800
28	6,100	34,100	52,500	2,200	11,200	83,000					189,100
29	7,800	34,400	3,600	2,300	13,700	141,000					202,800
30	25,200	36,500	4,200	2,100	10,700	134,000					212,700
31	35,500	33,200	56,400	2,300	8,300	57,000					192,700
Total	574,900	1,082,700	411,600	44,900	408,400	3,949,000					6,471,500
Avg.	18,545	34,926	13,277	1,448	13,174	127,387					208,758
Max.	62,200	76,400	59,400	4,100	29,800	293,000					445,700

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	30,200		3.0								2.4	
2		24.0												
3	x	24.0	73,500		3.0								2.6	
4	x	24.0	43,400		3.1								2.8	
5	x	24.0	36,700		3.0								2.5	
6	x	24.0	40,200		2.8								2.4	
7	x	24.0	32,200		3.1								2.7	
8	x	24.0	34,900		2.5								2.3	
9		24.0												
10	x	24.0	64,400		2.4								1.8	
11	x	24.0	39,800		2.8								2.4	
12	x	24.0	32,100		2.8								2.5	
13	x	24.0	43,700		2.7								2.6	
14	x	24.0	38,900		2.8								2.4	
15	x	24.0	39,300		3.0								2.6	
16		24.0												
17	x	24.0	72,300		3.3								3.0	
18	x	24.0	31,100		3.2								3.1	
19	x	24.0	30,100		3.2								3.0	
20	x	24.0	42,900		3.5								2.4	
21	x	24.0	43,300		3.2								2.5	
22	x	24.0	28,900		3.5								2.6	
23		24.0												
24	x	24.0	72,300		3.5								3.2	
25	x	24.0	37,700		3.0								2.8	
26	x	24.0	39,600		3.2								2.8	
27	x	24.0	36,500		3.3								2.4	
28	x	24.0	36,000		3.3								2.8	
29	x	24.0	37,000		2.8								2.8	
30		24.0												
31	x	24.0	63,200		2.9								2.7	
Total			1,120,200											
Average			36,135											
Maximum			73,500											

* Refer to the instructions for this report to determine which plants must provide this information.

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of:	January, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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	Maximum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24.0	16,000		2.9								2.4	
2		24.0												
3	x	24.0	176,000		2.4								2.2	
4	x	24.0	132,000		2.3								2.0	
5	x	24.0	25,000		2.5								2.0	
6	x	24.0	30,000		2.8								2.1	
7	x	24.0	25,000		2.8								1.8	
8	x	24.0	35,000		3.2								1.5	
9		24.0												
10	x	24.0	25,000		2.2								2.0	
11	x	24.0	29,000		2.5								1.6	
12	x	24.0	32,000		2.1								2.0	
13	x	24.0	2,000		2.0								1.5	
14	x	24.0	33,000		2.3								1.8	
15	x	24.0	35,000		2.0								1.8	
16		24.0												
17	x	24.0	53,000		2.5								2.2	
18	x	24.0	43,000		3.3								2.5	
19	x	24.0	50,000		3.0								2.5	
20	x	24.0	52,000		1.1								2.3	
21	x	24.0	30,000		1.2								1.8	
22	x	24.0	11,000		1.3								1.4	
23		24.0												
24	x	24.0			1.0								1.0	
25	x	24.0	1,000		1.3								2.3	
26	x	24.0	15,000		2.7								2.0	
27	x	24.0	9,000		2.5								1.8	
28	x	24.0	14,000		2.3								2.1	
29	x	24.0	11,000		2.7								2.3	
30		24.0												
31	x	24.0	63,000		3.5								3.3	
Total			947,000											
Average			30,548											
Maximum			176,000											

* Refer to the instructions for this report to determine which plants must provide this information.

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..R

I. General Information for the Month/Year of: January, 2011

A. Public Water System (PWS) Information

PWS Name:	Summerree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	28,000		1.8								1.0	
2		24.0												
3	x	24.0			2.2								1.9	
4	x	24.0	8,000		3.5								3.0	
5	x	24.0	144,000		3.5								3.0	
6	x	24.0	99,000		3.4								3.1	
7	x	24.0	130,000		3.4								2.8	
8	x	24.0	35,000		3.5								2.9	
9		24.0												
10	x	24.0	135,000		3.5								2.9	
11	x	24.0	38,000		3.5								3.0	
12	x	24.0	72,000		3.5								3.0	
13	x	24.0	98,000		3.5								2.3	
14	x	24.0	229,000		3.5								2.3	
15	x	24.0	75,000		3.5								3.0	
16		24.0												
17	x	24.0	74,000		3.4								2.9	
18	x	24.0	29,000		3.5								2.3	
19	x	24.0	41,000		3.5								2.5	
20	x	24.0	44,000		3.4								2.8	
21	x	24.0	128,000		3.4								3.0	
22	x	24.0	51,000		3.5								3.1	
23		24.0												
24	x	24.0	160,000		3.5								3.2	
25	x	24.0	155,000		3.3								3.5	
26	x	24.0	117,000		3.4								3.5	
27	x	24.0	191,000		3.4								3.3	
28	x	24.0	156,000		3.5								3.3	
29	x	24.0	52,000		3.5								3.1	
30		24.0												
31	x	24.0	59,000		3.5								3.0	
Total			2,348,000											
Average			75,741											
Maximum			229,000											

* Refer to the instructions for this report to determine which plants must provide this information.

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of:	January, 2011	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: January, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	1,000											sent to ground
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11	x	24.0	1,000											sent to ground
12	x	24.0	3,000											sent to ground
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			5,000											
Average			161											
Maximum			3,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				January 2011						
Community Water System (CWS) Name:	Summerdree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ud
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	30,200	16,000	28,000	1,000							75,200
2	0	0	0	0							0
3	73,500	176,000	0	0							249,500
4	43,400	132,000	8,000	0							183,400
5	36,700	25,000	144,000	0							205,700
6	40,200	30,000	99,000	0							169,200
7	32,200	25,000	130,000	0							187,200
8	34,900	35,000	35,000	0							104,900
9	0	0	0	0							0
10	64,400	25,000	135,000	0							224,400
11	39,800	29,000	38,000	1,000							107,800
12	32,100	32,000	72,000	3,000							139,100
13	43,700	2,000	98,000	0							143,700
14	38,900	33,000	229,000	0							300,900
15	39,300	35,000	75,000	0							149,300
16	0	0	0	0							0
17	72,300	53,000	74,000	0							199,300
18	31,100	43,000	29,000	0							103,100
19	30,100	50,000	41,000	0							121,100
20	42,900	52,000	44,000	0							138,900
21	43,300	30,000	128,000	0							201,300
22	28,900	11,000	51,000	0							90,900
23	0	0	0	0							0
24	72,300	0	160,000	0							232,300
25	37,700	1,000	155,000	0							193,700
26	39,600	15,000	117,000	0							171,600
27	36,500	9,000	191,000	0							236,500
28	36,000	14,000	156,000	0							206,000
29	37,000	11,000	52,000	0							100,000
30	0	0	0	0							0
31	63,200	63,000	59,000	0							185,200
Total	1,120,200	947,000	2,348,000	5,000							4,420,200
Avg.	36,135	30,548	75,741	161							142,587
Max.	73,500	176,000	229,000	3,000							300,900

..ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..R

I. General Information for the Month/Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	50,700		3.5								2.6	
2	x	24.0	34,400		2.6								2.3	
3	x	24.0	41,000		2.3								2.4	
4	x	24.0	33,600		2.7								2.6	
5	x	24.0	31,400		3.0								2.3	
6		24.0												
7	x	24.0	81,300		2.7								2.5	
8	x	24.0	27,500		3.0								2.8	
9	x	24.0	35,700		2.2								2.5	
10	x	24.0	45,700		2.3								2.6	
11	x	24.0	32,800		2.6								2.4	
12	x	24.0	29,300		2.3								2.5	
13		24.0												
14	x	24.0	76,700		3.0								2.5	
15	x	24.0	37,400		3.2								2.8	
16	x	24.0	43,800		2.6								2.3	
17	x	24.0	40,400		2.3								2.4	
18	x	24.0	43,000		3.0								2.8	
19	x	24.0	37,400		2.5								2.8	
20		24.0												
21	x	24.0	73,500		2.3								2.1	
22	x	24.0	37,000		2.7								2.3	
23	x	24.0	35,600		2.8								2.6	
24	x	24.0	43,500		3.5								3.0	
25	x	24.0	39,900		3.2								3.1	
26	x	24.0	39,600		2.8								2.6	
27		24.0												
28	x	24.0	68,700		2.5								2.1	
29		24.0												
30		24.0												
31		24.0												
Total			1,059,900											
Average			37,853											
Maximum			81,300											

* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)
Effective August 28, 2003

..ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..ER

I. General Information for the Month/Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☑ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcllynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house paradise pl west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	82,000		2.7								1.5	
2	x	24.0	52,000		2.2								1.6	
3	x	24.0	76,000		2.4								2.0	
4	x	24.0	28,000		2.4								2.1	
5	x	24.0	16,000		2.1								1.8	
6		24.0												
7	x	24.0	51,000		2.4								2.1	
8	x	24.0	35,000		2.3								1.7	
9	x	24.0	17,000		1.8								1.8	
10	x	24.0	49,000		2.6								1.8	
11	x	24.0	32,000		3.0								2.0	
12	x	24.0	22,000		2.2								2.1	
13		24.0												
14	x	24.0	44,000		2.2								1.8	
15	x	24.0	30,000		2.1								2.3	
16	x	24.0	92,000		2.0								2.1	
17	x	24.0	77,000		2.2								2.6	
18	x	24.0	18,000		3.0								2.6	
19	x	24.0	5,000		2.6								1.8	
20		24.0												
21	x	24.0	19,000		2.3								2.1	
22	x	24.0	25,000		2.6								2.3	
23	x	24.0	64,000		2.7								2.4	
24	x	24.0	59,000		3.3								2.8	
25	x	24.0	23,000		3.1								2.3	
26	x	24.0	11,000		2.1								2.3	
27		24.0												
28	x	24.0	13,000		2.1								1.8	
29		24.0												
30		24.0												
31		24.0												
Total			930,000											
Average			33,214											
Maximum			92,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: February, 2011

A. Public Water System (PWS) Information

PWS Name:	Summerree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
1	x	24.0	87,000		3.5								2.3	
2	x	24.0	108,000		2.6								1.5	
3	x	24.0	138,000		2.5								2.3	
4	x	24.0	150,000		3.2								2.3	
5	x	24.0	53,000		3.0								2.4	
6		24.0												
7	x	24.0	98,000		3.3								2.8	
8	x	24.0	26,000		2.5								2.6	
9	x	24.0	78,000		2.6								2.6	
10	x	24.0	72,000		3.0								2.6	
11	x	24.0	115,000		3.5								2.4	
12	x	24.0	64,000		3.3								2.8	
13		24.0												
14	x	24.0	135,000		3.7								3.0	
15	x	24.0	95,000		2.9								3.3	
16	x	24.0	146,000		3.4								2.6	
17	x	24.0	171,000		3.2								2.8	
18	x	24.0	185,000		3.2								3.0	
19	x	24.0	60,000		2.8								2.8	
20		24.0												
21	x	24.0	141,000		2.9								2.4	
22	x	24.0	82,000		3.0								2.7	
23	x	24.0	158,000		3.3								3.0	
24	x	24.0	178,000		3.1								3.3	
25	x	24.0	180,000		3.1								3.0	
26	x	24.0	54,000		3.1								3.1	
27		24.0												
28	x	24.0	192,000		3.2								2.8	
29		24.0												
30		24.0												
31		24.0												
Total			2,766,000											
Average			98,785											
Maximum			192,000											

* Refer to the instructions for this report to determine which plants must provide this information.

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..R

I. General Information for the Month/Year of:	February, 2011	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☑ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 pearttree	City: Port Richey	State: Florida	Zip Code:	34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: February, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9	x	24.0	2,000											sent to ground
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			2,000											
Average			71											
Maximum			2,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :					February 2011						
Community Water System (CWS) Name:			Summertree								
Public Water System (PWS) Identification Number:			6511423								
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	50,700	82,000	87,000	0							219,700
2	34,400	52,000	108,000	0							194,400
3	41,000	76,000	138,000	0							255,000
4	33,600	28,000	150,000	0							211,600
5	31,400	16,000	53,000	0							100,400
6	0	0	0	0							0
7	81,300	51,000	98,000	0							230,300
8	27,500	35,000	26,000	0							88,500
9	35,700	17,000	78,000	2,000							132,700
10	45,700	49,000	72,000	0							166,700
11	32,800	32,000	115,000	0							179,800
12	29,300	22,000	64,000	0							115,300
13	0	0	0	0							0
14	76,700	44,000	135,000	0							255,700
15	37,400	20,000	95,000	0							152,400
16	43,800	92,000	146,000	0							281,800
17	40,400	77,000	171,000	0							288,400
18	43,000	18,000	185,000	0							246,000
19	37,400	5,000	60,000	0							102,400
20	0	0	0	0							0
21	73,500	19,000	141,000	0							233,500
22	37,000	25,000	82,000	0							144,000
23	35,600	64,000	158,000	0							257,600
24	43,500	59,000	178,000	0							280,500
25	39,900	23,000	180,000	0							242,900
26	39,600	11,000	54,000	0							104,600
27	0	0	0	0							0
28	68,700	13,000	192,000	0							273,700
29	0	0	0	0							0
30	0	0	0	0							0
31	0	0	0	0							0
Total	1,059,900	930,000	2,766,000	2,000							4,757,900
Avg.	37,853	33,214	98,785	65							169,925
Max.	81,300	92,000	192,000	2,000							288,400

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	46,000		3.0								2.5	
2	x	24.0	28,300		3.0								2.5	
3	x	24.0	38,600		3.0								2.8	
4	x	24.0	45,200		2.4								2.6	
5	x	24.0	27,100		2.6								2.6	
6		24.0												
7	x	24.0	78,000		2.8								2.5	
8	x	24.0	38,700		3.5								2.5	
9	x	24.0	35,900		3.5								2.5	
10	x	24.0	41,700		3.4								3.0	
11	x	24.0	39,200		2.7								2.8	
12	x	24.0	25,100		2.3								2.0	
13		24.0												
14	x	24.0	87,000		2.4								2.1	
15	x	24.0	32,600		3.5								3.0	
16	x	24.0	36,600		3.4								3.0	
17	x	24.0	54,900		3.0								2.8	
18	x	24.0	34,800		2.5								2.6	
19	x	24.0	30,000		3.1								2.6	
20		24.0												
21	x	24.0	78,400		3.1								2.8	
22	x	24.0	37,100		3.0								2.5	
23	x	24.0	33,800		3.0								2.5	
24	x	24.0	41,800		3.0								2.4	
25	x	24.0	47,400		3.0								2.3	
26	x	24.0	34,000		2.6								2.3	
27		24.0												
28	x	24.0	71,200		2.9								2.4	
29	x	24.0	31,600		3.0								2.4	
30	x	24.0	29,800		3.0								2.5	
31	x	24.0	39,800		2.8								2.5	
Total			1,164,600											
Average			37,568											
Maximum			87,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house paradise pt west	City: Port Richey / State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	31,000		3.5								3.0	
2	x	24.0	38,000		3.0								2.5	
3	x	24.0	61,000		3.5								2.8	
4	x	24.0	49,000		3.0								2.3	
5	x	24.0	15,000		2.3								2.1	
6		24.0												
7	x	24.0	46,000		2.2								2.0	
8	x	24.0	31,000		2.5								2.0	
9	x	24.0	84,000		3.0								2.5	
10	x	24.0	55,000		2.8								2.5	
11	x	24.0	34,000		2.6								2.0	
12	x	24.0	21,000		2.3								2.0	
13		24.0												
14	x	24.0	102,000		2.4								2.2	
15	x	24.0	32,000		2.5								2.0	
16	x	24.0	109,000		3.0								2.5	
17	x	24.0	107,000		3.0								2.5	
18	x	24.0	94,000		3.3								2.3	
19	x	24.0	12,000		2.5								2.0	
20		24.0												
21	x	24.0	34,000		2.8								2.1	
22	x	24.0	33,000		2.7								2.0	
23	x	24.0	63,000		3.0								2.5	
24	x	24.0	63,000		3.5								2.6	
25	x	24.0	80,000		2.8								2.0	
26	x	24.0	68,000		3.0								2.1	
27		24.0												
28	x	24.0	135,000		3.0								2.4	
29	x	24.0	36,000		3.5								2.8	
30	x	24.0	52,000		3.0								2.5	
31	x	24.0	63,000		3.0								2.6	
Total			1,548,000											
Average			49,935											
Maximum			135,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprir	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	143,000		3.0								2.5	
2	x	24.0	130,000		3.5								2.8	
3	x	24.0	152,000		3.2								2.8	
4	x	24.0	142,000		3.2								3.0	
5	x	24.0	52,000		3.0								3.1	
6		24.0												
7	x	24.0	179,000		3.2								2.8	
8	x	24.0	149,000		3.5								3.0	
9	x	24.0	122,000		3.0								2.5	
10	x	24.0	125,000		3.0								2.6	
11	x	24.0	99,000		2.7								2.4	
12	x	24.0	31,000		2.7								2.5	
13		24.0												
14	x	24.0	93,000		3.0								2.2	
15	x	24.0	90,000		3.0								2.2	
16	x	24.0	109,000		3.0								2.5	
17	x	24.0	74,000		3.1								2.7	
18	x	24.0	115,000		2.6								2.4	
19	x	24.0	38,000		3.2								2.6	
20		24.0												
21	x	24.0	170,000		3.0								2.5	
22	x	24.0	147,000		3.5								2.5	
23	x	24.0	148,000		3.5								2.4	
24	x	24.0	137,000		3.0								2.3	
25	x	24.0	136,000		3.3								2.5	
26	x	24.0	52,000		2.5								2.4	
27		24.0												
28	x	24.0	107,000		3.3								3.1	
29	x	24.0	26,000		2.5								2.0	
30	x	24.0	21,000		3.5								2.5	
31	x	24.0	20,000		2.0								1.5	
Total			2,767,000											
Average			89,322											
Maximum			179,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: March, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	0511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: March, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9	x	24.0	4,000											sent to ground
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22	x	24.0	3,000											sent to ground
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
			7,000											
Average			225											
Maximum			4,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				March 2011						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ud
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	46,000	31,000	143,000	0							220,000
2	28,300	38,000	130,000	0							196,300
3	38,600	61,000	152,000	0							251,600
4	45,200	49,000	142,000	0							236,200
5	27,100	15,000	52,000	0							94,100
6	0	0	0	0							0
7	78,000	46,000	179,000	0							303,000
8	38,700	31,000	149,000	0							218,700
9	35,900	84,000	122,000	4,000							245,900
10	41,700	55,000	125,000	0							221,700
11	39,200	34,000	59,000	0							132,200
12	25,100	21,000	33,000	0							79,100
13	0	0	0	0							0
14	87,000	102,000	93,000	0							282,000
15	32,600	32,000	90,000	0							154,600
16	36,600	109,000	109,000	0							254,600
17	54,900	107,000	74,000	0							235,900
18	34,800	94,000	115,000	0							243,800
19	30,000	12,000	38,000	0							80,000
20	0	0	0	0							0
21	78,400	34,000	170,000	0							282,400
22	37,100	33,000	147,000	3,000							220,100
23	33,800	63,000	148,000	0							244,800
24	41,800	63,000	137,000	0							241,800
25	47,400	80,000	136,000	0							263,400
26	34,000	68,000	52,000	0							154,000
27	0	0	0	0							0
28	71,200	135,000	107,000	0							313,200
29	31,600	36,000	26,000	0							93,600
30	29,800	52,000	21,000	0							102,800
31	39,800	63,000	20,000	0							122,800
Total	1,164,600	1,548,000	2,769,000	7,000							5,488,600
Avg.	37,567	49,935	89,322	225							177,051
Max.	87,000	135,000	179,000	4,000							313,200

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	44,600		2.5								2.3	
2	x	24.0	28,600		2.4								2.3	
3		24.0												
4	x	24.0	69,500		2.4								2.0	
5	x	24.0	32,900		2.5								2.3	
6	x	24.0	34,800		2.1								2.4	
7	x	24.0	35,000		3.0								2.4	
8	x	24.0	38,800		2.3								2.3	
9	x	24.0	36,400		2.5								2.4	
10		24.0												
11	x	24.0	64,500		2.9								2.4	
12	x	24.0	33,200		3.0								2.6	
13	x	24.0	39,300		3.0								2.5	
14	x	24.0	46,900		2.5								2.0	
15	x	24.0	45,700		3.3								2.0	
16	x	24.0	36,400		3.3								2.1	
17		24.0												
18	x	24.0	66,000		3.0								2.7	
19	x	24.0	34,600		3.0								2.6	
20	x	24.0	49,300		3.0								2.7	
21	x	24.0	40,700		3.0								2.6	
22	x	24.0	36,100		3.2								2.2	
23	x	24.0	31,800		2.5								2.3	
24		24.0												
25	x	24.0	69,900		2.2								2.0	
26	x	24.0	37,600		2.8								2.1	
27	x	24.0	37,000		3.5								2.9	
28	x	24.0	38,200		2.8								2.7	
29	x	24.0	39,500		2.7								2.5	
30	x	24.0	25,800		2.3								2.3	
31		24.0												
Total			1,094,100											
Average			36,470											
Maximum			69,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FLORIDA

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	44,000		1.8								1.6	
2	x	24.0	31,000		3.5								2.0	
3		24.0												
4	x	24.0	97,000		3.4								3.0	
5	x	24.0	71,000		3.0								2.5	
6	x	24.0	50,000		3.3								1.8	
7	x	24.0	67,000		3.5								2.2	
8	x	24.0	82,000		3.3								2.5	
9	x	24.0	81,000		2.8								2.3	
10		24.0												
11	x	24.0	135,000		3.4								2.9	
12	x	24.0	105,000		3.2								2.6	
13	x	24.0	67,000		3.5								3.0	
14	x	24.0	86,000		3.3								1.8	
15	x	24.0	101,000		3.2								2.3	
16	x	24.0	44,000		3.2								2.2	
17		24.0												
18	x	24.0	65,000		3.0								2.8	
19	x	24.0	64,000		3.0								2.0	
20	x	24.0	79,000		2.8								2.9	
21	x	24.0	57,000		2.8								2.6	
22	x	24.0	91,000		3.3								2.2	
23	x	24.0	39,000		3.0								2.3	
24		24.0												
25	x	24.0	109,000		3.1								2.8	
26	x	24.0	27,000		3.0								2.1	
27	x	24.0	25,000		2.8								2.8	
28	x	24.0	84,000		2.9								2.4	
29	x	24.0	84,000		2.6								2.3	
30	x	24.0	6,000		1.3								2.0	
31		24.0												
Total			1,791,000											
Average			59,700											
Maximum			135,000											

* Refer to the Instructions for this report to determine which plants must provide this information.

...ONTHLY OPERATION REPORT FOR PWSs TREATING ..AW GROUND WATER OR PURCHASED FINISHED WA..R

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6571423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13		Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	33,000		3.4								1.2	
2	x	24.0	31,000		2.6								1.5	
3		24.0												
4	x	24.0	35,000		2.2								2.0	
5	x	24.0	69,000		2.5								2.0	
6	x	24.0	27,000		2.8								2.1	
7	x	24.0	32,000		3.0								2.4	
8	x	24.0	40,000		2.8								2.5	
9	x	24.0	15,000		2.0								2.1	
10		24.0												
11	x	24.0	39,000		2.8								2.3	
12	x	24.0	87,000		3.0								2.5	
13	x	24.0	129,000		3.2								2.8	
14	x	24.0	91,000		3.1								2.5	
15	x	24.0	135,000		3.0								2.6	
16	x	24.0	43,000		2.5								2.0	
17		24.0												
18	x	24.0	91,000		3.0								2.4	
19	x	24.0	104,000		3.0								2.4	
20	x	24.0	114,000		3.0								2.5	
21	x	24.0	103,000		0.8								2.5	
22	x	24.0	99,000		2.7								2.1	
23	x	24.0	24,000		2.3								2.8	
24		24.0												
25	x	24.0	62,000		2.1								1.8	
26	x	24.0	150,000		3.5								2.4	
27	x	24.0	145,000		3.5								3.1	
28	x	24.0	121,000		3.1								2.8	
29	x	24.0	143,000		3.1								2.5	
30	x	24.0	40,000		2.6								2.4	
31		24.0												
Total			2,002,000											
Average			66,733											
Maximum			150,000											

* Refer to the instructions for this report to determine which plants must provide this information.

...ONTHLY OPERATION REPORT FOR PWSs TREATING ...AW GROUND WATER OR PURCHASED FINISHED WA...ER

I. General Information for the Month/Year of: April, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0											1.2	
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15	x	24.0	2,000											sent to ground
16		24.0												
17		24.0												
18	x	24.0	2,000											sent to ground
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			4,000											
Average			133											
Maximum			2,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations								UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	44,600		2.5								2.3	
2	x	24.0	28,600		2.4								2.3	
3		24.0												
4	x	24.0	69,500		2.4								2.0	
5	x	24.0	32,900		2.5								2.3	
6	x	24.0	34,800		2.1								2.4	
7	x	24.0	35,000		3.0								2.4	
8	x	24.0	38,800		2.3								2.3	
9	x	24.0	36,400		2.5								2.4	
10		24.0												
11	x	24.0	64,500		2.9								2.4	
12	x	24.0	33,200		3.0								2.6	
13	x	24.0	39,300		3.0								2.5	
14	x	24.0	46,900		2.5								2.0	
15	x	24.0	45,700		3.3								2.0	
16	x	24.0	36,400		3.3								2.1	
17		24.0												
18	x	24.0	66,000		3.0								2.7	
19	x	24.0	34,600		3.0								2.6	
20	x	24.0	49,300		3.0								2.7	
21	x	24.0	40,700		3.0								2.6	
22	x	24.0	36,100		3.2								2.2	
23	x	24.0	31,800		2.5								2.3	
24		24.0												
25	x	24.0	69,900		2.2								2.0	
26	x	24.0	37,600		2.8								2.1	
27	x	24.0	37,000		3.5								2.9	
28	x	24.0	38,200		2.8								2.7	
29	x	24.0	39,500		2.7								2.5	
30	x	24.0	25,800		2.3								2.3	
31		24.0												
Total			1,094,100											
Average			36,470											
Maximum			69,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	33,000		3.4								1.2	
2	x	24.0	31,000		2.6								1.5	
3		24.0												
4	x	24.0	35,000		2.2								2.0	
5	x	24.0	69,000		2.5								2.0	
6	x	24.0	27,000		2.8								2.1	
7	x	24.0	32,000		3.0								2.4	
8	x	24.0	40,000		2.8								2.5	
9	x	24.0	15,000		2.0								2.1	
10		24.0												
11	x	24.0	39,000		2.8								2.3	
12	x	24.0	87,000		3.0								2.5	
13	x	24.0	129,000		3.2								2.8	
14	x	24.0	91,000		3.1								2.5	
15	x	24.0	135,000		3.0								2.6	
16	x	24.0	43,000		2.5								2.0	
17		24.0												
18	x	24.0	91,000		3.0								2.4	
19	x	24.0	104,000		3.0								2.4	
20	x	24.0	114,000		3.0								2.5	
21	x	24.0	103,000		0.8								2.5	
22	x	24.0	99,000		2.7								2.1	
23	x	24.0	24,000		2.3								2.8	
24		24.0												
25	x	24.0	62,000		2.1								1.8	
26	x	24.0	150,000		3.5								2.4	
27	x	24.0	145,000		3.5								3.1	
28	x	24.0	121,000		3.1								2.8	
29	x	24.0	143,000		3.1								2.5	
30	x	24.0	40,000		2.6								2.4	
31		24.0												
Total			2,002,000											
Average			66,733											
Maximum			150,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: April, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0											1.2	
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15	x	24.0	2,000											sent to ground
16		24.0												
17		24.0												
18	x	24.0	2,000											sent to ground
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			4,000											
Average			133											
Maximum			2,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				April 2011						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Unit
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	44,600	44,000	33,000	0							121,600
2	28,600	31,000	31,000	0							90,600
3	0	0	0	0							0
4	69,500	97,000	35,000	0							201,500
5	32,900	71,000	69,000	0							172,900
6	34,800	50,000	27,000	0							111,800
7	35,000	67,000	32,000	0							134,000
8	38,800	82,000	40,000	0							160,800
9	36,400	81,000	15,000	0							132,400
10	0	0	0	0							0
11	64,500	135,000	39,000	0							238,500
12	33,200	105,000	87,000	0							225,200
13	39,300	67,000	129,000	0							235,300
14	46,900	86,000	91,000	0							223,900
15	45,700	101,000	135,000	2,000							283,700
16	36,400	44,000	43,000	0							123,400
17	0	0	0	0							0
18	66,000	65,000	91,000	0							222,000
19	34,600	64,000	104,000	2,000							204,600
20	49,300	79,000	114,000	0							242,300
21	40,700	57,000	103,000	0							200,700
22	36,100	91,000	99,000	0							226,100
23	34,800	39,000	24,000	0							97,800
24	0	0	0	0							0
25	69,900	109,000	62,000	0							240,900
26	37,600	27,000	150,000	0							214,600
27	37,000	25,000	145,000	0							207,000
28	38,200	84,000	121,000	0							243,200
29	39,500	84,000	143,000	0							266,500
30	23,800	6,000	40,000	0							69,800
31	0	0	0	0							0
Total	1,094,100	1,791,000	2,002,000	4,000							4,891,100
Avg.	36,470	59,700	66,733	133							163,036
Max.	69,900	135,000	150,000	2,000							283,700

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City: Port Richey	State: Florida / Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/l.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	74,200		2.2								2.0	
3	x	24.0	41,000		3.0								2.2	
4	x	24.0	37,300		3.5								2.5	
5	x	24.0	31,900		3.2								2.6	
6	x	24.0	34,800		2.3								1.3	
7	x	24.0	26,000		2.3								1.5	
8		24.0												
9	x	24.0	75,100		2.8								2.6	
10	x	24.0	31,200		3.0								2.8	
11	x	24.0	40,200		3.5								2.5	
12	x	24.0	32,100		3.0								2.0	
13	x	24.0	35,400		2.5								2.3	
14	x	24.0	29,200		2.5								2.1	
15		24.0												
16	x	24.0	65,400		3.0								3.3	
17	x	24.0	31,100		3.4								3.2	
18	x	24.0	33,500		3.5								3.2	
19	x	24.0	35,400		3.5								3.0	
20	x	24.0	32,400		3.4								3.3	
21	x	24.0	37,000		2.1								2.4	
22		24.0												
23	x	24.0	63,200		3.0								2.5	
24	x	24.0	38,400		2.5								2.1	
25	x	24.0	38,200		2.0								2.0	
26	x	24.0	37,000		3.3								2.3	
27	x	24.0	37,900		3.5								2.5	
28	x	24.0	31,700		2.2								2.7	
29		24.0												
30	x	24.0	61,000		2.7								2.4	
31	x	24.0	36,700		2.4								2.3	
Total			1,067,300											
Average			34,429											
Maximum			75,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house paradise pt west	City: Port Richey	State: Florida / Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator. (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2	x	24.0	13,000		1.3								1.8	
3	x	24.0	68,000		3.0								2.0	
4	x	24.0	93,000		3.0								2.2	
5	x	24.0	19,000		2.8								2.2	
6	x	24.0	88,000		1.7								1.8	
7	x	24.0	29,000		1.5								1.5	
8		24.0												
9	x	24.0	114,000		2.0								1.2	
10	x	24.0	101,000		2.0								2.0	
11	x	24.0	120,000		2.5								2.0	
12	x	24.0	102,000		3.0								2.1	
13	x	24.0	130,000		2.2								2.0	
14	x	24.0	29,000		1.6								1.8	
15		24.0												
16	x	24.0	79,000		1.2								1.4	
17	x	24.0	124,000		3.5								3.0	
18	x	24.0	89,000		3.0								2.8	
19	x	24.0	100,000		3.0								2.6	
20	x	24.0	112,000		2.9								2.5	
21	x	24.0	20,000		2.0								2.0	
22		24.0												
23	x	24.0	66,000		3.5								3.0	
24	x	24.0	101,000		3.0								2.4	
25	x	24.0	91,000		3.0								2.5	
26	x	24.0	62,000		3.0								2.6	
27	x	24.0	113,000		2.6								1.4	
28	x	24.0	21,000		2.0								1.3	
29		24.0												
30	x	24.0	71,000		2.2								1.8	
31	x	24.0	130,000		2.0								1.6	
Total			2,085,000											
Average			67,258											
Maximum			130,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13		Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2	x	24.0	188,000		3.3								3.0	
3	x	24.0	174,000		3.5								3.0	
4	x	24.0	171,000		3.5								2.2	
5	x	24.0	147,000		3.4								2.6	
6	x	24.0	104,000		2.8								2.3	
7	x	24.0	19,000		2.3								2.3	
8		24.0												
9	x	24.0	104,000		3.0								2.5	
10	x	24.0	112,000		3.5								2.5	
11	x	24.0	96,000		3.4								3.0	
12	x	24.0	92,000		2.8								2.4	
13	x	24.0	163,000		2.8								2.3	
14	x	24.0	27,000		2.5								2.4	
15		24.0												
16	x	24.0	100,000		3.0								2.5	
17	x	24.0	148,000		3.0								2.6	
18	x	24.0	122,000		3.5								2.8	
19	x	24.0	117,000		3.5								2.5	
20	x	24.0	117,000		3.4								2.9	
21	x	24.0	120,000		3.3								2.6	
22		24.0												
23	x	24.0	186,000		3.4								2.8	
24	x	24.0	180,000		3.0								2.5	
25	x	24.0	166,000		3.2								3.0	
26	x	24.0	158,000		3.0								2.5	
27	x	24.0	170,000		3.2								2.8	
28	x	24.0	83,000		2.7								2.5	
29		24.0												
30	x	24.0	193,000		3.2								2.3	
31	x	24.0	161,000		3.0								2.5	
Total			3,418,000											
Average			110,258											
Maximum			193,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: May, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 Peartree drive	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	day weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: May, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11	x	24.0	4,000											sent to ground
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16	x	24.0	2,000											sent to ground
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			6,000											
Average			194											
Maximum			4,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				May 2011						
Community Water System (CWS) Name:	Summertree									
Public Water System (PWS) Identification Number:	6511423									
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	0	0	0	0							0
2	74,200	13,000	188,000	0							275,200
3	41,000	68,000	174,000	0							283,000
4	37,300	93,000	171,000	0							301,300
5	31,900	19,000	147,000	0							197,900
6	34,800	88,000	104,000	0							226,800
7	26,000	29,000	19,000	0							74,000
8	0	0	0	0							0
9	75,100	114,000	104,000	0							293,100
10	31,200	101,000	112,000	0							244,200
11	40,200	120,000	96,000	4,000							260,200
12	32,100	102,000	92,000	0							226,100
13	35,400	130,000	163,000	0							328,400
14	29,200	29,000	27,000	0							85,200
15	0	0	0	0							0
16	65,400	79,000	100,000	2,000							246,400
17	31,100	124,000	148,000	0							303,100
18	33,500	89,000	122,000	0							244,500
19	35,400	100,000	117,000	0							252,400
20	32,400	112,000	117,000	0							261,400
21	37,000	20,000	120,000	0							177,000
22	0	0	0	0							0
23	63,200	66,000	186,000	0							315,200
24	38,400	101,000	180,000	0							319,400
25	38,200	91,000	166,000	0							295,200
26	37,000	62,000	158,000	0							257,000
27	37,900	113,000	170,000	0							320,900
28	31,700	21,000	83,000	0							135,700
29	0	0	0	0							0
30	61,000	71,000	193,000	0							325,000
31	36,700	130,000	161,000	0							327,700
Total	1,067,300	2,085,000	3,418,000	6,000							6,576,300
Avg.	34,429	67,258	110,258	194							212,139
Max.	75,100	130,000	193,000	4,000							328,400

DEP Form 62-555.900(11)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pclynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	37,900		3.5								3.2	
2	x	24.0	28,400		3.5								3.0	
3	x	24.0	38,400		2.5								2.3	
4	x	24.0	19,000		2.2								2.1	
5		24.0												
6	x	24.0	68,600		2.8								2.6	
7	x	24.0	32,000		2.9								2.6	
8	x	24.0	27,200		3.0								2.8	
9	x	24.0	41,500		3.5								2.8	
10	x	24.0	41,300		3.0								1.0	
11	x	24.0	26,300		2.5								1.4	
12		24.0												
13	x	24.0	84,800		2.8								1.8	
14	x	24.0	29,200		3.0								2.2	
15	x	24.0	31,200		3.0								2.5	
16	x	24.0	36,700		3.0								2.8	
17	x	24.0	36,700		2.6								2.5	
18	x	24.0	26,200		3.0								2.5	
19		24.0												
20	x	24.0	69,000		3.5								2.4	
21	x	24.0	35,100		3.4								3.0	
22	x	24.0	30,700		3.0								2.8	
23	x	24.0	33,100		3.2								2.8	
24	x	24.0	45,400		3.5								3.3	
25	x	24.0	15,900		2.8								2.4	
26		24.0												
27	x	24.0	68,400		1.9								1.7	
28	x	24.0	31,500		2.0								1.5	
29	x	24.0	29,300		2.5								1.8	
30	x	24.0	31,800		3.2								2.4	
31		24.0												
Total			995,600											
Average			33,186											
Maximum			84,800											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Summerrce	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	70,000		2.5								2.1	
2	x	24.0	45,000		2.5								2.2	
3	x	24.0	119,000		2.8								2.0	
4	x	24.0	7,000		1.2								1.3	
5		24.0												
6	x	24.0	27,000		2.2								2.0	
7	x	24.0	44,000		3.0								2.8	
8	x	24.0	46,000		3.0								2.5	
9	x	24.0	33,000		3.0								2.5	
10	x	24.0	19,000		1.3								1.3	
11	x	24.0	64,000		3.0								1.5	
12		24.0												
13	x	24.0	144,000		2.9								1.5	
14	x	24.0	130,000		3.0								2.0	
15	x	24.0	63,000		3.5								2.4	
16	x	24.0	98,000		3.0								1.5	
17	x	24.0	84,000		2.9								1.5	
18	x	24.0	58,000		3.0								1.5	
19		24.0												
20	x	24.0	116,000		2.8								2.2	
21	x	24.0	118,000		3.5								2.5	
22	x	24.0	113,000		3.5								3.0	
23	x	24.0	68,000		3.4								3.0	
24	x	24.0	93,000		3.5								2.8	
25	x	24.0	30,000		3.0								2.7	
26		24.0												
27	x	24.0	135,000		3.0								2.2	
28	x	24.0	35,000		3.5								2.6	
29	x	24.0	53,000		3.0								2.5	
30	x	24.0	75,000		2.8								1.5	
31		24.0												
Total			1,887,000											
Average			62,900											
Maximum			144,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	185,000		3.5								3.0	
2	x	24.0	160,000		3.4								3.2	
3	x	24.0	175,000		3.0								2.5	
4	x	24.0	84,000		2.9								2.5	
5		24.0												
6	x	24.0	255,000		1.1								1.4	
7	x	24.0	193,000		1.2								1.3	
8	x	24.0	160,000		2.2								2.0	
9	x	24.0	211,000		3.0								2.5	
10	x	24.0	169,000		1.3								1.5	
11	x	24.0	28,000		3.1								2.0	
12		24.0												
13	x	24.0	122,000		3.1								3.0	
14	x	24.0	149,000		3.5								2.8	
15	x	24.0	146,000		3.5								2.5	
16	x	24.0	175,000		3.0								2.5	
17	x	24.0	128,000		3.1								2.3	
18	x	24.0	57,000		3.0								2.5	
19		24.0												
20	x	24.0	141,000		2.7								2.5	
21	x	24.0	162,000		3.0								2.8	
22	x	24.0	185,000		3.5								3.0	
23	x	24.0	157,000		3.5								3.0	
24	x	24.0	156,000		3.0								2.5	
25	x	24.0	20,000		3.1								2.4	
26		24.0												
27	x	24.0	93,000		2.8								2.2	
28	x	24.0	119,000		3.2								3.0	
29	x	24.0	71,000		3.0								3.0	
30	x	24.0	43,000		2.6								2.6	
31		24.0												
Total			3,541,000											
Average			118,133											
Maximum			255,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: June, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 Peartree drive	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	keith schneider	C	8462	days weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: June, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif 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	24.0	10,000											sent to ground
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8	x	24.0	7,000											sent to ground
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15	x	24.0	6,000											sent to ground
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28	x	24.0	5,000											sent to ground
29		24.0												
30		24.0												
31		24.0												
Total			28,000											
Average			933											
Maximum			10,000											

* Refer to the Instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :				June 2011							
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	37,900	70,000	185,000	10,000							302,900
2	28,400	45,000	160,000	0							233,400
3	38,400	119,000	175,000	0							332,400
4	19,000	7,000	84,000	0							110,000
5	0	0	0	0							0
6	68,600	27,000	255,000	0							350,600
7	32,000	44,000	193,000	0							269,000
8	27,200	46,000	160,000	7,000							240,200
9	41,500	33,000	211,000	0							285,500
10	41,300	19,000	169,000	0							229,300
11	26,300	64,000	28,000	0							118,300
12	0	0	0	0							0
13	84,800	144,000	122,000	0							350,800
14	29,200	130,000	149,000	0							308,200
15	31,200	63,000	146,000	6,000							246,200
16	36,700	98,000	175,000	0							309,700
17	36,700	84,000	128,000	0							248,700
18	26,200	58,000	57,000	0							141,200
19	0	0	0	0							0
20	69,000	116,000	141,000	0							326,000
21	35,100	118,000	162,000	0							315,100
22	30,700	113,000	185,000	0							328,700
23	33,100	68,000	157,000	0							258,100
24	45,400	93,000	156,000	0							294,400
25	15,900	30,000	20,000	0							65,900
26	0	0	0	0							0
27	68,400	135,000	93,000	0							296,400
28	31,500	35,000	119,000	5,000							190,500
29	29,300	53,000	71,000	0							153,300
30	31,800	75,000	43,000	0							149,800
31	0	0	0	0							0
Total	995,600	1,887,000	3,544,000	28,000							6,454,600
Avg.	33,186	62,900	118,133	903							208,213
Max.	84,800	144,000	255,000	10,000							350,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☑ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprir	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	37,300		1.3								2.0	
2	x	24.0			1.0								2.2	
3		24.0												
4	x	24.0	65,800		3.6								2.8	
5	x	24.0	36,700		1.8								1.5	
6	x	24.0	28,000		2.7								1.3	
7	x	24.0	55,600		3.5								1.9	
8	x	24.0	10,500		2.6								2.2	
9	x	24.0	24,500		3.2								2.3	
10		24.0												
11	x	24.0	53,700		3.3								2.4	
12	x	24.0	34,100		2.1								2.3	
13	x	24.0	21,400		2.5								2.3	
14	x	24.0	40,300		2.5								2.5	
15	x	24.0	27,400		2.4								1.7	
16	x	24.0	26,200		2.2								1.8	
17		24.0												
18	x	24.0	61,300		2.0								1.4	
19	x	24.0	45,400		2.0								1.6	
20	x	24.0	22,200		3.0								1.9	
21	x	24.0	35,600		2.5								1.5	
22	x	24.0	40,100		2.6								1.3	
23	x	24.0	29,900		2.9								1.8	
24		24.0												
25	x	24.0	72,500		2.6								2.2	
26	x	24.0	32,400		2.5								1.9	
27	x	24.0	25,100		1.0								1.0	
28	x	24.0	21,100		2.3								1.8	
29	x	24.0	38,100		1.6								1.3	
30	x	24.0	29,800		3.3								1.8	
31	x	24.0												
Total			915,000											
Average			29,516											
Maximum			72,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☑ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	107,000		2.8								2.0	
2	x	24.0	49,000		2.8								1.8	
3		24.0												
4	x	24.0	207,000		2.4								1.9	
5	x	24.0	94,000		2.4								2.0	
6	x	24.0	79,000		2.4								1.3	
7	x	24.0	106,000		3.5								2.8	
8	x	24.0	107,000		3.2								1.3	
9	x	24.0	53,000		3.5								1.3	
10		24.0												
11	x	24.0	126,000		0.9								1.9	
12	x	24.0			1.1								1.3	
13	x	24.0	96,000		1.5								1.3	
14	x	24.0	123,000		2.0								1.8	
15	x	24.0	76,000		2.5								1.5	
16	x	24.0	69,000		3.1								1.7	
17		24.0												
18	x	24.0	117,000		2.8								2.5	
19	x	24.0	123,000		3.0								2.5	
20	x	24.0	97,000		3.5								2.8	
21	x	24.0	118,000		3.5								2.6	
22	x	24.0	113,000		3.2								1.7	
23	x	24.0	54,000		3.5								1.5	
24		24.0												
25	x	24.0	128,000		3.4								2.0	
26	x	24.0	91,000		3.3								2.2	
27	x	24.0	211,000		3.4								2.8	
28	x	24.0	123,000		3.0								2.8	
29	x	24.0	103,000		2.8								1.0	
30	x	24.0	66,000		3.1								1.5	
31	x	24.0												
Total			2,636,000											
Average			85,032											
Maximum			211,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☑ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	73,000		2.7								2.3	
2	x	24.0	17,000		3.2								2.4	
3		24.0												
4	x	24.0	45,000		3.5								2.6	
5	x	24.0	48,000		3.5								3.0	
6	x	24.0	66,000		3.1								2.3	
7	x	24.0	107,000		3.0								2.5	
8	x	24.0	54,000		3.5								2.3	
9	x	24.0	14,000		2.3								2.0	
10		24.0												
11	x	24.0	43,000		3.0								2.2	
12	x	24.0	106,000		3.2								2.6	
13	x	24.0	17,000		3.0								1.5	
14	x	24.0	46,000		3.5								2.0	
15	x	24.0	47,000		3.4								2.4	
16	x	24.0	23,000		3.2								2.6	
17		24.0												
18	x	24.0	63,000		3.1								2.2	
19	x	24.0	141,000		3.0								2.5	
20	x	24.0	123,000		3.0								2.6	
21	x	24.0	104,000		3.5								2.8	
22	x	24.0	122,000		3.5								3.5	
23	x	24.0	35,000		2.3								2.5	
24		24.0												
25	x	24.0	116,000		2.9								2.4	
26	x	24.0	157,000		3.0								2.8	
27	x	24.0	48,000		1.5								1.5	
28	x	24.0	101,000		3.5								2.0	
29	x	24.0	137,000		3.0								2.8	
30	x	24.0	25,000		3.2								2.8	
31	x	24.0												
Total			1,878,000											
Average			60,580											
Maximum			157,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: July, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☑ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 17	Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: July, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				uif
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7	x	24.0	2,000											sent to ground
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13	x	24.0	2,000											sent to ground
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22	x	24.0	2,000											sent to ground
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			6,000											
Average			193											
Maximum			2,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :					July 2011						
Community Water System (CWS) Name:					Summertree						
Public Water System (PWS) Identification Number:					6511423						
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	37,300	107,000	73,000	0							217,300
2	0	49,000	17,000	0							66,000
3	0	0	0	0							0
4	65,800	207,000	45,000	0							317,800
5	36,700	94,000	48,000	0							178,700
6	28,000	79,000	66,000	0							173,000
7	55,600	106,000	107,000	2,000							270,600
8	10,500	107,000	54,000	0							171,500
9	24,500	53,000	14,000	0							91,500
10	0	0	0	0							0
11	53,700	126,000	43,000	0							222,700
12	34,100	0	106,000	0							140,100
13	21,400	96,000	17,000	2,000							136,400
14	40,300	123,000	46,000	0							209,300
15	27,400	76,000	47,000	0							150,400
16	26,200	69,000	23,000	0							118,200
17	0	0	0	0							0
18	61,300	117,000	63,000	0							241,300
19	45,400	123,000	141,000	0							309,400
20	22,200	97,000	123,000	0							242,200
21	35,600	118,000	104,000	0							257,600
22	40,100	113,000	122,000	2,000							277,100
23	29,900	54,000	35,000	0							118,900
24	0	0	0	0							0
25	72,500	128,000	116,000	0							316,500
26	32,400	91,000	157,000	0							280,400
27	25,100	211,000	48,000	0							284,100
28	21,100	123,000	101,000	0							245,100
29	38,100	103,000	137,000	0							278,100
30	29,800	66,000	25,000	0							120,800
31	0	0	0	0							0
Total	915,000	2,636,000	1,878,000	6,000							5,435,000
Avg.	29,516	85,032	60,580	193							175,323
Max.	72,500	211,000	157,000	2,000							317,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	August, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate 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, ppd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	71,800		3.5								3.3	
2	x	24.0	37,500		3.4								3.0	
3	x	24.0	34,500		3.0								2.5	
4	x	24.0	34,600		2.0								1.5	
5	x	24.0	33,000		1.0								1.0	
6	x	24.0	26,900		3.3								2.3	
7		24.0												
8	x	24.0	67,100		3.5								3.0	
9	x	24.0	30,100		3.4								3.0	
10	x	24.0	33,000		3.5								3.0	
11	x	24.0	32,100		3.5								2.7	
12	x	24.0	44,400		3.5								3.3	
13	x	24.0	27,600		3.4								1.8	
14		24.0												
15	x	24.0	74,900		3.5								2.2	
16	x	24.0	37,500		3.5								3.0	
17	x	24.0	43,000		3.4								2.8	
18	x	24.0	25,400		3.4								2.5	
19	x	24.0	46,200		3.2								3.0	
20	x	24.0	18,900		2.0								2.3	
21		24.0												
22	x	24.0	67,600		2.0								1.8	
23	x	24.0	31,000		3.2								2.1	
24	x	24.0	32,100		3.3								2.5	
25	x	24.0	33,000		2.2								1.8	
26	x	24.0	1,100		3.5								1.2	
27	x	24.0	1,000		2.8								2.4	
28		24.0												
29	x	24.0	1,600		3.5								3.0	
30	x	24.0	400		3.5								2.1	
31	x	24.0	400		3.0								3.0	
Total			886,700											
Average			28,603											
Maximum			74,900											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City: Port Richey State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	150,000		2.8								1.4	
2	x	24.0	159,000		3.0								1.5	
3	x	24.0	120,000		3.1								1.5	
4	x	24.0	98,000		2.0								1.5	
5	x	24.0	96,000		1.0								1.0	
6	x	24.0	65,000		2.7								1.2	
7		24.0												
8	x	24.0	122,000		2.6								2.4	
9	x	24.0	63,000		2.8								2.5	
10	x	24.0	93,000		3.5								2.5	
11	x	24.0	72,000		2.0								2.0	
12	x	24.0	72,000		2.1								1.2	
13	x	24.0	47,000		2.5								1.2	
14		24.0												
15	x	24.0	121,000		2.2								1.3	
16	x	24.0	105,000		2.0								1.2	
17	x	24.0	98,000		3.5								1.3	
18	x	24.0	55,000		3.5								1.5	
19	x	24.0	122,000		2.7								1.7	
20	x	24.0	39,000		2.6								1.1	
21		24.0												
22	x	24.0	120,000		3.0								2.7	
23	x	24.0	72,000		3.4								2.4	
24	x	24.0	68,000		2.8								2.5	
25	x	24.0	69,000		2.2								1.8	
26	x	24.0	75,000		2.1								1.3	
27	x	24.0	54,000		1.8								1.4	
28		24.0												
29	x	24.0	130,000		2.5								2.1	
30	x	24.0	92,000		3.3								2.0	
31	x	24.0	94,000		3.0								2.2	
Total			2,471,000											
Average			79,710											
Maximum			159,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: August, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	93,000		3.0								2.5	
2	x	24.0	47,000		1.5								2.0	
3	x	24.0	149,000		3.5								2.8	
4	x	24.0	103,000		3.3								2.8	
5	x	24.0	133,000		3.2								3.4	
6	x	24.0	38,000		3.5								3.5	
7		24.0												
8	x	24.0	104,000		3.0								2.2	
9	x	24.0	51,000		3.5								2.8	
10	x	24.0	17,000		1.8								1.5	
11	x	24.0	33,000		2.0								1.6	
12	x	24.0	91,000		2.2								2.3	
13	x	24.0	36,000		3.5								1.3	
14		24.0												
15	x	24.0	106,000		3.3								1.9	
16	x	24.0	109,000		3.5								3.3	
17	x	24.0	142,000		3.5								3.4	
18	x	24.0	82,000		3.5								3.2	
19	x	24.0	83,000		2.9								2.7	
20	x	24.0	24,000		2.6								1.5	
21		24.0												
22	x	24.0	79,000		3.0								1.4	
23	x	24.0	49,000		3.3								2.2	
24	x	24.0	56,000		2.5								2.0	
25	x	24.0	73,000		3.1								2.4	
26	x	24.0	113,000		3.9								2.5	
27	x	24.0	75,000		2.6								1.8	
28		24.0												
29	x	24.0	166,000		2.5								2.8	
30	x	24.0	123,000		2.8								2.4	
31	x	24.0	54,000		1.0								1.0	
Total			2,229,000											
Average			71,903											
Maximum			166,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	August, 2011	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprir	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17		Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 pearree	City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000			
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:	Stephen Habery	C	8012	days weekends
Other Operators:	keith schneider	C	8462	days weekends
	tony cardinal	C	8493	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: August, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8	x	24.0	5,000											sent to ground
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24	x	24.0	3,000											sent to ground
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			8,000											
Average			258											
Maximum			5,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	August 2011										
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Unit
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	71,800	150,000	93,000	0							314,800
2	37,500	159,000	47,000	0							243,500
3	34,500	120,000	149,000	0							303,500
4	34,600	98,000	103,000	0							235,600
5	33,000	96,000	133,000	0							262,000
6	26,900	65,000	38,000	0							129,900
7	0	0	0	0							0
8	67,100	122,000	104,000	5,000							298,100
9	30,100	63,000	51,000	0							144,100
10	33,000	93,000	17,000	0							143,000
11	32,100	72,000	33,000	0							137,100
12	44,400	72,000	91,000	0							207,400
13	27,600	47,000	36,000	0							110,600
14	0	0	0	0							0
15	74,900	121,000	106,000	0							301,900
16	37,500	105,000	109,000	0							251,500
17	43,000	98,000	142,000	0							283,000
18	25,400	55,000	82,000	0							162,400
19	46,200	122,000	83,000	0							251,200
20	18,900	39,000	24,000	0							81,900
21	0	0	0	0							0
22	67,600	120,000	79,000	0							266,600
23	31,000	72,000	49,000	0							152,000
24	32,100	68,000	56,000	3,000							159,100
25	33,000	69,000	73,000	0							175,000
26	1,100	75,000	113,000	0							189,100
27	1,000	54,000	75,000	0							130,000
28	0	0	0	0							0
29	1,600	130,000	166,000	0							297,600
30	400	92,000	123,000	0							215,400
31	400	94,000	54,000	0							148,400
Total	886,700	2,471,000	2,229,000	8,000							5,594,700
Avg.	28,603	79,710	71,903	258							180,474
Max.	74,900	159,000	166,000	5,000							314,800

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 Peartree drive	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☐ Raw Ground Water	☑ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	Days 1st Shift
Other Operators:	tony cardinal	C	8493	Days 1st Shift
	will stevens	C	14416	Days 1st Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	300		2.8								1.0	
2	x	24.0	55,200		2.3								2.0	
3	x	24.0	37,500		2.9								2.6	
4		24.0												
5	x	24.0	71,500		3.0								2.5	
6	x	24.0	47,700		2.1								2.3	
7	x	24.0	39,300		2.1								1.5	
8	x	24.0	37,700		2.5								1.3	
9	x	24.0	49,400		3.3								2.3	
10	x	24.0	27,000		2.4								2.1	
11		24.0												
12	x	24.0	90,500		2.0								1.7	
13	x	24.0	39,400		1.3								1.4	
14	x	24.0	53,300		2.5								2.3	
15	x	24.0	44,000		2.8								2.2	
16	x	24.0	47,200		2.9								2.8	
17	x	24.0	29,600		3.0								2.5	
18		24.0												
19	x	24.0	89,400		3.3								3.0	
20	x	24.0	41,300		3.2								2.0	
21	x	24.0	45,400		3.7								1.8	
22	x	24.0	47,500		2.5								2.1	
23	x	24.0	39,900		3.4								2.4	
24	x	24.0	39,900		3.5								2.8	
25		24.0												
26	x	24.0	85,600		3.4								1.9	
27	x	24.0	1,900		2.3								2.3	
28	x	24.0	40,700		2.5								2.2	
29	x	24.0	47,000		3.5								1.5	
30	x	24.0	46,000		2.7								1.3	
31		24.0												
Total			1,194,200											
Average			39,806											
Maximum			90,500											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	September, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprii	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128st rd 54	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14415	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	78,000		2.9								1.0	
2	x	24.0	94,000		3.5								1.8	
3	x	24.0	79,000		3.5								1.6	
4		24.0												
5	x	24.0	88,000		3.5								1.7	
6	x	24.0	74,000		2.9								1.1	
7	x	24.0	69,000		2.4								1.5	
8	x	24.0	34,000		3.0								1.0	
9	x	24.0	26,000		2.8								1.3	
10	x	24.0	20,000		2.6								1.1	
11		24.0												
12	x	24.0	78,000		3.5								3.0	
13	x	24.0	65,000		2.7								2.5	
14	x	24.0	76,000		3.5								2.8	
15	x	24.0	61,000		3.2								3.0	
16	x	24.0	74,000		3.2								2.9	
17	x	24.0	51,000		3.0								2.5	
18		24.0												
19	x	24.0	106,000		3.2								2.4	
20	x	24.0	90,000		3.1								1.8	
21	x	24.0	75,000		3.0								1.0	
22	x	24.0	82,000		2.9								2.7	
23	x	24.0	76,000		2.7								2.1	
24	x	24.0	44,000		2.9								2.0	
25		24.0												
26	x	24.0	130,000		3.3								1.9	
27	x	24.0	144,000		3.5								1.6	
28	x	24.0	42,000		2.9								1.8	
29	x	24.0	58,000		2.7								1.1	
30	x	24.0	59,000		3.3								2.8	
31		24.0												
Total			1,873,000											
Average			62,433											
Maximum			144,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14415	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	54,000		2.3								2.0	
2	x	24.0	102,000		2.3								2.3	
3	x	24.0	15,000		2.2								2.3	
4		24.0												
5	x	24.0	59,000		2.0								2.2	
6	x	24.0	46,000		3.5								2.0	
7	x	24.0	37,000		2.1								1.1	
8	x	24.0	38,000		1.9								1.1	
9	x	24.0	82,000		2.4								1.3	
10	x	24.0	29,000		3.2								2.1	
11		24.0												
12	x	24.0	106,000		3.0								1.0	
13	x	24.0	86,000		3.2								2.4	
14	x	24.0	85,000		3.5								2.8	
15	x	24.0	73,000		3.4								2.9	
16	x	24.0	93,000		3.2								3.0	
17	x	24.0	23,000		3.0								2.8	
18		24.0												
19	x	24.0	96,000		2.8								2.2	
20	x	24.0	87,000		3.0								2.9	
21	x	24.0	104,000		2.7								1.5	
22	x	24.0	98,000		2.5								2.3	
23	x	24.0	110,000		1.8								1.8	
24	x	24.0	34,000		2.0								1.6	
25		24.0												
26	x	24.0	61,000		1.9								2.1	
27	x	24.0	127,000		1.8								1.8	
28	x	24.0	98,000		3.2								1.8	
29	x	24.0	134,000		2.8								1.5	
30	x	24.0	112,000		1.4								2.0	
31		24.0												
Total			1,989,000											
Average			66,300											
Maximum			134,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: September, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri / State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City: Port Richey / State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14415	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: September, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14	x	24.0	2,000											sent to ground
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29	x	24.0	1,000											sent to ground
30		24.0												
31		24.0												
Total			3,000											
Average			100											
Maximum			2,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :					September 2011						
Community Water System (CWS) Name:					Summertree						
Public Water System (PWS) Identification Number:					6511423						
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	300	78,000	54,000	0							132,300
2	55,200	94,000	102,000	0							251,200
3	37,500	79,000	15,000	0							131,500
4	0	0	0	0							0
5	71,500	88,000	59,000	0							218,500
6	47,700	74,000	46,000	0							167,700
7	39,300	69,000	37,000	0							145,300
8	37,700	34,000	38,000	0							109,700
9	49,400	26,000	82,000	0							157,400
10	27,000	20,000	29,000	0							76,000
11	0	0	0	0							0
12	90,500	78,000	106,000	0							274,500
13	39,400	65,000	86,000	0							190,400
14	53,300	76,000	85,000	2,000							216,300
15	44,000	61,000	73,000	0							178,000
16	47,200	74,000	93,000	0							214,200
17	29,600	51,000	23,000	0							103,600
18	0	0	0	0							0
19	89,400	106,000	96,000	0							291,400
20	41,300	90,000	87,000	0							218,300
21	45,400	75,000	104,000	0							224,400
22	47,500	82,000	98,000	0							227,500
23	39,900	76,000	110,000	0							225,900
24	39,900	44,000	34,000	0							117,900
25	0	0	0	0							0
26	85,600	130,000	61,000	0							276,600
27	1,900	144,000	127,000	0							272,900
28	40,700	42,000	98,000	0							180,700
29	47,000	58,000	134,000	1,000							240,000
30	46,000	59,000	112,000	0							217,000
31	0	0	0	0							0
Total	1,194,200	1,873,000	1,989,000	3,000							5,059,200
Avg.	39,806	62,433	66,300	97							168,640
Max.	90,500	144,000	134,000	2,000							291,400

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	October, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield		City: Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52		City: Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	40,300		2.4								2.1	
2		24.0												
3	x	24.0	89,200		1.9								1.4	
4	x	24.0	47,800		2.0								1.1	
5	x	24.0	47,300		2.0								1.6	
6	x	24.0	9,000		1.5								1.8	
7	x	24.0	37,500		1.3								1.8	
8	x	24.0	41,500		2.6								2.2	
9		24.0												
10	x	24.0	92,100		2.2								1.8	
11	x	24.0	47,500		2.6								1.5	
12	x	24.0	51,400		2.5								1.5	
13	x	24.0	48,700		2.4								2.1	
14	x	24.0	51,000		2.5								2.3	
15	x	24.0	51,800		2.6								1.3	
16		24.0												
17	x	24.0	90,200		2.5								1.4	
18	x	24.0	45,600		2.6								2.3	
19	x	24.0	43,400		2.6								2.3	
20	x	24.0	41,300		2.6								2.5	
21	x	24.0	52,900		3.5								2.4	
22	x	24.0	47,800		3.4								2.3	
23		24.0												
24	x	24.0	81,100		3.5								2.2	
25	x	24.0	52,100		3.7								2.5	
26	x	24.0	48,000		3.5								2.7	
27	x	24.0	52,900		3.4								2.8	
28	x	24.0	45,400		3.6								2.5	
29	x	24.0	49,400		3.5								2.4	
30		24.0												
31	x	24.0	88,200		3.3								2.1	
Total			1,393,400											
Average			44,948											
Maximum			92,100											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWS TREATING RAW GROUND WATER OR PURCHASED WATER

FLORIDA

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	Sumerrrtree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uwtr.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City: Port Richey	State: Florida / Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	11416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ✔ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ✔ Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	14,000		1.8								1.8	
2		24.0												
3	x	24.0	19,000		1.6								1.1	
4	x	24.0	42,000		2.3								1.3	
5	x	24.0	39,000		2.0								1.2	
6	x	24.0	89,000		3.5								1.8	
7	x	24.0	132,000		3.6								1.2	
8	x	24.0	69,000		1.9								1.2	
9		24.0												
10	x	24.0	170,000		3.8								1.8	
11	x	24.0	100,000		3.7								1.5	
12	x	24.0	65,000		3.3								1.5	
13	x	24.0	59,000		3.5								1.4	
14	x	24.0	84,000		3.5								1.3	
15	x	24.0	46,000		3.3								1.6	
16		24.0												
17	x	24.0	108,000		3.4								1.4	
18	x	24.0	65,000		3.6								2.1	
19	x	24.0	58,000		2.3								1.5	
20	x	24.0	58,000		3.5								1.5	
21	x	24.0	78,000		3.9								1.6	
22	x	24.0	53,000		4.0								1.9	
23		24.0												
24	x	24.0	112,000		4.3								2.2	
25	x	24.0	59,000		2.3								1.7	
26	x	24.0	63,000		2.4								1.6	
27	x	24.0	87,000		4.0								1.8	
28	x	24.0	91,000		4.4								1.9	
29	x	24.0	59,000		4.0								1.5	
30		24.0												
31	x	24.0	107,000		3.8								2.0	
Total			1,929,000											
Average			62,226											
Maximum			170,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: October, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	77,000		2.0								1.9	
2		24.0												
3	x	24.0	174,000		1.3								1.2	
4	x	24.0	180,000		2.6								1.4	
5	x	24.0	155,000		2.3								2.0	
6	x	24.0	122,000		1.6								1.7	
7	x	24.0	143,000		1.6								1.6	
8	x	24.0	3,000		1.0								1.8	
9		24.0												
10	x	24.0			1.8								2.2	
11	x	24.0	83,000		3.5								2.6	
12	x	24.0	86,000		3.1								2.9	
13	x	24.0	101,000		3.5								3.1	
14	x	24.0	25,000		2.9								2.1	
15	x	24.0			2.3								2.0	
16		24.0												
17	x	24.0	51,000		3.2								1.9	
18	x	24.0	36,000		2.3								2.4	
19	x	24.0	29,000		3.5								2.0	
20	x	24.0	22,000		3.7								2.6	
21	x	24.0	37,000		3.9								3.1	
22	x	24.0	14,000		3.1								2.6	
23		24.0												
24	x	24.0	46,000		3.1								2.4	
25	x	24.0	158,000		3.9								2.8	
26	x	24.0	112,000		3.5								2.9	
27	x	24.0	90,000		3.7								2.9	
28	x	24.0	122,000		3.5								2.6	
29	x	24.0	18,000		3.5								2.8	
30		24.0												
31	x	24.0	60,000		3.3								3.4	
Total			1,944,000											
Average			62,710											
Maximum			180,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: October, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 pearltree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: October, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5	x	24.0	1,000											sent to ground
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20	x	24.0	1,000											sent to ground
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			2,000											
Average			64											
Maximum			1,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	October 2011										
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ull
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	40,300	14,000	77,000	0							131,300
2	0	0	0	0							0
3	89,200	19,000	174,000	0							282,200
4	47,800	42,000	180,000	0							269,800
5	47,300	39,000	155,000	1,000							242,300
6	9,000	89,000	122,000	0							220,000
7	37,500	132,000	143,000	0							312,500
8	41,500	69,000	3,000	0							113,500
9	0	0	0	0							0
10	92,100	170,000	0	0							262,100
11	47,500	100,000	83,000	0							230,500
12	51,400	68,000	86,000	0							205,400
13	48,700	59,000	101,000	0							208,700
14	51,000	84,000	25,000	0							160,000
15	51,800	46,000	0	0							97,800
16	0	0	0	0							0
17	90,200	108,000	51,000	0							249,200
18	45,600	65,000	36,000	0							146,600
19	43,400	58,000	29,000	0							130,400
20	41,300	58,000	22,000	1,000							122,300
21	52,900	78,000	37,000	0							167,900
22	47,800	53,000	14,000	0							114,800
23	0	0	0	0							0
24	81,100	112,000	46,000	0							239,100
25	52,100	59,000	158,000	0							269,100
26	48,000	63,000	112,000	0							223,000
27	52,900	87,000	90,000	0							229,900
28	45,400	91,000	122,000	0							258,400
29	49,400	59,000	18,000	0							126,400
30	0	0	0	0							0
31	88,200	107,000	60,000	0							255,200
Total	1,393,400	1,929,000	1,944,000	2,000							5,268,400
Avg.	44,948	62,226	62,710	65							169,948
Max.	92,100	170,000	180,000	1,000							312,500

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FLORIDA

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 1			Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	48,000		3.6								2.2	
2	x	24.0	44,200		2.7								2.6	
3	x	24.0	40,700		3.0								1.9	
4	x	24.0	52,000		2.8								2.2	
5	x	24.0	48,700		2.8								2.1	
6		24.0												
7	x	24.0	96,700		2.9								2.2	
8	x	24.0	59,900		2.0								2.1	
9	x	24.0	44,700		2.1								2.1	
10	x	24.0	40,900		1.7								2.0	
11	x	24.0	51,300		1.4								2.0	
12	x	24.0	45,200		1.9								2.0	
13		24.0												
14	x	24.0	91,300		1.1								1.6	
15	x	24.0	50,100		1.0								2.3	
16	x	24.0	46,300		2.7								2.0	
17	x	24.0	57,800		1.4								2.2	
18	x	24.0	35,200		1.0								2.1	
19	x	24.0	52,000		1.6								2.0	
20		24.0												
21	x	24.0	90,400		2.2								1.4	
22	x	24.0	1,800		1.8								2.1	
23	x	24.0	52,600		3.0								0.8	
24	x	24.0	53,000		3.2								1.0	
25	x	24.0	56,100		3.0								1.3	
26	x	24.0	32,100		2.9								1.1	
27		24.0												
28	x	24.0	104,500		2.8								2.6	
29	x	24.0	41,500		3.0								1.0	
30	x	24.0	52,900		2.4								1.1	
31		24.0												
Total			1,390,800											
Average			46,360											
Maximum			104,500											

* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555.900(3)
Effective August 29, 2000

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	November, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 2			Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	x	24.0	76,000		3.7								1.8	
2	x	24.0	59,000		3.8								2.0	
3	x	24.0	65,000		3.5								1.5	
4	x	24.0	81,000		3.0								1.8	
5	x	24.0	38,000		3.7								1.5	
6		24.0												
7	x	24.0	93,000		3.5								1.7	
8	x	24.0	99,000		3.8								2.0	
9	x	24.0	54,000		3.3								1.6	
10	x	24.0	54,000		2.2								1.5	
11	x	24.0	66,000		3.6								1.4	
12	x	24.0	37,000		3.5								1.6	
13		24.0												
14	x	24.0	78,000		2.0								1.3	
15	x	24.0	74,000		3.4								1.0	
16	x	24.0	87,000		3.9								1.3	
17	x	24.0	68,000		3.7								1.3	
18	x	24.0	84,000		3.0								1.8	
19	x	24.0	68,000		3.6								2.0	
20		24.0												
21	x	24.0	53,000		3.3								2.3	
22	x	24.0	118,000		3.7								1.1	
23	x	24.0	101,000		2.5								1.2	
24	x	24.0	99,000		2.6								1.1	
25	x	24.0	113,000		2.8								1.3	
26	x	24.0	42,000		2.6								1.5	
27		24.0												
28	x	24.0	143,000		3.1								1.5	
29	x	24.0	104,000		2.8								1.3	
30	x	24.0	112,000		3.8								1.1	
31		24.0												
Total			2,066,000											
Average			68,866											
Maximum			143,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri / State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 13	Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 creenwood	City: Port Richey / State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☐ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	34,000		3.0								2.8	
2	x	24.0	71,000		3.7								3.1	
3	x	24.0	56,000		3.6								2.9	
4	x	24.0	75,000		3.0								3.0	
5	x	24.0	28,000		3.8								3.1	
6		24.0												
7	x	24.0	87,000		3.6								3.0	
8	x	24.0	147,000		3.4								3.6	
9	x	24.0	144,000		3.8								3.1	
10	x	24.0	106,000		3.9								3.6	
11	x	24.0	137,000		3.8								3.2	
12	x	24.0	39,000		3.5								2.9	
13		24.0												
14	x	24.0	106,000		3.3								3.5	
15	x	24.0	166,000		3.7								3.6	
16	x	24.0	95,000		3.8								3.6	
17	x	24.0	114,000		3.2								3.6	
18	x	24.0	49,000		3.5								3.3	
19	x	24.0	26,000		3.3								3.1	
20		24.0												
21	x	24.0	135,000		3.1								2.5	
22	x	24.0	166,000		3.7								2.0	
23	x	24.0	120,000		3.2								2.8	
24	x	24.0	86,000		3.5								2.7	
25	x	24.0	93,000		3.4								2.7	
26	x	24.0	31,000		3.3								2.7	
27		24.0												
28	x	24.0	65,000		3.7								3.5	
29	x	24.0	97,000		3.8								2.4	
30	x	24.0	89,000		3.7								2.8	
31		24.0												
Total			2,362,000											
Average			78,733											
Maximum			166,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: November, 2011 uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Sprin	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☐ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days weekends
Other Operators:	tony cardinal	C	8493	days weekends
	will stevens	C	14416	days weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: November, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe): _____

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0												
2	x	24.0	2,000											sent to ground
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7		24.0												
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16	x	24.0	2,000											sent to ground
17		24.0												
18		24.0												
19		24.0												
20		24.0												
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29		24.0												
30		24.0												
31		24.0												
Total			4,000											
Average			133											
Maximum			2,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	November 2011										
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	uif
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	214,000	214,000	214,000	214,000							856,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	48,000	76,000	34,000	0							158,000
2	44,200	59,000	71,000	2,000							176,200
3	40,700	65,000	56,000	0							161,700
4	52,000	81,000	75,000	0							208,000
5	48,700	38,000	28,000	0							114,700
6	0	0	0	0							0
7	96,700	93,000	87,000	0							276,700
8	59,900	99,000	147,000	0							305,900
9	44,700	54,000	144,000	0							242,700
10	40,900	54,000	106,000	0							200,900
11	51,300	66,000	137,000	0							254,300
12	45,200	37,000	39,000	0							121,200
13	0	0	0	0							0
14	91,300	78,000	106,000	0							275,300
15	50,100	74,000	166,000	0							290,100
16	46,300	87,000	95,000	2,000							230,300
17	57,800	68,000	114,000	0							239,800
18	35,200	84,000	49,000	0							168,200
19	52,900	68,000	26,000	0							146,900
20	0	0	0	0							0
21	90,400	53,000	135,000	0							278,400
22	1,800	118,000	166,000	0							285,800
23	52,600	101,000	120,000	0							273,600
24	53,000	99,000	86,000	0							238,000
25	56,100	113,000	93,000	0							262,100
26	32,100	42,000	31,000	0							105,100
27	0	0	0	0							0
28	104,500	143,000	65,000	0							312,500
29	41,500	104,000	97,000	0							242,500
30	52,900	112,000	89,000	0							253,900
31	0	0	0	0							0
Total	1,390,800	2,066,000	2,362,000	4,000							5,822,800
Avg.	46,360	68,866	78,733	129							187,832
Max.	104,500	143,000	166,000	2,000							312,500

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida / Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 1	Plant Telephone Number:	1-800-272-1919
Plant Address:	11128 st rd 52	City: Port Richey	State: Florida / Zip Code: 34654
Type of Water Treatment by Plant:	☐ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days /weekends
Other Operators:	tony cardinal	C	8493	days / weekends
	will stevens	C	14416	days / weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 1

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	51,900		3.7								2.1	
2	x	24.0	51,100		3.4								2.3	
3	x	24.0	29,900		3.5								2.3	
4		24.0												
5	x	24.0	79,200		3.8								1.9	
6	x	24.0	69,700		3.6								2.1	
7	x	24.0	31,500		3.2								2.3	
8	x	24.0	52,500		3.3								2.6	
9	x	24.0	49,100		3.6								2.8	
10	x	24.0	44,500		3.4								2.7	
11		24.0												
12	x	24.0	87,200		3.1								2.5	
13	x	24.0	49,000		2.9								2.1	
14	x	24.0	48,000		2.9								2.4	
15	x	24.0	52,600		3.1								2.1	
16	x	24.0	41,400		3.0								1.9	
17	x	24.0	57,800		2.9								1.9	
18		24.0												
19	x	24.0	86,400		3.0								2.4	
20	x	24.0	45,300		2.7								2.3	
21	x	24.0	53,000		3.3								2.6	
22	x	24.0	37,600		3.2								2.5	
23	x	24.0			3.0								2.4	
24	x	24.0	45,300		3.2								2.3	
25		24.0												
26	x	24.0	83,000		3.0								2.5	
27	x	24.0	49,400		3.0								2.0	
28	x	24.0	43,500		2.7								2.2	
29	x	24.0	48,000		2.8								2.3	
30	x	24.0	45,000		2.0								2.3	
31	x	24.0	53,400		2.1								2.3	
Total			1,385,500											
Average			44,694											
Maximum			87,200											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree	PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	1140	Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida		
Contact Person:	Patrick C Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Sprin	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919	Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	well 2	Plant Telephone Number:	1-800-272-1919
Plant Address:	n w corner of club house at paradise pt west	City: Port Richey	State: Florida Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000		
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:	Stephen Habery	C	8012	days /weekends
Other Operators:	tony cardinal	C	8493	days / weekends
	will stevens	C	14416	days / weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 2

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	97,000		3.5								1.3	
2	x	24.0	94,000		3.2								1.3	
3	x	24.0	39,000		2.8								1.2	
4		24.0												
5	x	24.0	123,000		3.5								2.1	
6	x	24.0	114,000		3.4								2.2	
7	x	24.0	93,000		3.2								1.4	
8	x	24.0	71,000		3.0								1.4	
9	x	24.0	77,000		1.7								1.3	
10	x	24.0	33,000		1.8								1.3	
11		24.0												
12	x	24.0	62,000		3.1								1.5	
13	x	24.0	72,000		3.8								1.1	
14	x	24.0	83,000		3.2								1.4	
15	x	24.0	73,000		3.6								1.3	
16	x	24.0	94,000		3.5								1.5	
17	x	24.0	90,000		3.3								1.5	
18		24.0												
19	x	24.0	80,000		1.8								1.6	
20	x	24.0	114,000		3.2								1.4	
21	x	24.0	95,000		3.6								1.5	
22	x	24.0	29,000		3.2								1.8	
23	x	24.0	39,000		3.3								2.1	
24	x	24.0	20,000		3.2								1.9	
25		24.0												
26	x	24.0	80,000		3.2								2.0	
27	x	24.0	57,000		3.6								1.4	
28	x	24.0	70,000		3.7								1.2	
29	x	24.0	74,000		1.0								1.1	
30	x	24.0	38,000		3.6								1.3	
31	x	24.0	29,000		3.5								1.6	
Total			1,940,000											
Average			62,581											
Maximum			123,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of: December, 2011

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City:	Altamonte Spri	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	407-869-1919			Contact Person's Fax Number:	407-869-6961
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 13			Plant Telephone Number:	1-800-272-1919
Plant Address:	11630 cocowood	City:	Port Richey	State: Florida	Zip Code: 34654
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days /weekends
Other Operators:	tony cardinal	C	8493	days / weekends
	will stevens	C	14416	days / weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Printed or Typed Name	License Number
	Stephen Habery	C-8012

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 13

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24.0	65,000		3.7								3.2	
2	x	24.0	88,000		3.3								2.8	
3	x	24.0	22,000		3.5								3.2	
4		24.0												
5	x	24.0	66,000		3.9								3.0	
6	x	24.0	94,000		3.6								2.6	
7	x	24.0	99,000		3.8								3.0	
8	x	24.0	96,000		3.0								2.5	
9	x	24.0	110,000		3.2								3.6	
10	x	24.0	34,000		3.2								2.9	
11		24.0												
12	x	24.0	97,000		3.0								3.6	
13	x	24.0	125,000		3.8								3.4	
14	x	24.0	109,000		3.5								3.4	
15	x	24.0	89,000		3.3								2.9	
16	x	24.0	76,000		3.5								2.8	
17	x	24.0	46,000		3.4								2.8	
18		24.0												
19	x	24.0	116,000		3.8								3.5	
20	x	24.0	115,000		3.3								3.4	
21	x	24.0	108,000		3.5								3.4	
22	x	24.0	130,000		3.1								3.6	
23	x	24.0	186,000		2.9								3.4	
24	x	24.0	71,000		2.8								3.5	
25		24.0												
26	x	24.0	115,000		3.8								3.2	
27	x	24.0	62,000		3.5								2.4	
28	x	24.0	124,000		2.9								3.0	
29	x	24.0	105,000		2.8								3.0	
30	x	24.0	115,000		2.8								3.1	
31	x	24.0	74,000		3.4								3.4	
Total			2,537,000											
Average			81,839											
Maximum			186,000											

* Refer to the instructions for this report to determine which plants must provide this information.

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

I. General Information for the Month/Year of:	December, 2011	uif

A. Public Water System (PWS) Information

PWS Name:	Summertree			PWS Identification Number:	6511423
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	1140			Total Population Served at End of Month:	2,850
PWS Owner:	Utilities Inc. of Florida				
Contact Person:	Patrick C Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield	City: Altamonte Spri	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	407-869-1919		Contact Person's Fax Number:	407-869-6961	
Contact Person's E-Mail Address:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	well 17			Plant Telephone Number:	1-800-272-1919
Plant Address:	11615 peartree	City: Port Richey	State: Florida	Zip Code:	34654
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	214,000				
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:	Stephen Habery	C	8012	days /weekends
Other Operators:	tony cardinal	C	8493	days / weekends
	will stevens	C	14416	days / weekends

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Stephen Habery Printed or Typed Name	C-8012 License Number

MONTHLY OPERATION REPORT FOR PW"Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	6511423	Plant Name:	well 17

III. Daily Data for the Month/Year of: December, 2011

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	uif Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0												
2		24.0												
3		24.0												
4		24.0												
5		24.0												
6		24.0												
7	x	24.0	1,000											
8		24.0												
9		24.0												
10		24.0												
11		24.0												
12		24.0												
13		24.0												
14		24.0												
15		24.0												
16		24.0												
17		24.0												
18		24.0												
19		24.0												
20	x	24.0	1,000											
21		24.0												
22		24.0												
23		24.0												
24		24.0												
25		24.0												
26		24.0												
27		24.0												
28		24.0												
29	x	24.0	1,000											
30		24.0												
31		24.0												
Total			3,000											
Average			96											
Maximum			1,000											

* Refer to the instructions for this report to determine which plants must provide this information.

DEP Form 62-555 900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year of :	December 2011										
Community Water System (CWS) Name:	Summertree										
Public Water System (PWS) Identification Number:	6511423										
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	ulf
	Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17							
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	214,000	214,000	214,000	214,000							856,000
Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	51,900	97,000	65,000	0							213,900
2	51,100	94,000	88,000	0							233,100
3	29,900	39,000	22,000	0							90,900
4	0	0	0	0							0
5	79,200	123,000	66,000	0							268,200
6	69,700	114,000	94,000	0							277,700
7	31,500	93,000	99,000	1,000							224,500
8	52,500	71,000	96,000	0							219,500
9	49,100	77,000	110,000	0							236,100
10	44,500	33,000	34,000	0							111,500
11	0	0	0	0							0
12	87,200	62,000	97,000	0							246,200
13	49,000	72,000	125,000	0							246,000
14	48,000	83,000	109,000	0							240,000
15	52,600	73,000	89,000	0							214,600
16	41,400	94,000	76,000	0							211,400
17	57,800	90,000	46,000	0							193,800
18	0	0	0	0							0
19	86,400	80,000	116,000	0							282,400
20	45,300	114,000	115,000	1,000							275,300
21	53,000	95,000	108,000	0							256,000
22	37,800	29,000	130,000	0							196,800
23	0	39,000	186,000	0							225,000
24	45,300	20,000	71,000	0							136,300
25	0	0	0	0							0
26	83,000	80,000	115,000	0							278,000
27	49,400	57,000	62,000	0							168,400
28	43,500	70,000	124,000	0							237,500
29	48,000	74,000	105,000	1,000							228,000
30	45,000	38,000	115,000	0							198,000
31	53,400	29,000	74,000	0							156,400
Total	1,385,500	1,940,000	2,537,000	3,000							5,865,500
Avg.	44,694	62,581	81,839	97							189,210
Max.	87,200	123,000	186,000	1,000							282,400

INSPECTION
REPORTS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (5)
INSPECTION REPORTS

Test Year Ended December 31, 2011

Utilities, Inc.

June 17, 2009

Ms. Margie DeBerry
Environmental Specialist
FDEP – Southwest District
Drinking Water Section
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Compliance Inspection
Orangewood Water System
PWS# 6511311
Pasco County

Dear Ms. DeBerry:

Our office is in receipt of the above referenced inspection report dated May 18, 2009.

The following items noted by the Department were corrected as follows. The Department's comments are reiterated in bold with the Utility's response immediately following.

Pursuant to Rule 62-555.350(2) F.A.C. finished – drinking water meters should be checked for accuracy. Please submit or provide on-site documentation showing that the flow meter has been checked for accuracy or calibrated.

Please see attached copies of the latest calibration records dated March 19, 2009. Please note that Well No. 1 flow meter - Orangewood and Well No. 3 flow meter - Buena Vista/Orangewood were out of calibration by more than five (5) percent. The No. 1 flow meter has been ordered and upon receipt will be installed as a replacement. The piping arrangement for the No. 3 flow meter is being investigated for proper installation due to the inaccuracy and will be modified if needed. The Department will be notified with new calibration results of the two (2) meters upon completion of work.

Tank inspection and cleaning records were not available for review upon inspection. Please ensure the storage tanks are inspected by the next annual inspection in accordance with Rule 62-555.350(2), F.A.C. and keep records of such per Rule 62-555.350(12)(c), F.A.C.

All tanks are scheduled for inspection and cleaning in the fourth quarter of 2009. Inspection and cleaning records will be kept at the facility site. It should be noted that the last inspection and cleaning of all tanks had been completed in April, 2004.

We hope this adequately addresses the Department's concerns. If you should have any questions, please do not hesitate to contact me at (407) 869-8588, ext. 234 or via email at slhaws@uiwater.com.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scotty L. Haws
Regional Compliance & Safety Manager

EC: Patrick C. Flynn, Regional Director
Mike Wilson, Regional Manager
Lee Neal, Area Manager

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Orange Wood
SYSTEM ADDRESS:

CONSUMPTIVE USE PERMIT NUMBER:
PERMITTEE NAME: Orange Wood **LOCATION:**
DATE OF PERMIT ISSUANCE: **PUMP NUMBER:** 1
PUMP CAPACITY: 174 GPM **SERIAL NUMBER ON METER:** 32342908
METER MODEL: Baper
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit/Time Flowmeter
DATE OF THIS METER TEST: 1/19/09

INITIAL METER READING AT START OF TEST:	57868200		
FINAL METER READING AT END OF TEST:	57868300	Total Gals.	100
INITIAL READING ON CALIBRATED TEST METER:	17		
FINAL READING ON CALIBRATED TEST METER:	135	Total Gals.	118

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -15.3 %

COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: **DATE:** 3/19/09

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Orange Wood
SYSTEM ADDRESS: _____

CONSUMPTIVE USE PERMIT NUMBER: _____
PERMITTEE NAME: Orange Wood
DATE OF PERMIT ISSUANCE: _____
PUMP CAPACITY: _____ GPM
METER MODEL: ARB
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit/Time Flowmeter
DATE OF THIS METER TEST: 1/19/09

LOCATION: _____
PUMP NUMBER: 2
SERIAL NUMBER ON METER: 12766592

INITIAL METER READING AT START OF TEST:	94690300		
FINAL METER READING AT END OF TEST:	94690400	Total Gals.	100
INITIAL READING ON CALIBRATED TEST METER:	533		
FINAL READING ON CALIBRATED TEST METER:	634	Total Gals.	101

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -1.0 %

COMMENTS: _____

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: _____ DATE: 3/19/09

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Orange Wood
SYSTEM ADDRESS:

CONSUMPTIVE USE PERMIT NUMBER:
PERMITTEE NAME: Orange Wood
LOCATION:
DATE OF PERMIT ISSUANCE:
PUMP NUMBER: 3&4
PUMP CAPACITY: 174 GPM
SERIAL NUMBER ON METER: 93798633
METER MODEL: Bager
DISCHARGE PIPE DIAMETER: 4"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit/Time Flowmeter
DATE OF THIS METER TEST: 1/19/09

INITIAL METER READING AT START OF TEST:	35507700		
FINAL METER READING AT END OF TEST:	35507800	Total Gals.	100
INITIAL READING ON CALIBRATED TEST METER:	12		
FINAL READING ON CALIBRATED TEST METER:	114	Total Gals.	102

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -2.0 %

COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE:
DATE: 3/19/09

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Orange Wood BUP
SYSTEM ADDRESS: _____

CONSUMPTIVE USE PERMIT NUMBER: _____
PERMITTEE NAME: Orange Wood
DATE OF PERMIT ISSUANCE: _____
PUMP CAPACITY: 97 GPM
METER MODEL: ABB
DISCHARGE PIPE DIAMETER: _____
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit/Time Flowmeter
DATE OF THIS METER TEST: 3/10/2009

LOCATION: Well # 1
PUMP NUMBER: 1
SERIAL NUMBER ON METER: 3403910

INITIAL METER READING AT START OF TEST:	9782200	
FINAL METER READING AT END OF TEST:	9783200	Total Gals. 1000
INITIAL READING ON CALIBRATED TEST METER:	98	
FINAL READING ON CALIBRATED TEST METER:	1154	Total Gals. 1056

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -5.0 %

COMMENTS: _____

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: _____ **DATE:** 3/10/2009

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Orange Wood BUP
SYSTEM ADDRESS: _____

CONSUMPTIVE USE PERMIT NUMBER: _____
PERMITTEE NAME: Orange Wood
DATE OF PERMIT ISSUANCE: _____
PUMP CAPACITY: 117 GPM
METER MODEL: ABB
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit Time Flowmeter
DATE OF THIS METER TEST: 3/5102009

LOCATION: Well # 2
PUMP NUMBER: 1
SERIAL NUMBER ON METER: 1504470

INITIAL METER READING AT START OF TEST:	56779700	
FINAL METER READING AT END OF TEST:	56780700	Total Gals. 1000
INITIAL READING ON CALIBRATED TEST METER:	129	
FINAL READING ON CALIBRATED TEST METER:	1114	Total Gals. 985

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: 1.5 %

COMMENTS: _____

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: _____ **DATE:** 3/102009

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: OrangeWood B.V.T.P.
SYSTEM ADDRESS: _____

CONSUMPTIVE USE PERMIT NUMBER: _____
PERMITTEE NAME: Orange Wood B.V.T.P. LOCATION: _____
DATE OF PERMIT ISSUANCE: _____ PUMP NUMBER: 3
PUMP CAPACITY: 140 GPM SERIAL NUMBER ON METER: [redacted]
METER MODEL: Hager
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit Time Flowmeter
DATE OF THIS METER TEST: 1/19/09

INITIAL METER READING AT START OF TEST:	104400		
FINAL METER READING AT END OF TEST:	104500	Total Gals.	100
INITIAL READING ON CALIBRATED TEST METER:	770		
FINAL READING ON CALIBRATED TEST METER:	859	Total Gals.	89

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: 12.4 %

COMMENTS: _____

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: _____ DATE: 3/19/09

Received by June 18, 2009

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

May 18, 2009

Mr. Patrick Flynn
Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714
pcflynn@uiwater.com

Re: Compliance Inspection
Orangewood Water System
PWS-ID No. 651-1311
Pasco 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 or concerns, please contact me at (813) 632-7600, extension 317, or Margie.DeBerry@dep.state.fl.us.

Regards,

Margie DeBerry
Environmental Specialist
Drinking Water Section

MD/dsm

Attachment

cc: Steve Habery, Operator, orangewood@uiwater.com
Scotty Haws, Regional Compliance & Safety Manager, slhaws@uiwater.com
Lee Neal, Area Manager, wlneal@uiwater.com

Compliance Inspection Form

SYSTEM

Water system: ORANGEWOOD WATER SYSTEM | System PWS #: 6511311 | Inspection Date: 04/24/2009

Inspector: MARGIE DEBERRY | Person(s) contacted: STEVE HABERY | System Type: C

System address: 2448 ARCADIA ROAD (SEE REMARKS FOR PLANT LOCATIONS) | City: HOLIDAY | State: FL | Zip: 34690

OWNER

Owner name: UTILITIES INC. OF FLORIDA (ATTN: PATRICK FLYNN) | Owner title: OWNER

Owner address: 200 WEATHERSFIELD AVENUE | City: ALTAMONTE SPRINGS | State: FL | Zip: 32714

Owner phone: 407-869-1919 | Email: pcflynn@uiwater.com

Operator required? ☒ Yes ☐ No (If "No", Operator sections not applicable) | Operator class & cert. number: C 8012

Operator name: STEVE HABERY | Phone: 727-934-9137

S = SATISFACTORY U = UNSATISFACTORY ~ = NOT APPLICABLE * = SEE COMMENT BELOW

SOURCE - WELL INFORMATION

Plant Name	OW1	OW2	OW3+4		BVTP1	BVTP2	BVTP3
Well Number/Well ID #	1	2	3	4	1	2	3
Well head sealed? (Pad/conduit/openings)	S	S	S	S	S	S	S
Well casing 12" above grade?	S	S	S	S	S	S	S
Casing vent compliant? (2003)	S	S	S	S	S	S	S
Check valve compliant?	S	S	S	S	S	S	S
Raw tap compliant?	S	S	S	S	S	S	S
Flowmeter/Timeclock	S	S	S	S	S	S	S
Well Pad Compliant?	S	S	S	S	S	S	S
Security measures compliant?	S	S	S	S	S	S	S

TREATMENT

	O & M logbook compliant?	S	S	S		S	S	S
	O & M manual compliant?	S	S	S		S	S	S
	Auxiliary Power	S	~	~		~	~	S
	Loss of chlorine alarm compliant?	S	S	S		~	~	~
	Treated sample tap provided?	S	S	S		S	S	S
HYPO	Cl solution NSF approved?	S	S	S		S	S	S
HYPO	Cl storage complaint	S	S	S		S	S	S
HYPO	Chlorinator	S	S	S		S	S	S
GAS	Cl room compliant?	~						
GAS	Scales compliant?	~						
GAS	Auto switchover provided?	~						
GAS	Safety: (SCBA/Gloves/Ammonia/Panic Hit)	~						
OTHER	Aeration	~						
OTHER	pH adjustment	~						
OTHER	Orthophosphate	~						
OTHER	Other:	~						

STORAGE

Plant Name	OW1	OW2	OW3+4	BVTP 1	BVTP 2	BVTP 3	
Tank(s)/Type(s)	1	1	1	1	1	1	Hydro
Inspections compliant? (annual/5yr)	U	U	U	U	U	U	See Deficiencies
Pressure Gauge Compliant	S	S	S	S	S	S	On/Off: 50/6
Pressure relief valve provided? (hydro)	S	S	S	~	S	~	
Security measures compliant?	S	S	S	S	S	S	

DISTRIBUTION

Water system map compliant?	Yes	
Flushing of dead ends compliant?	NA	Looped System
Valve maintenance compliant?	Yes	
Chlorine residual > 0.2 mg/L	Yes	

MANAGEMENT

Number of high service pumps?	NA	
Flow meter accuracy checked?	*	See Recommendations
ERP & CCC Plans Onsite?	Yes	

OPERATOR

Operator visits compliant?	Yes	
Plant checked 5 times per week?	Yes	
Last inspection fully compliant? ☒ Yes ☐ No (see below)		
Have deficiencies been addressed?		NA
Were any of the deficiencies "repeat"?		No

FIELD SAMPLING RESULTS

Plant Cl (mg/L)	OW1	OW2	OW3+4	BVTP1	BVTP2	BVTP3
	2.07	0.74	1.61	2.27	1.35	2.20
Distribution Cl mg/L)	2.07		Location:		4019 DALWOOD ROAD	

REMARKS AND RECOMMENDATIONS

Remarks

- Plant Locations: OW 1 - 4730 Darlington Road; OW 2 - 4627 Darlington Road; OW 3 + 4 - 2448 Arcadia Road; BVTP 1 - 1733 Orange Drive; BVTP 2 - 2031 Pleasure Drive; BVTP 3 - 2044 Holiday Drive

[OW = Orangewood; BVTP = Buena Vista Trailer Park]

Well Parameter	Well Number						
	OW Well 1	OW Well 2	OW Well 3	OW Well 4	BVTP Well 1	BVTP Well 2	BVTP Well 3
FLUWID#	AAB4551	AAB4552	AAB4550	AAB4549	AAB4559	AAB4560	AAB4561
Flow Meter Model	Badger Meter	ABB	BadgerMeter		BadgerMeter	ABB	Water Specialties

- Generators are located at OW 1 (45 kW) and BVTP 3 (100 kW)
- An incinerator toilet is located at OW Well 4. However, there are no setback requirements for the use of this type of onsite sewage treatment and disposal system.

Recommendations

- Pursuant to Rule 62-555.350(2), F.A.C., finished-drinking water meters should be checked for accuracy. Please submit or provide on-site, documentation showing that the flow meter has been checked for accuracy or calibrated.

Rule References

Rule 62-555.350(2), F.A.C.

(2) Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Preventive maintenance on electrical or mechanical equipment – including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves –shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly.

DEFICIENCIES

DEFICIENCY: STORAGE TANK INSPECTIONS DUE

Tank inspection and cleaning records were not available for review upon inspection. Please ensure the storage tanks are inspected by the next annual inspection in accordance with Rule 62-555.350(2), F.A.C. and keep records of such per Rule 62-555.350(12)(c), F.A.C.

Rule 62-555.350(2), F.A.C.

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

Rule 62-555.350(12)(c), F.A.C.

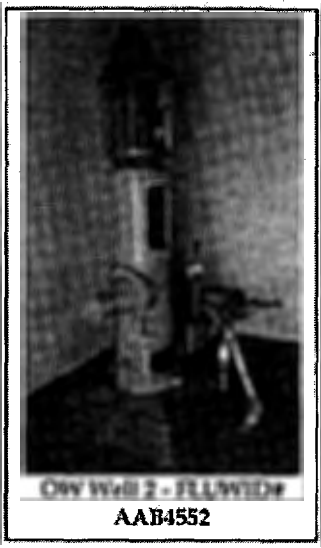
(c) All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C.

TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION
2970 Wellington Circle W, Suite 101
Tallahassee FL 32309-6885
E-Mail: FRWA@frwa.net
Home Page: http://www.frwa.net
850.668.2746

PICTURES


OW Well 1 – FLUWID# AAB4551

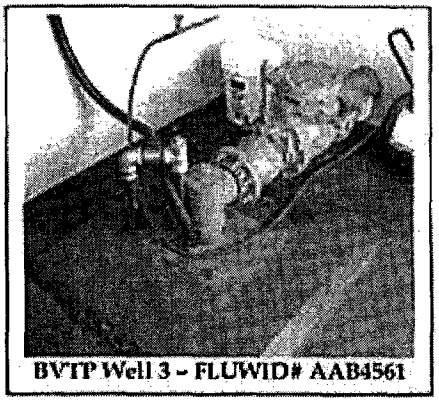

OW Well 2 - FLUWID# AAB4552

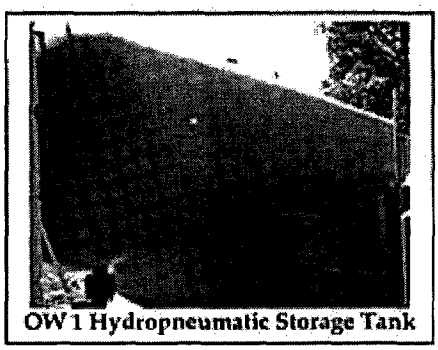

OW Well 3 - FLUWID# AAB4550

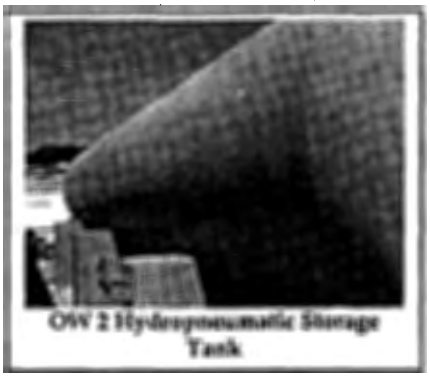

OW Well 4 - FLUWID# AAB4549

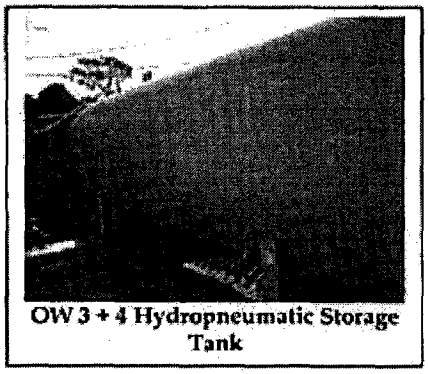

BVTP Well 1 – FLUWID# AAB4559


BVTP Well 2 – FLUWID# AAB4560


BVTP Well 3 – FLUWID# AAB4561

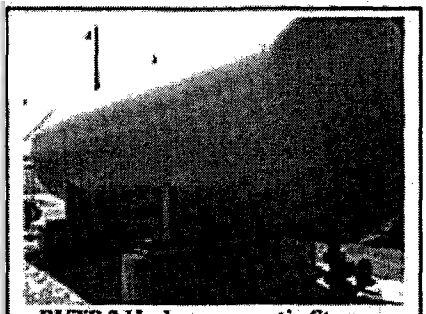

OW 1 Hydropneumatic Storage Tank


OW 2 Hydropneumatic Storage Tank


OW 3 + 4 Hydropneumatic Storage Tank



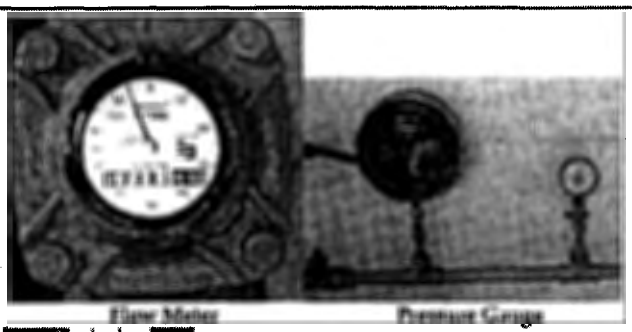
BVTP 1 Hydropneumatic Storage Tank



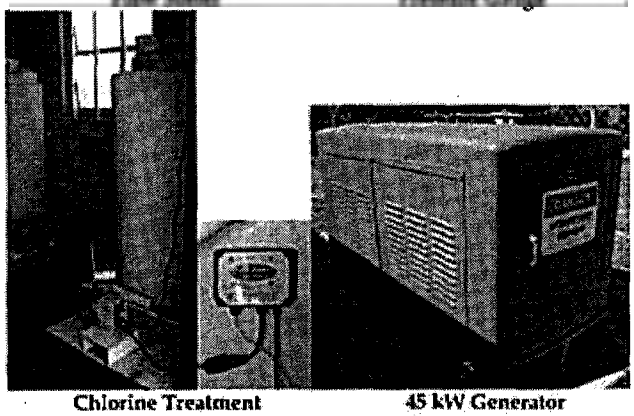
BVTP 2 Hydropneumatic Storage Tank



BVTP 3 Hydropneumatic Storage Tank

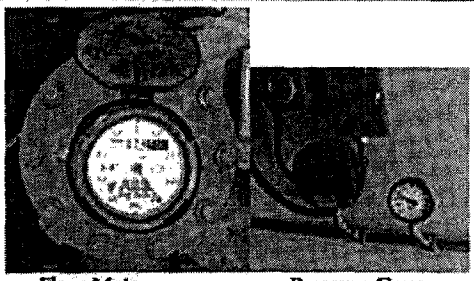


Flow Meter Pressure Gauge

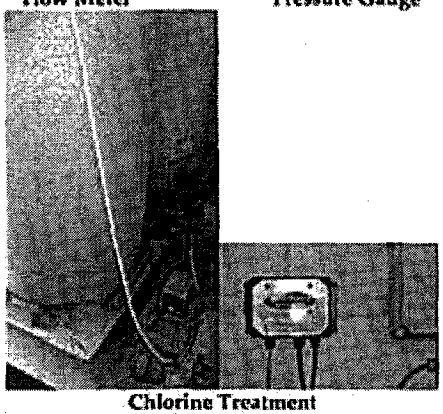


Chlorine Treatment 45 kW Generator

OW 1 Plant



Flow Meter Pressure Gauge



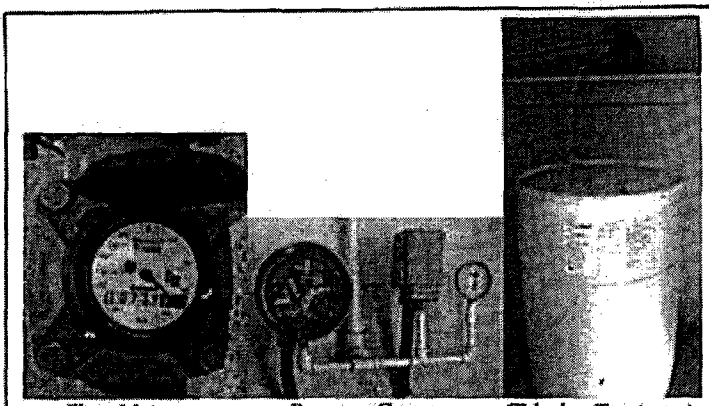
Chlorine Treatment

OW 2 Plant

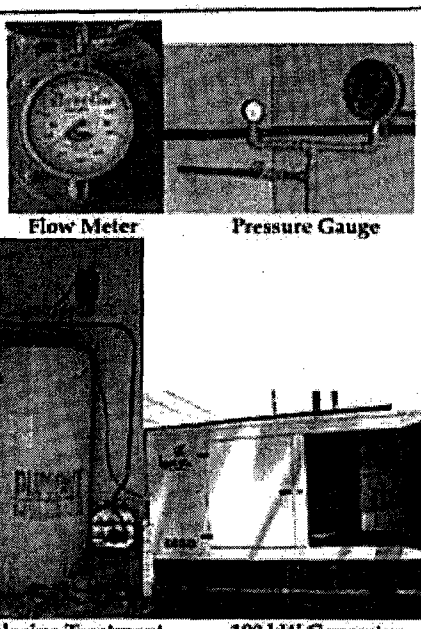


Flow Meter Pressure Gauge Chlorine Treatment Incinerator Toilet @ Well 4

OW 3 + 4 Plant



Flow Meter Pressure Gauge Chlorine Treatment
BVTP 1 Plant



Flow Meter Pressure Gauge
Chlorine Treatment 100 kW Generator
BVTP 3 Plant



Flow Meter Pressure Gauge Chlorine Treatment
BVTP 2 Plant

INSPECTOR'S SIGNATURE Margie Deberry TITLE Environmental Specialist II DATE 5/15/2009

REVIEWED BY Gerald B. Tate TITLE Environmental Manager DATE 5/15/2009

Utilities, Inc.

May 13, 2009

Ms. Margie DeBerry
FDEP – Southwest District
Drinking Water Section
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

RE: Sanitary Survey Report
Summertree
PWS ID# 6511423
Pasco County

Dear Ms. DeBerry:

Our office is in receipt of the Department's letter dated April 17, 2009 in regard to the above referenced system.

The Department's comments are reiterated in bold with the utility's response immediately following.

Storage Tank Inspections Overdue. Tank inspection and cleaning records were not available upon inspection. Please ensure the storage tanks are inspected by the next annual inspection in accordance with Rule 62-555.350(2), F.A.C. and keep records of such per Rule 62-555.350(12)(c), F.A.C.

Original tank inspections and cleaning were performed in April, 2004 by Liquid Engineering, Inc. Inspection and cleaning of the storage tanks is scheduled to begin in July, 2009.

Pursuant to Rule 62-555.350(2), F.A.C., finished drinking water meters should be checked for accuracy. Please submit to the Department or provide on-site documentation showing that the flow meter has been checked for accuracy or calibrated.

All WTP flow meters were checked for accuracy on March 10, 2009. (Please see the attached). The flow meter for wells No. 1 and 2 were discovered to be inaccurate and are scheduled for repair/replacement within the next 30 days.

If you should have any questions, please do not hesitate to contact me at (407) 869-8588, ext. 234 or via email at slhaws@uiwater.com.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scotty L. Haws
Regional Compliance & Safety Manager

EC: Patrick C. Flynn, Regional Director
Mike Wilson, Regional Manager
Lee Neal, Area Manager

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION

2970 WELLINGTON CR. W. STE. 101

TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Summer Tree

SYSTEM ADDRESS:

CONSUMPTIVE USE PERMIT NUMBER:

PERMITTEE NAME: Summer Tree **LOCATION:** Well #

DATE OF PERMIT ISSUANCE: **PUMP NUMBER:** 1

PUMP CAPACITY: GPM **SERIAL NUMBER ON METER:** 20061826-06

METER MODEL:

DISCHARGE PIPE DIAMETER: 6"

DATE OF LAST METER TEST: N/A

NAME OF PERSON PERFOMING TEST: Donnie Morrison

METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit Time Flowmeter

DATE OF THIS METER TEST: 3/5102009

INITIAL METER READING AT START OF TEST:	34147300		
FINAL METER READING AT END OF TEST:	34147800	Total Gals.	500
INITIAL READING ON CALIBRATED TEST METER:	26		
FINAL READING ON CALIBRATED TEST METER:	592	Total Gals.	566

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -11.7 %

COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison

COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION

DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: **DATE:** 3/102009

FLOW METER ACCURACY RECORD
FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Summer Tree
SYSTEM ADDRESS:

CONSUMPTIVE USE PERMIT NUMBER:
PERMITTEE NAME: Summer Tree
LOCATION: Well #2
DATE OF PERMIT ISSUANCE:
PUMP NUMBER: 1
PUMP CAPACITY: GPM
SERIAL NUMBER ON METER:
METER MODEL: water specialties
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polyvanlin Transit/Time Flowmeter
DATE OF THIS METER TEST: 3/5102009

INITIAL METER READING AT START OF TEST:	140011000		
FINAL METER READING AT END OF TEST:	140012000	Total Gals	1000
INITIAL READING ON CALIBRATED TEST METER:	300		
FINAL READING ON CALIBRATED TEST METER:	1569	Total Gals	1269

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -21.2 %

COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: **DATE:** 3/102009

FLOW METER ACCURACY RECORD

FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Summer Tree
SYSTEM ADDRESS:

CONSUMPTIVE USE PERMIT NUMBER:
PERMITTEE NAME: Summer Tree
LOCATION: Well #13
DATE OF PERMIT ISSUANCE:
PUMP NUMBER: 1
PUMP CAPACITY: GPM
SERIAL NUMBER ON METER: 33473687
METER MODEL: Badger
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit Time Flowmeter
DATE OF THIS METER TEST: 3/5102009

INITIAL METER READING AT START OF TEST:	11086100		
FINAL METER READING AT END OF TEST:	11087100	Total Gals.	1000
INITIAL READING ON CALIBRATED TEST METER:	23		
FINAL READING ON CALIBRATED TEST METER:	989	Total Gals.	966

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: 3.5 %

COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: **DATE:** 3/102009

FLOW METER ACCURACY RECORD
FLORIDA RURAL WATER ASSOCIATION
2970 WELLINGTON CR. W. STE. 101
TALLAHASSEE, FLORIDA 32308

SYSTEM NAME: Summer Tree
SYSTEM ADDRESS:

CONSUMPTIVE USE PERMIT NUMBER:
PERMITTEE NAME: Summer Tree **LOCATION:** Well #17
DATE OF PERMIT ISSUANCE: **PUMP NUMBER:** 1
PUMP CAPACITY: GPM **SERIAL NUMBER ON METER:** 20061820486
METER MODEL:
DISCHARGE PIPE DIAMETER: 6"
DATE OF LAST METER TEST: N/A
NAME OF PERSON PERFOMING TEST: Donnie Morrison
METHOD OR EQUIPMENT USED FOR TEST: Polysonics Transit Time Flowmeter
DATE OF THIS METER TEST: 3/5102009

INITIAL METER READING AT START OF TEST:	481000		
FINAL METER READING AT END OF TEST:	482000	Total Gals.	1000
INITIAL READING ON CALIBRATED TEST METER:	103		
FINAL READING ON CALIBRATED TEST METER:	1151	Total Gals.	1048

AVERAGE % OF ERROR BETWEEN FLOWMETER TESTED AND CALIBRATED TEST METER: -4.6 %

COMMENTS:

NAME OF PERSON COMPLETING THIS FORM: Donnie Morrison
COMPANY NAME: FLORIDA RURAL WATER ASSOCIATION
DAYTIME TELEPHONE: (850)668-2746

SIGNATURE: **DATE:** 3/102009

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

April 17, 2009

RECEIVED
APR 2 - 4:3

Mr. Patrick Flynn
Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Sanitary Survey Report
Summertree
PWS-ID No. 651-1423
Pasco County

Dear Mr. Flynn:

Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. On page two of the report you will find a list of deficiencies that were noted during the recent inspection, along with recommended corrective action.

You are requested to correct all listed deficiencies, as recommended, and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at (813) 632-7600, extension 317 or at Margie.DeBerry@dep.state.fl.us.

Regards,

Margie DeBerry
Environmental Specialist
Drinking Water Section

MD/dsm

Enclosure

SANITARY SURVEY REPORT – Small Systems – Chlorine/Aeration

SURVEY

Water system: SUMMERTREE | System PWS #: 6511423 | Date of survey: 03/27/2009

Inspector name: MARGIE DEBERRY | Person(s) contacted: LEE NEAL

System type: C | Population: 2550 | Connections: 1140 | Design capacity: 2484000 | Storage capacity: 17000

SYSTEM

System address: UTILITY OFFICE: 2448 ARCADIA ROAD | City: HOLIDAY | State: FL | Zip: 34690

System phone: 727-934-9137 | Cell:

Fax number: 727-934-2208 | Email: orangewood@uiwater.com

OWNER

Owner name: UTILITIES INC. OF FLORIDA (ATTN: PATRICK FLYNN) | Owner title: OWNER

Owner address: 200 WEATHERSFIELD AVENUE | City: ALTAMONTE SPRINGS | State: FL | Zip: 32714

Owner phone: 407-869-1919 | Cell:

Fax number: 407-869-6961 | Email: p.c.flynn@utilitiesinc-usa.com

OPERATOR

Operator required? ☒ Yes ☐ No (If "No", Operator sections not applicable) | Operator class & cert. number: C 8012 C 8493

Operator name: STEVE HABERY TONY CARDINAL | Phone: 727-934-9137

Fax number: 727-934-2208 | Email: orangewood@uiwater.com

SOURCE – WELL INFORMATION

Well Name and/or FL Unique Well ID	Well 1	Well 2	Well 13	Well 17
All openings sealed? (Pad/conduit/openings)	Yes	Yes	Yes	Yes
Well casing 12" above grade?	Yes	Yes	Yes	Yes
Casing vent compliant? (installed, screened)	Yes	Yes	Yes	Yes
Check valve compliant (installed/no leak)?	Yes	Yes	Yes	Yes
Tap Compliant? (Smooth 2" high/sanitary)	Yes	Yes	Yes	Yes
Flow measurable? (if applicable, GPM/Gps)	Yes	Yes	Yes	Yes
Flow meter accuracy checked?	Yes *	Yes *	Yes *	*
Well capacity > maximum day?	Yes	Yes	Yes	Yes
Setbacks compliant? (hazard type and distance)	Yes	Yes	Yes	Yes

STORAGE FACILITIES

Storage type used: ☒ Hydro ☐ Ground ☐ Elevated ☐ Bladder ☐ N/A

Inspections compliant? (annual/5yr)	No-See Deficiencies
Washouts compliant? (every 5 yrs)	No-See Deficiencies
Storage capacity compliant? (24 max)	

HYDRO: APPURTENANCES: "X" box below if not compliant,
☐ PRV ☐ Gauge ☐ Sight glass ☐ Bypass ☐ Drain ☒ Compliant

GROUND/ELEVATED: APPURTENANCES: "X" box below if not compliant . N/A
☐ Hatch ☐ Vent ☐ Overflow ☐ Drain ☐ Bypass ☐ Compliant

PUMPS/CONTROLS

Manual or automatic controls?	Automatic
On/Off pressure of pumps?	See Remarks
HSP: High Service Pumps functional?	N/A
HSP: HSP capacity compliant?	N/A

TREATMENT

Name of plant & type of chlorination	1 / **	2 / **	13/17 / **
O & M log compliant?	Yes	Yes	Yes
O & M manual compliant?	Yes	Yes	Yes
Cl storage compliant? (no organics/shade/sun)	Yes	Yes	Yes
Chlorinator flow proportionate?	Yes	Yes	Yes
Treated sample tap provided?	Yes	Yes	Yes
HYPO Cl: Cl solution strength?	10.5%	10.5%	10.5%
HYPO Cl: Solution tank compliant? (covered/etc)	Yes	Yes	Yes
HYPO Cl: Antisiphon protection compliant?	Yes	Yes	Yes
HYPO Cl: Safety: (Gloves/Apron/Eyewash/etc)	Yes	Yes	Yes
GAS Cl: Cl room compliant? (separate/ventilation)	N/A	N/A	N/A
GAS Cl: Scales compliant? (installed/functional)	N/A	N/A	N/A
GAS Cl: Safety: (SCBA/Gloves/Ammonia)	N/A	N/A	N/A

AERATE: Choose type: "X" box below if not compliant N/A
☐ Screen ☐ Tray ☐ Lid ☐ Bypass ☐ Drain ☐ Algae Free ☐ Compliant

MONITORING

Chlorine test kit compliant?	Yes
Chlorine grab sampling compliant?	Yes
Bacti sampling compliant?	Yes
Chemical sampling compliant?	Yes
Lead/copper sampling compliant? (C,P)	Yes
DBP monitoring compliant? (C,P)	Yes

MONITORING PLANS: "X" box below if not compliant
☐ Bacteriological ☐ Disinfection By-Products (C,P) ☐ Lead & Copper (C,P)

MANAGEMENT

NSF: "X" box below if not compliant
☐ Treatment Chemicals/Components ☐ Storage ☐ Pipe ☐ New Meters

CCC Plan Implemented?	Yes
Record keeping compliant?	Yes
Security measures compliant?	Yes

DISTRIBUTION

Flushing program compliant?	Yes
Valve maintenance compliant?	Yes
Distribution PSI compliant? (>20 PSI)	Yes
Chlorine residual above 0.6 mg/L?	Yes

OPERATOR

Plant category and type?	Cat. V / Class C
Operator visits compliant?	Yes
Plant checked 5 days/week? (owner/rep)	Yes
MORs submittal compliant?	Yes

FIELD SAMPLING RESULTS

Plant Cl (mg/L)/pH: See comments / N/A | Distribution Cl (mg/L)/pH: T(1.80), F(0.00) / N/A

TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? ☐ Yes (see enclosed TAP information) ☒ No TAP recommended at this time

COMMENTS: * See Recommendations ** Chloramines (NH2 solution strength 20.6%)..See Remarks

Plant Chlorine Residuals --> Well 1: T(2.95), F(0.11); Well 2: T(1.71), F(0.00); Wells 13/17: T(2.70), F(0.08)

Please provide any missing information or corrections to the Department.

DEFICIENCIES

DEFICIENCY: STORAGE TANK INSPECTIONS OVERDUE

Tank inspection and cleaning records were not available upon inspection. Please ensure the storage tanks are inspected by the next annual inspection in accordance with Rule 62-555.350(2), F.A.C. and keep records of such per Rule 62-555.350(12)(c), F.A.C.

Rule 62-555.350(2), F.A.C.
Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

Rule 62-555.350(12)(c), F.A.C.
(c) All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C.

REMARKS AND RECOMMENDATIONS

Additional Requirements for Systems with a population >350

Emergency Response Plan (ERP) (62-555.350(15), F.A.C.): An ERP is located on site at Well 2. The plan is also on file with the Department.

Standby Power Requirement (62-555.320(14), F.A.C.): A generator is located at the 13/17 Plant. The generator will ı the plant and Well 13. A generator is connected to Well 2, but it will only run the well and not the plant. An auxiliary power plan (2001) is on file with the Department.

Up-to-date Distribution System Map (62-555.350(14), F.A.C.): Distribution maps are located on site at Well 2.

Remarks

- System Address (Plants): Well 1 – 11128 State Road 52, New Port Richey, FL 34654
  Well 2 – NW of Clubhouse (Paradise Point Way)
  Well 13/Well 17 – Cocowood Drive (Well 17 – Pear Tree Drive)
- On/Off Pressure of Pumps: Well 1 – 52/60 Well 2 – 56/63 Well 13 – 48/58 Well 17 – 30/45
- Chloramines: This system will be switching from aqueous ammonia to ammonium sulfate in the near future. The Department was previously notified.
- ORP ChemLogic probes to monitor chlorine residuals and auto dialers/alarms are located at all three plants.

Recommendations

- Pursuant to Rule 62-555.350(2), F.A.C., finished-drinking water meters should be checked for accuracy. Please submit to the Department or provide on-site, documentation showing that the flow meter has been checked for accuracy or calibrated.

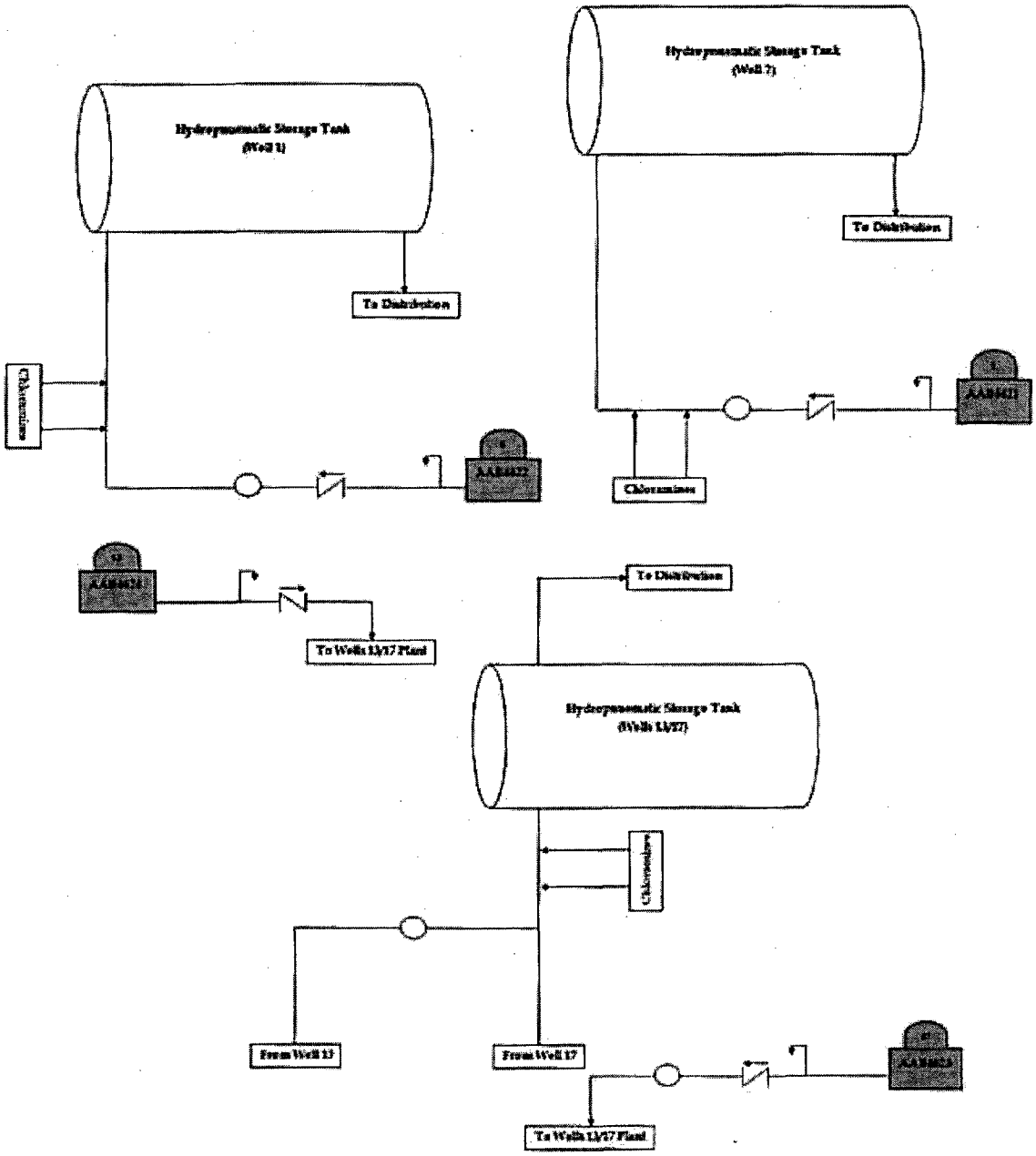
Rule References

Rule 62-555.350(2), F.A.C.
(2) Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Preventive maintenance on electrical or mechanical equipment – including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves – ıll be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written ventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly.

Reminders

- 2009 is the large compliance monitoring year for this system. Please refer to the attached compliance monitoring schedule for requirements.
- 2008 Consumer Confidence Reports - Your community water system is required to prepare and provide to your customers, an annual Consumer Confidence Report (CCR) in accordance with Rule 62-550.824, Florida Administrative Code. This report must be delivered, to both customers and the Department, by July 1, 2009, and must be based on updated analytical results obtained from monitoring performed during the calendar year 2008. The CCR certification of Delivery must be submitted to the Department by August 10, 2009.

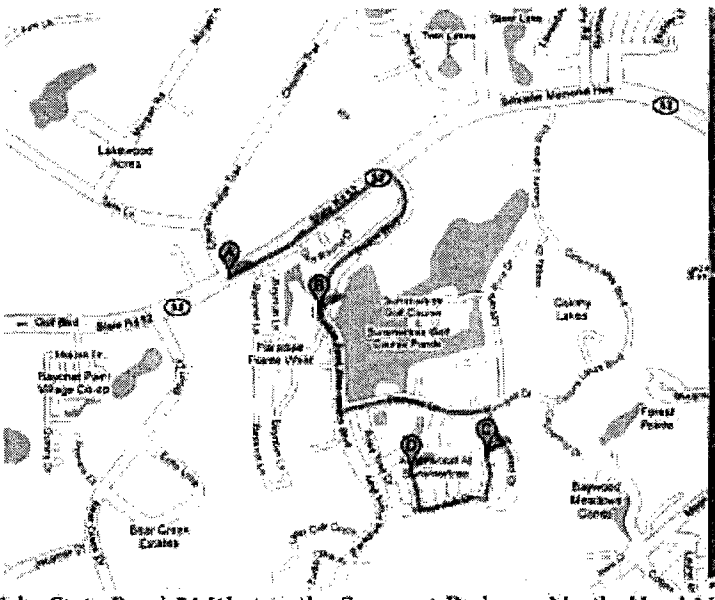
SYSTEM SCHEMATIC



TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION
2970 Wellington Circle W, Suite 101
Tallahassee FL 32309-6885
E-Mail: FRWA@frwa.net
Home Page: http://www.frwa.net
850.668.2746

MAPS OR DIRECTIONS TO SYSTEM (text and/or graphics)

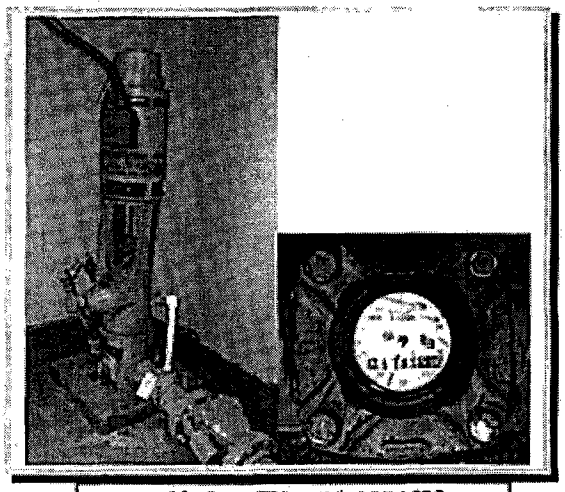




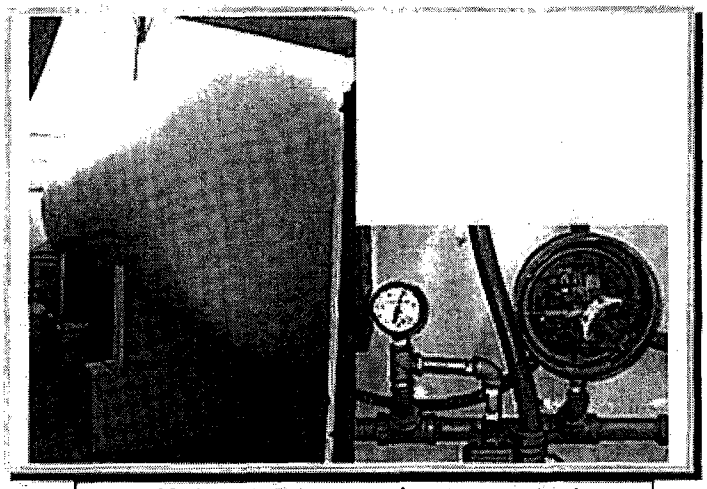
Take State Road 54 West to the Suncoast Parkway North. Head North to State Road 52 and exit. Make a left on State Road 52 and go West approximately 4.5 miles. Make a left onto Paradise Point Way. Well 2 is located on the right, northwest of the Summertree clubhouse.

DIGITAL PHOTOS

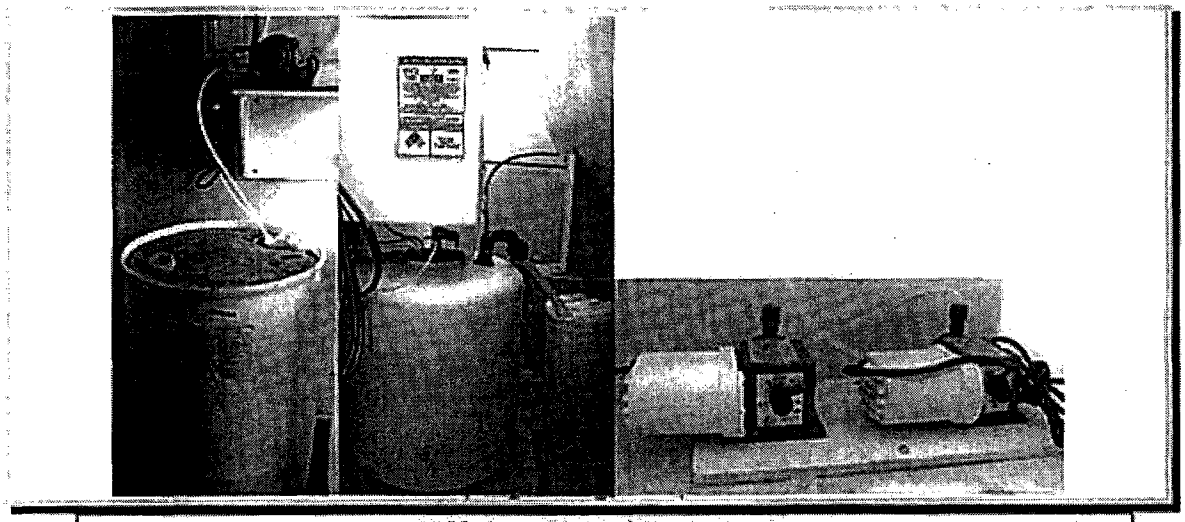
1. Type of Camera Used: Canon A530 5.0 Mega Pixels
2. Digital Recording Media: Transcend 1 GB SD Card
3. Were the photos altered?: (Yes or No) **Yes** If yes, explain: **Cropped**
4. Photographer: Margie DeBerry



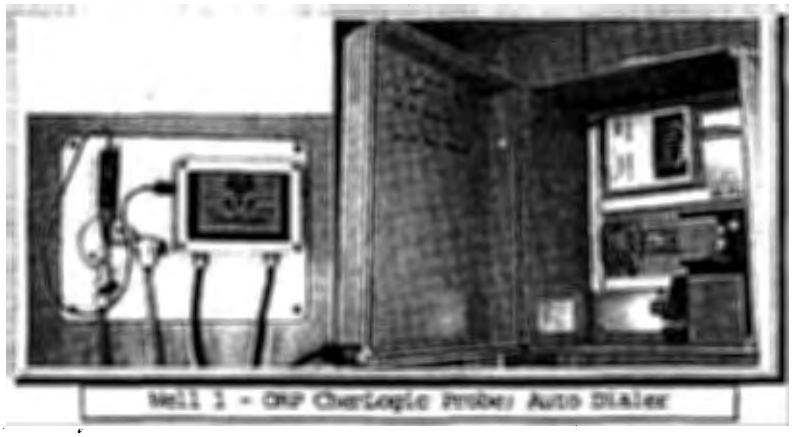
Well 1 - FLUWID# AAB4622
BadgerMeter Flow Meter 4"



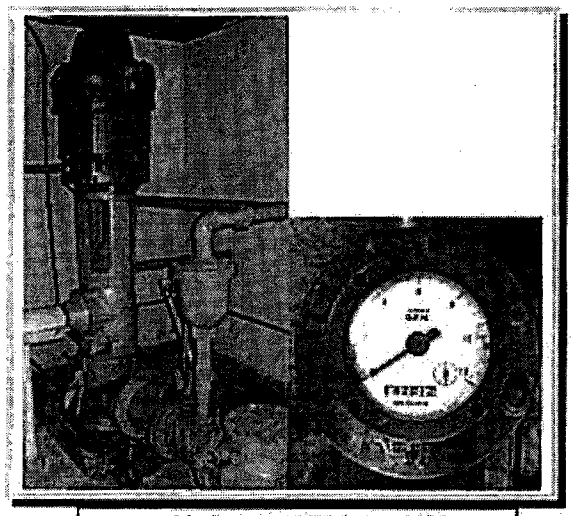
Well 1 - Hydropneumatic Storage Tank;
Pressure Gauge



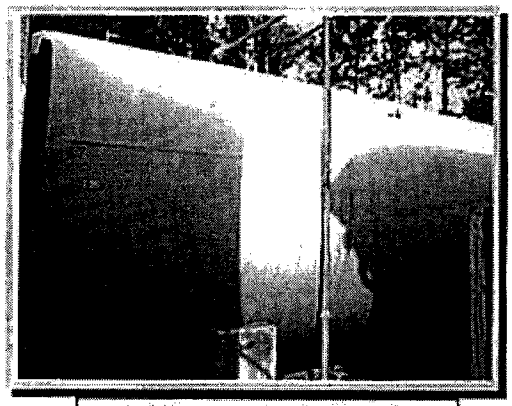
Well 1 - Chloramine Treatment
NaClO – Stenner 40 GPD; NH_3 – Chem-Tech 15 GPD x2



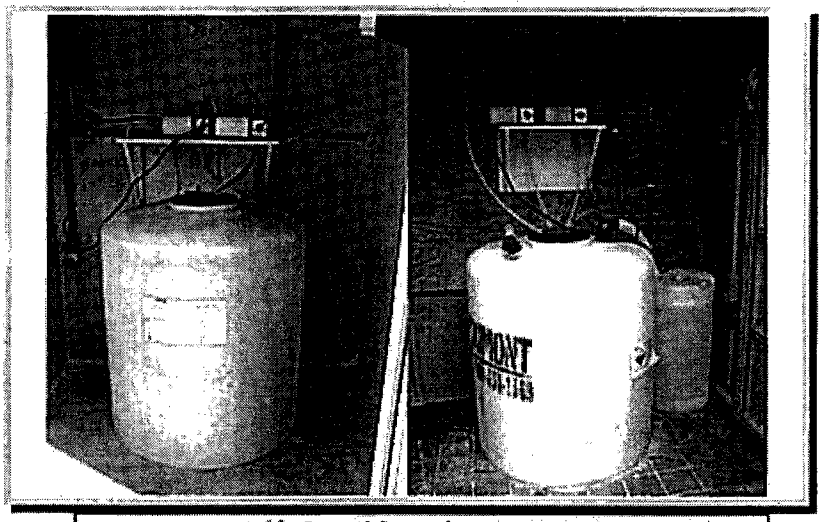
Well 1 - ORP Chemlogic Probe; Auto Dialer



Well 2 – FLUWID# AEB4621
Water Specialties Flow Meter 6"



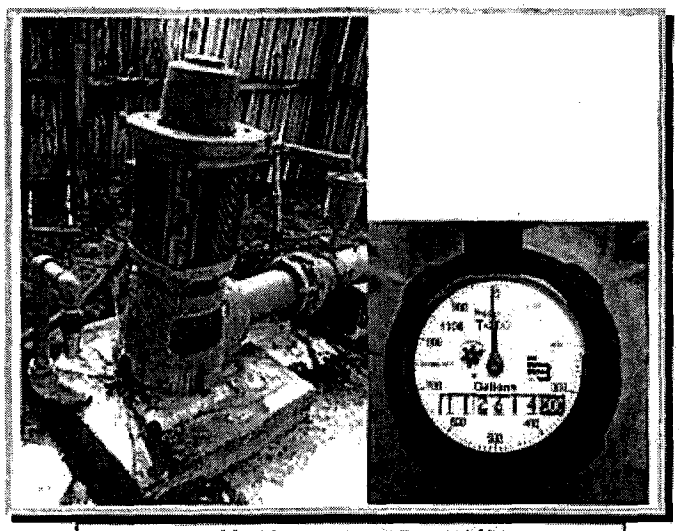
Well 2 - Hydropneumatic
Storage Tank



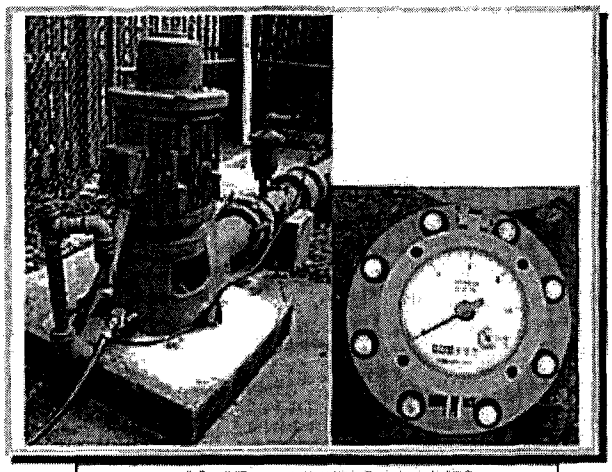
Well 2 - Chloramine Treatment
NaClO - Chem-Tech 30 GPD x2; NH_3 - Chem-Tech 15 GPD x2



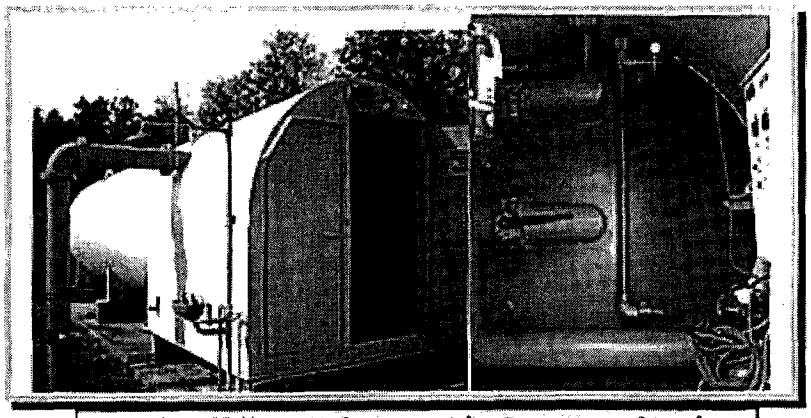
Well 2 - ORP ChemLogic Probe Auto Dialer/Alarm



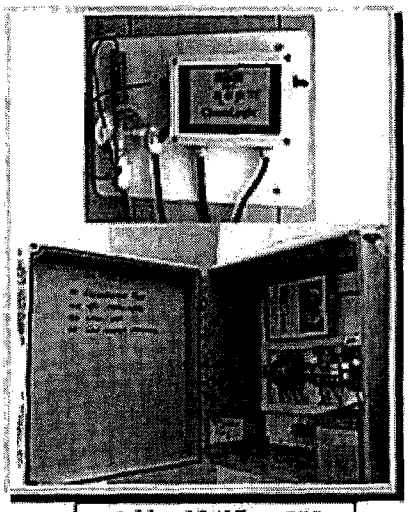
Well 13 – FLUWID# AAB4624
BadgerMeter Flow Meter 6"



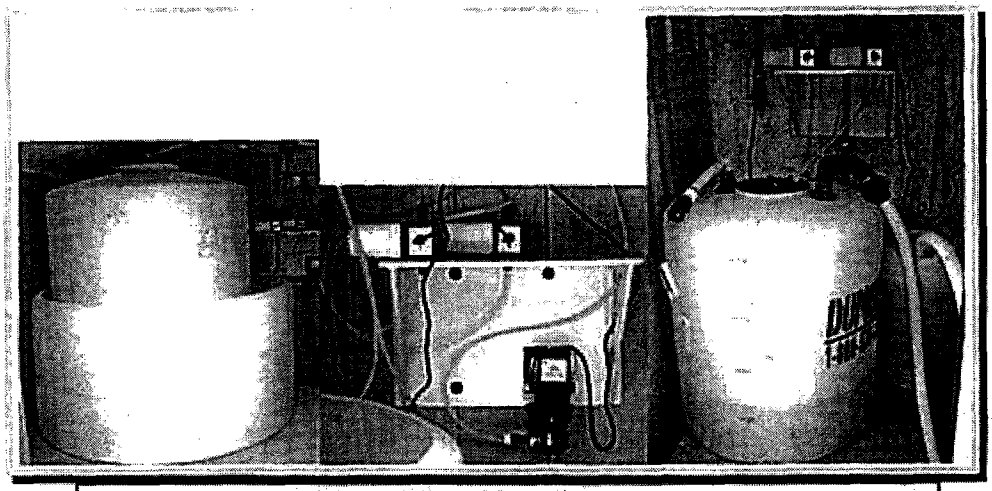
Well 17 – FLUWID# AAB4623
Water Specialties Flow Meter



Wells 13/17 – Hydropneumatic Storage Tank and Appertenances



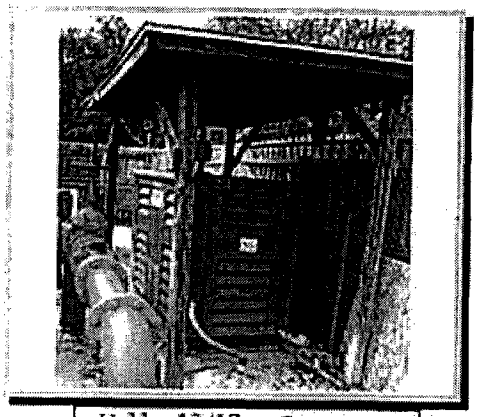
Wells 13/17 – ORP ChemLogic Probe; Auto Dialer/Alarm



Wells 13/17 – Chloramine Treatment
NaClO – Chem-Tech 30 GPD x2, Stenner 40 GPD
NH_3 – Chem-Tech 15 GPD x2



Well 2 - Generator



Wells 13/17 - Generator

INSPECTOR'S SIGNATURE Margie Dick TITLE ES II DATE: April 16, 2009

REVIEWED BY [signature] TITLE Prin. Analyst DATE: April 16, 2009

SMALL WATER SYSTEM SANITARY SURVEY REPORT - COMPLIANCE MONITORING ADDENDUM

Form can be optionally used to aid systems with upcoming sampling.

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS					
CONTAMINANT	**# Samples Required**	**Sampling Location**	**Frequency**	**Sample Date**	**Due Date**
Microbiological (Bacte)	1	Each well	Monthly	Monthly	Monthly
	3	Distribution	Monthly	Monthly	Monthly
Volatile Organics	1/POE *(Note A)*	*(Note G)*	3 years *(Notes A, 2)*	2009	2009
Synthetic Organics	1/POE	*(Note G)*	Annually *(Note 2)*	2009	2009
Nitrate & Nitrite (as N)	1	Each POE	Annually	2009	2009
Inorganics	1	Each POE	3 years *(Note 2)*	2009	2009
Asbestos	1 *(Note F)*	Distribution	9 years *(Note 3)*	2012 or Waiver	
Secondaries	1	Each POE	3 years *(Note 2)*	2009	2009
Radionuclides	*(Note C)*	Each POE	3, 6, or 9 years *(Note 2)*	2009	2009
Lead and Copper	10 *(Note D)*	Distribution (Indoor Taps)	*(Note 7)*	June-Sept 2009	October 10, 2009
Disinfection By-Products	1/plant	Max Res Time	3 years *(Note 7)*	July-Sept 2009	October 10, 2009

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

Schedule is modified version of the Central District's Compliance Monitoring Table
Last updated 4/16/2009 7:00:00 PM

SMALL WATER SYSTEM SANITARY SURVEY REPORT - COMPLIANCE MONITORING ADDENDUM

Form can be optionally used to aid systems with upcoming sampling.

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.

Note B 4 consecutive quarterly samples for the first year of operation. Credit will be given for samples taken before January 1, 1993. After initial sampling may go to triennial sampling in 2nd year of a 3 year compliance period.

Note C See Rule 62-550.519, F.A.C

Note D Contact the Southwest District/County Drinking Water Program at (813) 632-7600 or contact the Florida Rural Water Association.

Note E Contact Margie DeBerry, Environmental Specialist of FDEP – Southwest District at (813) 632-7600, extension 317 to obtain an application for reduced monitoring or visit http://www.dep.state.fl.us/water/drinkingwater/forms.htm.

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 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.

Note 1 First year of each three-year compliance period (calendar years 2005, 2008, 2011, etc.)

Note 2 Second year of each three-year compliance period (calendar years 2006, 2009, 2012, etc.)

Note 3 First year of each nine-year compliance cycle (calendar years 2005, 2008, etc.)

Note 4 Second year of each nine-year compliance cycle (calendar years 2006, 2009, etc.)

Note 5 Third year of each 3-year compliance period (2007, 2010, 2013, etc)

Note 6 Third year of each nine-year compliance cycle (2004, 2013, etc)

Note 7 Requirements vary. Please contact your local District/County office for specific information.

Schedule is modified version of the Central District's Compliance Monitoring Table
Last updated 4/16/2009 7:00:00 PM

SMALL WATER SYSTEM SANITARY SURVEY REPORT - COMPLIANCE MONITORING ADDENDUM

Form can be optionally used to aid systems with upcoming sampling.

PWS ID # 651-1423
Date 3/27/2009

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

Schedule is modified version of the Central District's Compliance Monitoring Table
Last updated 4/16/2009 7:00:00 PM

PERMITS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (6)
PERMITS

Test Year Ended December 31, 2011

BUENA VISTA

Southwest Florida
Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

An Equal Opportunity Employer

DR
PF

January 3, 2003

RECEIVED
JAN 06 2003
UTILITIES, INC.

Ronnie E. Duncan
Chair, Pinellas
Thomas G. Dabney, II
Vice Chair, Sarasota
Heidi B. McCree
Secretary, Hillsborough
Watson L. Haynes, II
Treasurer, Pinellas
Edward W. Chance
Manatee
Monroe "Al" Coogler
Citrus
Maggie N. Dominguez
Hillsborough
Pamela L. Fentress
Highlands
Ronald C. Johnson
Polk
Janet D. Kovach
Hillsborough
John K. Renke, III
Pasco

E. D. "Sonny" Vergara
Executive Director
Gene A. Heath
Assistant Executive Director
William S. Bilenky
General Counsel

Donald Rasmussen
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: Final Agency Action Transmittal Letter
General Water Use Permit No. 20003590.003

Your Water Use Permit has been approved. Final approval is contingent upon no objection to the District's action being received by the District within the time frames described below.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, Florida Administrative Code (F.A.C.), of the Uniform Rules of Procedure. A request for hearing must (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action; (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts; and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. 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 you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S. to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a 'Noticing Packet' that provides information regarding District Rule, 40D-1.1010, F.A.C. which addresses the notification of persons having substantial interests that may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Standard Water Use Permit Conditions (Exhibit A), 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 or any suspension of your Permit, 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 and should be practiced at all times.

The ID tags for your withdrawals shall be installed by a District representative. This representative will attempt to contact you within 30 days to discuss placement of your tags. If you have any questions or concerns regarding your tags, please contact Sandy Semegen at extension 4349 in the Brooksville Regulation Department. If you have any questions or concerns regarding your permit or any other information, please contact this office at extension 4338.

Sincerely,

BJ Jarvis

BJ Jarvis, Director
Records and Data Department

FILE
cup
Binder

BJJ:mlc
Enclosures: Approved Permit, Rules 28-106.201 and 28-106.301, F.A.C., and Noticing Packet
cc: Patrick C. Flynn

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 20003590.003

EXPIRATION DATE: January 3, 2013 **PERMIT ISSUE DATE:** January 3, 2003

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision 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

PROJECT NAME: Buena Vista Mobile Home Park

TYPE OF APPLICATION: Renewal

WATER USE CAUTION AREA: Northern Tampa Bay

APPLICATION FILED: October 18, 2002

APPLICATION AMENDED: N/A

ACRES: 0.2 Owned
174.0 Serviced
174.2 Total

PROPERTY LOCATION: Pasco County, approximately 3 miles south of New Port Richey, adjacent to U.S. 19.

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 170,000 PEAK MONTHLY: 211,000

Use	Average	Peak Monthly
Public Supply:	170,000 gpd	211,000 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Buena Vista Mobile Home Park

USE TYPE	POPULATION SERVED	PER CAPITA RATE
Residential Single Family	2,210	Gross 77 gpd/person Adjusted Gross 77 gpd/person

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH TTL./CSD.	USE	GALLONS PER DAY AVERAGE	GALLONS PER DAY PEAK MONTHLY
1 / 1	6	75 / 53	B	18,700	23,200
2 / 2	6	120 / 35	B	10,200	12,700
3 / 3	8	105 / 58	B	141,100	175,100

B = Public Supply

DISTRICT I.D. NO.	LOCATION LAT./LONG.	SECTION/TOWNSHIP/RANGE
1	281103.80/824439.09	31/26/16
2	281119.37/824444.86	30/26/16
3	281120.94/824428.17	30/26/16

SPECIAL CONDITIONS:

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Brooksville Regulation Department, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

   Permit Data Section, Records and Data Department
   Southwest Florida Water Management District
   2379 Broad Street
   Brooksville, Florida 34604-6899

   Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters or other flow measuring devices as approved by the Regulation Department Director, Resource Regulation, for District ID Nos. **1, 2 and 3**, Permittee ID Nos. **1, 2 and 3**. Such devices shall 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 within the last week of the month. The meter readings shall be reported to the Permit Data Section, Records and Data Department, (using

District scanning forms, unless the District has approved another arrangement for submission of this data) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, the report shall be submitted to the Permit Data Section, Records and Data Department, indicating zero gallons.

If the meter or other flow measuring device malfunctions or has to be removed from the withdrawal for maintenance or repair, the Permittee shall replace it with a repaired or new meter, subject to the same specifications given above, within 30 days of its removal from the withdrawal. While the meter is off the withdrawal, the Permittee shall notify the Permit Data Section and submit an estimate of their water use for the withdrawal during that period according to the instructions received from the District.

3. Water quality samples shall be collected and analyzed, for parameters, and frequencies specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a laboratory certified by the Florida Department of Health utilizing the standards and methods applicable to the parameters analyzed and to the water use pursuant to Chapter 64E-1, Florida Administrative Code, "Certification of Environmental Testing Laboratories". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Regulation Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Regulation Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

District ID No.	Permittee ID No.	Minimum Pumping Time (minutes)	Parameter	Sampling Frequency
3	3	15	Chlorides, Sulfates, and Specific Conductivity	February, May, August and November

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	Same week of each month
Quarterly	**Same week of months specified**
Semi-annually	Same week of months specified

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 Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

4. The District reserves the right to set **Chloride, Sulfate and Specific Conductivity** concentration limits on any production well in the future, based on data collected and after a sufficient database has been established to determine limits. These limits shall be required after discussions with the Permittee. At such time as the concentration in any water sample reaches or exceeds the designated concentration limits, the Permittee shall take appropriate action to reduce concentrations to below those set for the particular well. If the District determines that long-term upward trends or other significant water quality changes are occurring, the District may reconsider the quantities permitted.

5. The Permittee shall have a per capita water rate equal to or less than 150 gpd, and this standard shall remain in effect until modified by rule. For planning purposes, be advised that the District may establish lower per-capita rate requirements for future management periods through future rulemaking. These rates are 140 gallons per capita per day (gpcd)and five years afterwards,130 gpcd.

   By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

   a. The population served;
   b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
   c. Total withdrawals;
   d. Treatment losses;
   e. Environmental mitigation quantities;
   f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point; and
   g. Documentation of reuse and desalination credits, if taken.

   If for some reason, the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

   The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

6. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by the following dates: April 1, 1997; April 1, 2001; and **April 1, 2011**. Water audit reports shall include a schedule for remedial action if needed.

7. By **April 1** of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:

   a. The number of single family dwelling units served and their total water use,
   b. The number of multi-family dwelling units served and their total water use,
   c. The number of mobile homes served and their total water use.

   Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

8. By **January 1** of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

   a. Quantity of total reclaimed water provided by the Permittee for reuse on both a total annual average daily and monthly basis;
   b. For all individual customer reuse connections with line sizes of 4 inches or greater, list:

      1. account name and address;
      2. location of connections by latitude - longitude;
      3. line size;
      4. meter (yes or no); and
      5. metered quantities, if metered.

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

40D-2
Exhibit "A"
WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.

2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.

3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.

5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.

6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.

7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.

8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.

9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.

10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.

11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

12. The Permittee shall mitigate any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:

    a. A reduction in water levels which impairs the ability of the well to produce water;
    b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
    c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer water body.

13. The Permittee shall mitigate any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:

    a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses;
    b. Sinkholes or subsidence caused by reduction in water levels;
    c. Damage to crops and other vegetation causing financial harm to the owner; and
    d. Damage to the habitat of endangered or threatened species.

14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.

15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.

16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.

17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.

18. The annual average daily withdrawal quantity is determined by calculating the total quantity of water to be withdrawn over a 1-year period, divided by 365 days, which results in a gallons per day (gpd) quantity pursuant to Basis of Review, Section 3.2, Permitted Withdrawal Quantities. This is a running 12-month average, whereby each month the annual average daily quantity is recalculated based on the previous 12-month pumpage.

19. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.

PART II HEARINGS INVOLVING DISPUTED ISSUES OF MATERIAL FACT

28-106.201 Initiation of Proceedings.

(1) Unless otherwise provided by statute, initiation of proceedings shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document that requests an evidentiary proceeding and asserts the existence of a disputed issue of material fact. Each petition shall be legible and on 81/2 by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) Upon receipt of a petition involving disputed issues of material fact, the agency shall grant or deny the petition, and if granted shall, unless otherwise provided by law, refer the matter to the Division of Administrative Hearings with a request that an administrative law judge be assigned to conduct the hearing. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

(4) A petition shall be dismissed if it is not in substantial compliance with subsection (2) of this rule or it has been untimely filed. Dismissal of a petition shall, at least once, be without prejudice to petitioner's filing a timely amended petition curing the defect, unless it conclusively appears from the face of the petition that the defect cannot be cured.

(5) The agency shall promptly give written notice to all parties of the action taken on the petition, shall state with particularity its reasons if the petition is not granted, and shall state the deadline for filing an amended petition if applicable.

Specific Authority 120.54(3), (5) FS. Law Implemented 120.54(5), 120.569, 120.57 FS. History–New 4-1-97, Amended 9-17-98.

PART III PROCEEDINGS AND HEARINGS NOT INVOLVING DISPUTED ISSUES OF MATERIAL FACT

28-106.301 Initiation of Proceedings.

(1) Initiation of a proceeding shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document which requests a proceeding. Each petition shall be legible and on 81/2 by 11 inch white paper or on a form provided by the agency. Unless printed, the impression shall be on one side of the paper only and lines shall be doubled-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(e) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and

(f) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) If the petition does not set forth disputed issues of material fact, the agency shall refer the matter to the presiding officer designated by the agency with a request that the matter be scheduled for a proceeding not involving disputed issues of material fact. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

(4) A petition shall be dismissed if it is not in substantial compliance with subsection (2) of this Rule or it has been untimely filed. Dismissal of a petition shall, at least once, be without prejudice to petitioner's filing a timely amended petition curing the defect, unless it conclusively appears from the face of the petition that the defect cannot be cured.

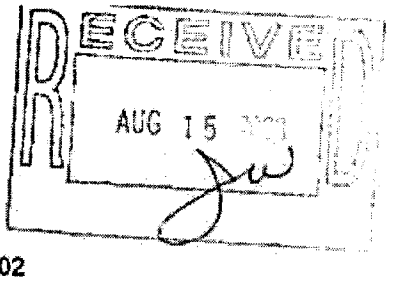
(5) The agency shall promptly give written notice to all parties of the action taken on the petition, shall state with particularity its reasons if the petition is not granted, and shall state the deadline for filing an amended petition if applicable.

Specific Authority 120.54(5) FS. Law Implemented 120.54(5), 120.569, 120.57 FS. History–New 4-1-97, Amended 9-17-98.

Ronald C. Johnson
Chair, Lake Wales
Monroe "Al" Coogler
Vice Chair, Lecanto
Sally Thompson
Secretary, Tampa
Ronnie E. Duncan
Treasurer, Tarpon Springs
Thomas G. Dabney, II
Sarasota
Pamela L. Fentress
Lake Placid
John P. Harllee, IV
Bradenton
Watson L. Haynes, II
St. Petersburg
John K. Renke, III
New Port Richey

E. D. "Sonny" Vergara
Executive Director
Gene A. Heath
Assistant Executive Director
William S. Bilenky
General Counsel

August 10, 2000



Utilities, Inc. of Florida
an Illinois Corporation
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: Transfer Water Use Permit No. 20003590.002

Reference: Chapter 40D-2.351, Florida Administrative Code

Dear Permittee:

Your Water Use Permit Transfer has been approved. Final approval is based on all contingencies stated in the enclosed copy of your permit.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Special Water Use Permit Conditions (Exhibit A), 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.

The ID tag(s) for your withdrawal(s) shall be installed by a District representative. This representative will attempt to contact you within 30 days to discuss placement of your tags. If you have any questions or concerns regarding your tags, please contact Sandy Semegen at extension 4349 in the Brooksville Regulation Department. If you have any questions or concerns regarding your permit or any other information, please contact this office at extension 4340.

Should your address change you must notify the District within 30 days.

Sincerely,

Adeline Wood

FILE
C.U.P. Binder
BARTELT SYSTEM

Adeline Wood, Supervisor
Records and Data Department

AW:kat

Enclosures: Approved Permit, Assignment Form

cc: Bartelt Enterprises, Inc.

CC VIA FAX TO: STEVE HARBERY @ ORANGWOOD

FAXED 8/18/00

TRANSTL2.FAA
R.07/30/99

ORANGEWOOD

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

RECEIVED
AUG 0

07/28/98

UTILITIES, INC. OF FLORIDA

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS,FL 32714-

SUBJECT: EXTENSION - WATER USE PERMIT NO. 4668.02 Orangewood.

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 06/25/15. 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.

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 06/25/15. 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. 4668.02

ORANGEWOOD

Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

Charles A. Black
Chairman, Crystal River
Roy G. Harrell, Jr.
Vice Chairman, St. Petersburg
Sally Thompson
Secretary, Tampa
Joe L. Davis, Jr.
Treasurer, Winchester
Ramon F. Campo
Brandon
James L. Cox
Lakeland
John T. Hamner
Bradenton
Curtis L. Law
Land O' Lakes
James E. Martin
St. Petersburg
Margaret W. Sistrunk
Ocala

Peter G. Hubbell
Executive Director
Mark D. Farrell
Assistant Executive Director

BARTOW 813-534-1448
BROOKSVILLE (Listed)
TAMPA 813-985-7481
VENICE 813-483-5970

June 25, 1992

Utilities, Inc. of Florida
Attn: Donald Rasmussen
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: Final Agency Action Transmittal Letter
General Water Use Permit No(s). 204668.02

Your Water Use Permit(s) was/were 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 (1) state any disputed issues of material fact; (2) explain how each petitioner's substantial interest will be affected by the District's action; and (3) otherwise comply with Rule 40D-1.521. 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 Standard Water Use Permit Conditions (Exhibit A), 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.

Excellence Through Quality Service

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 204668.02

PERMIT ISSUE DATE: June 25, 1992
EXPIRATION DATE: June 25, 2002

IT IS THE PERMITTEE'S RESPONSIBILITY TO RENEW THIS PERMIT BEFORE THE EXPIRATION DATE, WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL.

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: 200,000 PEAK MONTHLY: 260,000

Use	Average	Peak Monthly
Public Supply:	200,000 gpd	260,000 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Pasco County, approximately 4 miles south of New Port Richey on U.S. 19.

TYPE OF APPLICATION: Renewal

WATER USE CAUTION AREA: Northern Tampa Bay

APPLICATION FILED: May 1, 1992

ACRES: 0.9 Owned
158.1 ± Serviced
158.1 ± Total

APPLICATION AMENDED: N/A

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME	POPULATION SERVED	PER CAPITA RATE
Orange Wood		
Residential Single Family	1275	130
Residential Multi-Family	54	130
Other Uses (Unmetered)		
Other Uses (Metered)		

I.D. NO. PERMITTEE/ DISTRICT	LOCATION LAT/LONG	DIAM. (INCHES)	DEPTH TOTAL/CASED	USE	GALLONS PER DAY AVERAGE	PEAK MONTHLY
1 / 1	281140/824409	12	160/62	PS	80,000	100,000
2 / 2	281143/824414	12	130/65	PS	70,000	90,000
3 / 3	281142/824354	8	170/68	PS	25,000	35,000
4 / 4	281141/824354	8	170/68	PS	25,000	35,000

PS-Public Supply

DISTRICT I.D. NO.	SECTION/TOWNSHIP/RANGE
1, 2	30/26/16
3, 4	29/26/16

SPECIAL CONDITIONS:

All conditions referring to the Permitting Department Director, Resource Regulation, shall be understood to refer to the Brooksville Permitting Department Director, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

   Permits Data Section, Resource Regulation
   Southwest Florida Water Management District
   2379 Broad Street
   Brooksville, Florida 34609-6899

   Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters, or other flow measuring devices as approved by the Permitting Department Director, Resource Regulation, for District ID No(s). 1, 2, 3 and 4, Permittee ID No(s). 1, 2, 3 and 4. Such devices shall 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.

3. Water quality samples shall be collected and analyzed, for parameter(s), and frequency(ies) specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a Department of Health and Rehabilitative Services (DHRS) certified laboratory under Environmental Laboratory Certification General Category "I". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Permitting Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permits Data Section (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Permitting Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

District I.D. No.	Permittee I.D. No.	Minimum Pumping Time (minutes)	Parameter	Sampling Frequency
1, 2, 3, 4	1, 2, 3, 4	15	Chlorides, Sulfates and Total Dissolved Solids	Monthly

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	Same week of each month
Quarterly	Same week of months specified
Semi-annually	Same week of months specified

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 Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

(4) By January 1, 1993, the Permittee shall achieve a per capita water rate equal to or less than 150 gpd; this standard shall remain in effect until modified by rule. By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

a. The population served;
b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
c. Total withdrawals;
d. Treatment losses.
e. Environmental mitigation quantities.
f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
g. Documentation of reuse and desalination credits, if taken.

As of January 1, 1993, if the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

5. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 1993. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 1993. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 1993.

(6) The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. The initial audit shall be conducted no later than January 1, 1993. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permits Data Section by the following dates: April 1, 1993; April 1, 1997; April 1, 2001; and April 1, 2011. Water audit reports shall include a schedule for remedial action if needed.

7. Beginning April 1, 1993, and by April 1 of each year thereafter, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:

   a. The number of single family dwelling units served and their total water use,
   b. The number of multi-family dwelling units served and their total water use,
   c. The number of mobile homes served and their total water use.

   Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

8. At such time as the chloride concentration in any water sample reaches the designated concentration limits designated below, the Permittee shall take appropriate action to reduce concentrations to below those set for the particular well. These measures may include, but shall not necessarily be limited to those listed in wellfield management plan required by Condition No. 3. Sample concentration readings in excess of the concentrations designated below may occur, provided long-term upward trends or other significant water quality changes do not occur. If the District determines that long-term upward trends or other significant water quality changes are occurring, the District may reconsider the quantities permitted.

District ID No.	Permittee ID No.	Chloride Concentration Limit (mg/l)
1, 2, 3, 4	1, 2, 3, 4	100

Subsequent to permit issuance, the Permittee may request in writing, a review of the water quality concentration limits by the Permitting Department Director, Resource Regulation, on the basis that the limits are not feasible to attain. Prior to the request for concentration limits review, the Permittee shall document in writing to the District that all feasible wellfield management measures have been explored within reasonable limits to attain compliance with the concentration limits specified in this permit. The Permittee's written request for review of the limits must include a proposal (well by well) of the lowest feasible concentration limits (based on a review of observed field data) to the Director for consideration. This proposal shall include predictions of changes to the location of the saltwater interface, both laterally and vertically, which may result from the proposed increased limits. If the Permitting Department Director, Resource Regulation, accepts, in writing, that the Permittee has explored all feasible wellfield management measures within reasonable limits, that the Permittee cannot attain compliance with the concentration limits, and increasing the limits will not cause adverse impacts, the Director may consider modifying concentration limits for each well. If new limits are specified by the District, these shall supersede the limits listed in this permit.

Annual Report
Information regarding the development and implementation of the wellfield management plan, and compliance with water quality concentration limits shall be summarized in the annual report, as described in Condition No. 4.

9. The Permittee shall submit to the District within 30 days after each calendar quarter a record for each month within such quarter, showing (1) Total water withdrawn from all withdrawal facilities permitted herein; (2) Total water supplied from all sources to users within the service area in which the withdrawal facilities permitted herein are located; (3) Total water supplied from external sources, if any; (4) Total water supplied to external users, if any. In addition, as part of its first report each year, Permittee shall state the total number of connections served at the end of the previous calendar year within the subdivision in which the withdrawal facilities permitted herein are located.

10. The Permittee shall, to the maximum extent feasible, use the permitted withdrawal facilities to meet their water supply needs up to the permitted quantities.

11. The total quantity distributed by the system, from the permitted withdrawal facilities and any external sources, shall not exceed 200,000 gallons per day on an average annual basis.

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

TO: PF
cc: DR (W)

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

An Equal Opportunity Employer

Ronnie E. Duncan
Chair, Pinellas
Thomas G. Dabney, II
Vice Chair, Sarasota
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Treasurer, Pinellas
Edward W. Chance
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Maggie N. Dominguez
Hillsborough
Pamela L. Fentress
Highlands
Ronald C. Johnson
Polk
Janet D. Kovach
Hillsborough
John K. Ranke, III
Pasco

E. D. "Sonny" Vergara
Executive Director
Gene A. Heath
Assistant Executive Director
William S. Bilenky
General Counsel

Protecting Your Water Resources

FILE TO: ORANGEWOOD EARTH

February 4, 2003

Utilities, Inc. of Florida
200 Weatherfield Avenue
Altamonte Springs, FL 32714

Subject: **Final Agency Action Transmittal Letter - Approval Modification of Permit by Letter**

Project Name:	*Utilities, Inc. of Florida*
Water Use Permit No.:	20004668.003
County:	Pasco
Section/Township/Range:	*29,30/26S/16E*

Reference: Chapter 40D-2, Florida Administrative Code (F.A.C.)
Rule 40D-2.331(2)(b), F.A.C.

Dear Permittee:

The District modified Water Use Permit (WUP) No. 20004668.002 effective this date, and this letter constitutes Final Agency Action (FAA) for WUP No. 20004668.003. The specific modifications are listed in Attachment A, and are considered a part of your water use permit.

You, or any person whose substantial interests are affected by the District's action regarding your application may object to this Final Agency Action by requesting an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, F.A.C. of the Uniform Rules of Procedure. Your request for hearing must be received by the Agency Clerk of the District at its Brooksville address within 21 days of the receipt of this letter. Receipt is deemed to be the fifth day after the date on which this letter is deposited in the United States mail. Other persons may request a hearing within 21 days of the publication of a notice that this letter modification has been issued. Any request for hearing must (1) explain how each petitioner's substantial interest will be affected by the District's action, or proposed action; (2) state all material facts disputed by the petitioner or state that there are no disputed facts; and (3) otherwise comply with Chapter 28-106, F.A.C. Failure to file a request for hearing within the appropriate time period shall constitute a waiver of any right you or anyone has to request a hearing under Sections 120.569 and 120.57, F.S.

Enclosed is a "Noticing Packet" that explains the procedures for providing notice to persons having substantial interests that may be affected by the District's action regarding your permit. The packet contains information and guidelines on the noticing procedure and a form that you may use.

Mediation pursuant to Section 120.573, F.S. to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

If you have any questions regarding this permit modification, please contact Jerry L. Mallams at the Brooksville Service Office. If you have any questions regarding the Noticing Packet, please contact Myra Ford at extension 4338, or Adeline Wood at extension 4334 at the Brooksville Office.

Sincerely,

A. Paul Desmarais, P.E., Director
Brooksville Regulation Department

Attachment: Attachment A
Enclosure: Noticing Packet
Sections 28-106.201 and 28-106.301, F.A.C.
cc: File of Record
John W. Parker, P.G., Water Use Regulation Manager
Data Room, Records and Data

Steve, Sampling requirements were modified.
cc: EL-GARTH

LETTER MODIFICATION
WUP NO. 20004668.003

ATTACHMENT A

MODIFICATIONS

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 20004668.002, effective February 4, 2003.

The modification of the existing Water Use Permit No. 20004668.002 is to delete the water quality monitoring requirements associated with District ID Nos. 2, 3, and 4. Water quality monitoring and reporting will still be required for District ID No. 1 as specified by the condition below. For District ID No. 1, Total Dissolved Solids (TDS) has been changed to Specific Conductance. No increases in the total permitted withdrawal rates are proposed in this modification. No adverse impacts are anticipated due to this modification.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd) are

   AVERAGE: 200,000 gpd PEAK MONTHLY: 260,000 gpd

2. WATER USE: Public Supply

3. SPECIAL CONDITION NO. 3 IS MODIFIED – Eliminate District ID Nos. 2, 3, and 4; and change TDS to Specific Conductance.

   3. Water quality samples shall be collected and analyzed, for parameters, and frequency as specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible, the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a laboratory certified by the Florida Department of Health utilizing the standards and methods applicable to the parameters analyzed and to the water use pursuant to Chapter 64E-1, F.A.C., "Certification of Environmental Testing Laboratories". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Regulation Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Regulation Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

District ID No.	Permittee ID No.	Minimum Pumping Time (minutes)	Parameter	Sampling Frequency
1	1	15	Chlorides, Sulfates, and Specific Conductance	Monthly

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	**Same week of each month**
Quarterly	Same week of months specified
Semi-annually	Same week of months specified

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 Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

All other terms and conditions of this permit shall remain the same as stated on WUP No. 20004668.002 and this permit will still expire on June 25, 2015.

SUMMERTREE

Southwest Florida
Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

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Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 631-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

April 24, 2002

Ronnie E. Duncan
Chair, Pinellas
Thomas G. Dabney, II
Vice Chair, Sarasota
Janet D. Kovach
Secretary, Hillsborough
Watson L. Haynes, II
Treasurer, Pinellas
Edward W. Chance
Manatee
Monroe "Al" Coogler
Citrus
Maggie H. Dominguez
Hillsborough
Pamela L. Fentress
Highlands
Ronald C. Johnson
Polk
Heidi B. McCree
Hillsborough
John K. Renke, III
Pasco

E. D. "Sonny" Vergara
Executive Director
Gene A. Heath
Assistant Executive Director
William S. Bilenky
General Counsel

Attn: Mr. Patrick Flynn

From: Misty Chancey

Mr. Patrick Flynn,

Per our telephone conversation on Wednesday, April 24, 2002, regarding the following Water Use Permits:

20-11531.002- Reviewed permit within the Southwest Florida Water Management District database and everything looked up to date.

20-8472.001- Reviewed permit within the Southwest Florida Water Management District database and to my knowledge the information was up to date.

20-3590.002- Reviewed permit within the Southwest Florida Water Management District database and changed the permittee name to Utilities Inc of Florida from Utilities Inc an Illinois Corp.

20-3668.003- Reviewed permit within the Southwest Florida Water Management District database and the conditions have been carried out through the end of the permit. Withdraw number 15 is a proposed standby well and withdraw 16 was to be updated from a standby well to a proposed standby well.

Thank You,

Misty L. Chancey

Misty L. Chancey
email-misty.chancey@swfwmd.state.fl.us

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

RECEIVED
AUG 0 3 1998

07/28/98

UTILITIES, INC. OF FLORIDA

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS,FL 32714-

SUBJECT: EXTENSION - WATER USE PERMIT NO. 3668.03 (Summertree)

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 05/20/14. 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.

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 05/20/14. 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. 3668.03

SUMMERTREE

Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

May 20, 1991

BARTOW 813-534-7080
BROOKSVILLE (Listed)
TAMPA 813-985-7481
VENICE 813-488-4666

Charles A. Black
Chairman, Crystal River
Roy G. Harrell, Jr.
Vice Chairman, St. Petersburg
Anne Bishopric Seger
Secretary, Venice
Joseph S. Cosper
Treasurer, Tampa
Mary Ann Hogan
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Tampa
Abby Misemer
New Port Richey
Sally Thompson
Tampa

Peter G. Hubbell
Executive Director
Mark D. Farrell
Assistant Executive Director
Kent A. Zaiser
General Counsel

Utilities Inc. of FL
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: Final Agency Action Transmittal Letter
General Water Use Permit No. 203668.03

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. If you have any questions or concerns about your Permit, please contact the Permitting Department or contact me at Extension 4338.

Sincerely,

Annie L. Taylor

ANNIE L. TAYLOR
Manager
Processing & Records Section

Enclosures:
1. Approved Permit
2. Surface Water and/or Well Tags
3. Instructions for Applying Water Use Tag

INSTRUCTIONS FOR APPLYING WATER USE TAG

Included herewith are the necessary tags for the withdrawal points as indicated on your permit.

Each withdrawal - well or surface - has been numbered in the same order as that shown on the permit column labeled District ID Number.

The tag has been treated with a waterproof coating. However, care should be taken in the placing of these tags. We suggest one of the following:

1. Apply tag to the well casing only when sufficient space is available between the ground surface and the base of the pump.

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 electrical panel box if it is located adjacent to the facility.

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

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
(SWFWMD)
GENERAL WATER USE PERMIT

PERMIT GRANTED TO:

Utilities Inc. of FL
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(Legal Name and Address)

PERMIT NO.: 203668.03
DATE PERMIT GRANTED: May 20, 1991
DATE PERMIT APPLICATION FILED: January 29, 1991
PERMIT EXPIRES ON: May 20, 2001
SOURCE CLASSIFICATION: Groundwater
USE CLASSIFICATION: Public Supply
COUNTY: Pasco

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.

2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.

3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to make a combined average annual withdrawal of 375,000 gallons of water per day, a combined peak monthly withdrawal of 642,000 gallons of water per day, and a maximum combined withdrawal rate not to exceed (not applicable) gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT LATITUDE	LONGITUDE	SEC-TWN-RGE	GALLONS PER DAY AVERAGE	PEAK MONTHLY	MAXIMUM
1	1	28 19 58	82 37 48	05 25S 17E	125,000	214,000	N/A
2	2	28 19 57	82 37 43	05 25S 17E	125,000	214,000 Stand-by	N/A
13	13	28 19 39	82 37 14	08 25S 17E	125,000	214,000	N/A
15	15	28 19 27	82 37 33	08 25S 17E	125,000	214,000	N/A
16	16	28 19 14	82 37 40	08 25S 17E	125,000	214,000 Stand-by	N/A
17	17	28 19 36	82 37 25	08 25S 17E	125,000	214,000 Stand-by	N/A

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:

    a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;

    b. Sinkholes or subsidence caused by reduction in water levels;

    c. Damage to crops and other vegetation causing financial harm to the owner; and

    d. Damage to the habitat of endangered or threatened species.

14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.

15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.

16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

17. The Permittee shall incorporate best management practices, specifically including irrigation practices, that are recommended by the Institute of Food and Agricultural Sciences and/or the Soil Conservation Service for your individual commodity(ies).

18. The Permittee shall limit daytime irrigation, to the greatest extent practicable, to reduce losses due to evaporation. Daytime irrigation for purposes of system maintenance, control of heat stress, frost and freeze protection, plant establishment, or for other reasons which require daytime irrigation, are permissible but should be limited to the minimum amount necessary as dictated by Best Management Practices.

19. The Permittee shall implement leak detection and repair as an element of an ongoing system maintenance program. A system-wide survey shall be conducted at least once per year.

20. The Permittee shall evaluate the feasibility of improving the efficiency of the current irrigation system or converting to a more efficient irrigation system, and shall implement the improvement or conversion when determined to be operationally and economically feasible.

21. The Permittee shall investigate the feasibility of using sewage effluent as a water source for irrigation and report to the District by May 1, 1992. The report shall contain an analysis of effluent sources in the area, the relative location of these sources to the Permittee's property, the quantity of effluent available, the costs associated with obtaining the effluent, and an implementation schedule, if feasible. If the use of sewage effluent is found not to be feasible, a detailed explanation for this finding must be submitted.

22. The following withdrawal points, District Identification Nos. 15 and 16, shall be equipped with totalizing flow meters or other flow measuring devices as approved in writing by the Director, Brooksville Permitting Department. Such devices shall have and maintain an accuracy within five percent of the actual flow. Those designated withdrawal points not equipped with such devices on the date the Water Use Permit is granted shall be so equipped within 120 days of the permit date or upon completion of construction of the withdrawal facility, unless an extension is approved in writing by the Director, Brooksville Permitting Department.

23. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department for District Identification Nos. 1, 2, 13, and 17. Such devices shall have and maintain an accuracy within five percent of the actual flow.

24. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.
Reports shall be addressed to:

Southwest Florida Water Management District
ATTN: Permits Data Section
2379 Broad Street
Brooksville, Florida 34609-6899

25. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

District ID Nos.	Parameters	Sampling Frequency
1 and 13	Chloride, Sulfate, Total Dissolved Solids	Quarterly (Feb,May,Aug,Nov)

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA. Reports shall be sent to the address given above.

26. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address sampling procedures, chain of custody of samples, and methods of analysis for all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.

27. By January 1, 1993, the Permittee shall achieve a per-capita water rate equal to or less than 150 gpd. This standard shall remain in effect until modified by rule.

    For planning purposes, listed below are per-capita goals for future management periods. These goals may be established as requirements through future rulemaking by the District:

    a. By January 1, 1997, the District may establish a new per-capita water use standard. Based on current information, the per-capita water use goad may be established by rule at 140 gpd;

    b. By January 1, 2001, the District may establish a new per-capita water use standard. Based on current information, the per-capita water use goal may be established by rule at 130 gpd; and,

    c. By January 1, 2011, the District may establish a new per-capita water use standard. Based on current information, the per-capita water use goal may be established by rule at 130 gpd.

28. By April 1 of each year for the preceding fiscal year (October 1 through September 30), the permittee shall submit a report detailing:

    a. The population served;
    b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
    c. Total withdrawals;
    d. Treatment losses;
    e. Environmental mitigation quantities;
    f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point;
    g. Documentation of reuse and desalination credits, if taken.

    As of January 1, 1993, if the permittee does not achieve the specified per-capita rates, the report shall document why these rates and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

29. The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger than average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period.

    Prior to the 1997, 2001, and 2011 management periods, the District will reassess the per-capita and other uses conservation goals. As a result of this reassessment, these goals may be adjusted upward or downward through rulemaking and will become requirements.

30. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 1993. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 1993. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 1993.

31. The permittee shall conduct water audits of the water supply system during each management period. The initial audit shall be conducted no later than January 1, 1993. Water audits which identify a greater than 12 percent unaccounted for water shall be followed by appropriate remedial actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per-capita condition to the District by the following dates: January 1, 1993; January 1, 1997; January 1, 2001; and January 1, 2011. Water audit reports shall include a schedule for remedial action if needed.

32. The Permittee shall establish and maintain data gathering procedures which allow amounts of water to be accounted into various categories. These categories may be by either meter size or use, such as residential, commercial, industrial, unaccounted, and other. The procedures must produce data suitable for developing reliable estimates of current water use and projections of future water demand.

33. Beginning in 1993, by April 1 of each year for the preceding fiscal year (October 1 through September 30), the permittee shall submit a residential water use report detailing:

    a. The number of single family dwelling units served and their total water use;

    b. The number of multi-family dwelling units served and their total water use;

    c. The number of mobile homes served and their total water use.

    Residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

203668.03	Utilities Inc. of FL	
WUP No.		*Permittee*
125,000	214,000	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*
15 15	8"	5/20/2001
Owner ID/District ID	*Size*	*Expires*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

203668.03	Utilities Inc. of FL	
WUP No.	Stand-by	*Permittee*
125,000	214,000	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*
16 16	8"	5/20/2001
Owner ID/District ID	*Size*	*Expires*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

203668.03	Utilities Inc. of FL	
WUP No.	Stand-by	*Permittee*
125,000	214,000	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*
17 17	8"	5/20/2001
Owner ID/District ID	*Size*	*Expires*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

203668.03	Utilities Inc. of FL	
WUP No.		*Permittee*
125,000	214,000	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*
1 1	10"	5/20/2001
Owner ID/District ID	*Size*	*Expires*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

203668.03	Utilities Inc. of FL	
WUP No.	Stand-by	*Permittee*
125,000	214,000	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*
2 2	10"	5/20/2001
Owner ID/District ID	*Size*	*Expires*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211

Water Use Permits Tag

203668.03	Utilities Inc. of FL	
WUP No.		*Permittee*
125,000	214,000	N/A
Average gpd	*Peak Monthly*	*Maximum gpd*
13 13	8"	5/20/2001
Owner ID/District ID	*Size*	*Expires*

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
TDD only: 1-800-231-6103 (FL only)
On the Internet at WaterMatters.org

An Equal Opportunity Employer

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)

December 2010

Ronald E. Oakley
Chair, Pasco
Hugh M. Gramling
Vice Chair, Hillsborough
H. Paul Senft, Jr.
Secretary, Polk
Douglas B. Tharp
Treasurer, Sumter
Neil Combee
Former Chair, Polk
Todd Pressman
Former Chair, Pinellas
Judith C. Whitehead
Former Chair, Hernando
Jeffrey M. Adams
Pinellas
Carlos Beruff
Manatee
Bryan K. Beswick
DeSoto
Jennifer E. Closshey
Hillsborough
Albert G. Joerger
Sarasota
Maritza Rovira-Forino
Hillsborough

David L. Moore
Executive Director
William S. Bilenky
General Counsel

UTILITIES INC OF FLORIDA
200 WEATHERSFIELD AVE
ALTAMONTE SPGS, FL 32714

Subject: **New Water Use Permit Reporting Requirements**
General and Individual Public Supply Water Use Permits
Water Use Permit No.: 3668.03
Project Name: SUMMERTREE
County: PASCO

Dear Permittee:

The District has implemented amendments to Chapter 40D-2, Florida Administrative Code (F.A.C.), to establish consistent, District-wide rules for recording and reporting requirements, and water conservation practices. These requirements affect all public supply Water Use Permits (WUPs) issued for 100,000 gpd or more on an annual average basis, including Wholesale WUPs. These rules were developed over a lengthy time period with substantial involvement from the public supply use sector. The majority of these requirements have been in place in the Water Use Caution Areas of the District for some time, but are new to those outside these areas.

The purpose of this letter is to ensure that you are aware of these requirements, which are listed below. The specific rules are in Water Use Permit Information Manual, Part B, Basis of Review, Chapter 3, Section 3.6. This document is published on the District website, www.swfwmd.state.fl.us/permits/wup. All permittees will be receiving permits modified to incorporate these requirements over the forthcoming year. The modified permit will contain details and instructions on complying with these new requirements.

Summary of Requirements:

1. Submittal of an annual report regarding specific water use practices, status of reclaimed water availability, and customer information using a required District form that will be sent to permittees December 2010 and is due back April 1, 2011. You will receive this form in a separate mailing;
2. Submittal of an annual report regarding the current water rate structure(s) and current customer billing and meter reading practices every October 1; Permittees who do not have a water conserving rate structure must adopt one and submit a report by January 1, 2012;
3. Per capita requirements:
   a. By December 31, 2019, have no greater than 150 gpd/person per capita rate whether calculated as a gross, adjusted gross or compliance per capita rate, and
   b. Permittees currently having a compliance per capita rate higher than 150 gpcd must phase it down to 150 gpcd by December 31, 2019 and be halfway to this target by December 31, 2014;
4. Modifications for an increase of 500,000 gpd or more on permits near saline water sources report on the feasibility of utilizing desalination.
5. Implement specific billing and meter reading practices by January 1, 2012.

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If you have questions, please contact the Water Use Regulation Manager of the Permitting Office that administers your permit. For your convenience a map is enclosed showing the Permitting Office areas of responsibility and provides the appropriate telephone numbers.

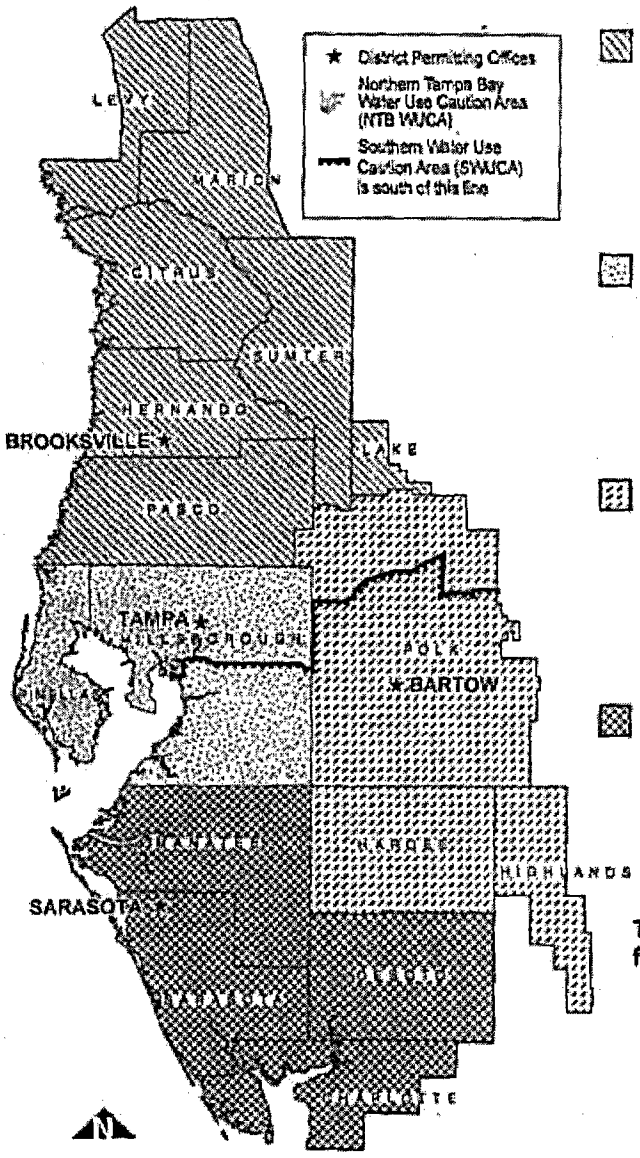
enc.: District Map

cc: File of Record
Brooksville Service Office

Southwest Florida Water Management District

Direct inquiries about the new public supply requirements to the Water Use Regulation Manager or to any water use staff at the Permitting Office that administers your permit. The existing Water Use Caution Areas are also shown, so if there is confusion, look at the list of counties for each Resource Regulation Permitting Office.

Resource Regulation Service Regions



Resource Regulation Permitting Offices

Brooksville Regulation Department

Citrus, Hernando, Lake, Levy, Marion, Pasco, Sumter counties.
2379 Broad Street
Brooksville, FL 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
Fax: (352) 540-6027; Suncom: 628-4150

Tampa Regulation Department

Hillsborough, Pinellas counties.
7601 U.S. Hwy. 301
Tampa, FL 33637-6759
(813) 985-7481 or 1-800-836-0797 (FL only)
Fax: (813) 987-6747; Suncom: 587-2070

Bartow Regulation Department

Hardee, Highland, Polk counties.
170 Century Boulevard
Bartow, FL 33830-7700
(863) 534-1448 or 1-800-492-7862 (FL only)
Fax: (863) 534-7058; Suncom: 572-6200

Sarasota Regulation Department

Charlotte, DeSoto, Manatee, Sarasota counties.
6750 Fruitville Road
Sarasota, FL 34240-9711
(941) 377-3722 or 1-800-320-3503 (FL only)
Fax: (941) 373-7660; Suncom: 531-6900

TDD: 1-800-231-6103 (FL only) for hearing assistance for all locations.

The Southwest Florida Water Management District (District) does not discriminate on the basis of disability. This nondiscrimination policy involves every aspect of the District's functions, including access to and participation in the District's programs and activities. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act should contact the District's Human Resources Director, 2379 Broad Street, Brooksville, Florida 34604-6899; telephone (352) 796-7211, ext. 4702 or 1-800-423-1476 (FL only), ext. 4702; TDD (FL only) 1-800-231-6103; or email to ADACoordinator@swfwmd.state.fl.us.

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Southwest Florida Water Management District

2379 Broad Street • Brooksville, Florida 34609-6899 • 1-800-423-1476 (Florida Only)
or (352) 796-7211 • SUNCOM 628-4150 • T.D.D. Number Only (Florida Only): 1-800-231-6103
Internet address: http://www.dep.state.fl.us/swfwmd

7601 Highway 301 North
Tampa, Florida 33637-6759
1-800-836-0797 or (813) 985-7481
SUNCOM 578-2070

170 Century Boulevard
Bartow, Florida 33830-7700
1-800-492-7862 or (941) 534-1448
SUNCOM 572-6200

115 Corporation Way
Venice, Florida 34292-3524
1-800-320-3503 or (941) 486-1212
SUNCOM 526-6900

3600 West Sovereign Path, Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

An Equal Opportunity Employer

James L. Allen
Chairman, Bushnell
James E. Martin
Vice Chairman, St. Petersburg
Sally Thompson
Secretary, Tampa
Ronald C. Johnson
Treasurer, Lake Wales
Ramon F. Campo
Brandon
Joe L. Davis, Jr.
Wauchula
Pamela Jo Davis
Largo
Rebecca M. Eger
Sarasota
John P. Harllee, IV
Bradenton
Curtis L. Law
Land O'Lakes
Brenda Menendez
Tampa

E. D. "Sonny" Vergara
Executive Director
Gene A. Heath
Assistant Executive Director
Edward B. Helvenston
General Counsel

April 12, 1999

SUMMERTREE

CC - MIKE (orig)
S. HABERY (via fax)
FAXED 4/15/99

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

Subject: **Water Use Permit Status**
Project Name: Utilities Inc. of Florida
Permit No. 203668.03
County: Pasco

Reference: **Chapter 40D-2 Florida Administrative Codes**

Dear Permittee:

According to District records, Utilities Inc. of Florida has been submitting data that is no longer required by your Water Use Permit. It is not necessary to supply quarter Water Quality reports for District ID No. 17, Permittee ID No. 17.

Should you have any questions regarding this matter, please contact me at extension 4328.

Sincerely,

Vivian Bielski, P.G.
Brooksville Regulation Department

VJB/pg
cc: File of Record: WUP No. 203668.03
John W. Parker, P.G., Water Use Regulation Manager
Deanna Naugler, Supervisor, Records and Data
Sandy Semegen, Field Service Supervisor

Excellence Through Quality Service

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (7)
NOTICES

Test Year Ended December 31, 2011

NONE

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (8)
FIELD EMPLOYEES

Test Year Ended December 31, 2011

State of Florida

Department of Environmental Protection

ISSUED: 4/19/2011 **LICENSE NO.: 0008462**

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2013

KEITH C SCHNEIDER

RICK SCOTT — GOVERNOR

HERSCHEL T. VINYARD, JR — SECRETARY

DISPLAY IS REQUIRED BY LAW

State of Florida

Department of Environmental Protection

ISSUED: 4/19/2011 **LICENSE NO.: 0009767**

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2013

KEITH C SCHNEIDER

RICK SCOTT — GOVERNOR

HERSCHEL T. VINYARD, JR — SECRETARY

DISPLAY IS REQUIRED BY LAW

RICK SCOTT

HERSCHEL T. VINYARD, JR

STEPHEN J HABERY

VALID UNTIL: 4/30/2013

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

ISSUED: 4/19/2011 LICENSE NO.: 0008012

State of Florida

Department of Environmental Protection

State of Florida

Department of Environmental Protection

ISSUED: 4/28/2011 LICENSE NO.: 0008527

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2013

STEPHEN J HABERY

RICK SCOTT

HERSCHEL T. VINYARD, JR

GOVERNOR SECRETARY

DISPLAY IS REQUIRED BY LAW

State of Florida

Department of Environmental Protection

ISSUED: 4/19/2011 **LICENSE NO.:** 0008493

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2013

ANTHONY ALLEN CARDINAL

RICK SCOTT
GOVERNOR

HERSCHEL T. VINYARD, JR
SECRETARY

DISPLAY IS REQUIRED BY LAW

Field employees salaries are allocated based upon ERC's.

JOB TITLE	**Lead Water/Wastewater Treatment Operator**
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	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.
ESSENTIAL FUNCTIONS	▪ Oversees the operation and maintenance of water/wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Oversees the organization and delegation of team tasks. ▪ Develops and maintains operational records and prepares reports in compliance with regulatory standards. ▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. ▪ Installs and repairs pumps, motors, valves and piping; diagnoses, repairs and clarifies aeration equipment, ion exchange bins, filtration equipment and other major apparatuses. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when non-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: identifying damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Cleans and maintains treatment plant, pumping stations and wells. Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Implements emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol and notifies local emergency responders. ▪ Adds chemicals to water by predetermined formula. Maintains minimum inventory levels of these materials. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state.

	▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. ▪ Ensures regulatory compliance and adherence to Company policies and standards. ▪ Coordinates construction and excavation involved in system repairs; estimates required labor and materials; identifies equipment needed for all projects; orders necessary parts. ▪ Maintains a safe working environment and reports safety concerns to Area Manager. ▪ Trains personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures. ▪ Ensures all operators are equipped with necessary tools, parts and safety equipment to work effectively. ▪ Stays abreast of Federal, State and local regulations and environmental guidelines regarding water/wastewater treatment and distribution.
ADDITIONAL RESPONSIBILITIES	▪ May assist with training personnel on safety procedures. ▪ Assists with overseeing and inspections of local construction projects. ▪ Assists with the development of short and long term plans for operation of facilities, including contingency plans as well as plant and equipment removal/replacement. ▪ Assists with the design and construction of extension and improvement projects. ▪ Provides on-site customer communication. ▪ Acts as liaison between the customers and customer service. ▪ Responds to requests and inquiries from the general public. ▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook, Internet Explorer
ADDITIONAL SKILLS	▪ Ability to work independently and under limited supervision. ▪ Demonstrates initiative to take on new tasks. ▪ Ability to mentor and guide co-workers to increase skill level, morale and efficiency. ▪ Ability to motivate others in pursuit of Company goals. ▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations. ▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. ▪ Ability to review, classify, categorize, prioritize and/or analyze data. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies.

	▪ Ability to follow verbal and written instructions. ▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Currently holds the minimum licensing in order to be responsible operator in charge per state regulation, or holds the minimum licensing to be classified as an Operator II with the ability to attain minimum licensing to be responsible operator in charge within 1 year of employment; must maintain a valid driver's license.
EXPERIENCE	Requires a minimum of 5 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water/wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; operates and oversees the use of heavy equipment, including agricultural sludge spreaders.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required. Requires 24 hour responsiveness to various situations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

JOB TITLE	**Water/Wastewater Treatment Operator I**
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under direct supervision, performs routine tasks related to the operation of water and/or wastewater treatment facilities. Assists with maintaining plant compliance with EPA standards and state water Commission. Performs general cleaning of grounds and buildings. Ensures plant safety and sanitary requirements.
ESSENTIAL FUNCTIONS	▪ Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when below-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol. ▪ Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state. ▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. ▪ Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors. ▪ Ensures regulatory compliance and adherence to Company policies and standards. ▪ Maintains a safe working environment and reports safety concerns to Area Manager.
ADDITIONAL RESPONSIBILITIES	▪ Completes facility and vehicle inspections, along with related follow-up. ▪ Assists w repairs of water/wastewater treatment plant equipment. ▪ Forwards customer inquiries on to Operator II or Lead Operator.

	▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. ▪ Ensures that facilities and grounds are kept clean and orderly and comply with Company standards. ▪ May install and read water meters. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations. ▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. ▪ Ability to review, classify, categorize, prioritize and/or analyze data. ▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. ▪ Ability to follow verbal and written instructions. ▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Currently holds first-level operator license per state regulation, or ability to attain within 1 year of employment; 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.

Utilities, Inc.

JOB TITLE	**Water/Wastewater Treatment Operator II**
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under general supervision, performs routine tasks related to the operation of water and/or wastewater treatment facilities. Maintains plant compliance with EPA standards and state water Commission. Performs general cleaning of grounds and buildings. Ensures plant safety and sanitary requirements.
ESSENTIAL FUNCTIONS	▪ Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when below-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol. ▪ Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state. ▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. ▪ Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors. ▪ Ensures regulatory compliance and adherence to Company policies and standards. ▪ Maintains a safe working environment and reports safety concerns to Area Manager.
ADDITIONAL RESPONSIBILITIES	▪ Completes facility and vehicle inspections, along with related follow-up. ▪ Installs and reads water meters. ▪ Acts as liaison between customers and customer service; provides on-site customer communication.

	▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. ▪ Ensures that facilities and grounds are kept clean and orderly and comply with Company standards. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations. ▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. ▪ Ability to review, classify, categorize, prioritize and/or analyze data. ▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. ▪ Ability to follow verbal and written instructions. ▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Currently holds second-level operator license per state regulation, may be in the process of obtaining third-level license; must maintain a valid driver's license.
EXPERIENCE	Requires 3 – 5 years mechanical experience, including at least 3 years specializing in chemical treatment of water and/or wastewater and/or a minimum of 3 years in water and/or wastewater utility field with experience in the operation and maintenance of ground-water supplied water systems and associated distribution system.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water and/or wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; may operate heavy equipment.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

Utilities, Inc.

JOB TITLE	**Field Technician I**
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for the accurate and timely reading and recording of water meters to facilitate customer billing; to identify water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	▪ Walks 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Documents customer interaction and field activities in CC&B. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Maintains accurate and up-to-date records. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	▪ Performs minor meter maintenance and repair duties. ▪ Assists with repairs of water/wastewater treatment plant equipment. ▪ Assists with ordering parts and job costing. ▪ May assist with on-site customer communication. ▪ May assist with customer inquiries, requests and minor issues regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ May prepare a variety of operational reports related to water meter reading activities. ▪ Assists with the installation and disconnect of water meters. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word; ability to learn internal software programs Preferred: MS Excel, Outlook

ADDITIONAL SKILLS	▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn to read a variety of water meters. ▪ Ability to learn and understand tariffs as they apply to assigned duties. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions. ▪ Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. *May be in the process of obtaining Distribution and/or Collections Systems certification or first-level plant operating license.
EXPERIENCE	Some water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

Utilities, Inc.

JOB TITLE	**Field Technician II**
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater system; identifying water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains. ▪ Maintains and tests water meters; performs new meter installation. ▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. ▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic pluming tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. ▪ Inspects area for cross connection violations and other unsafe conditions. ▪ Maintains accurate and up-to-date records. ▪ Documents customer interaction and Field Activities in CC&B. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ Provides on-site customer communication. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	▪ May assist with repairs of water/wastewater treatment plant equipment. ▪ May walk 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Assists with ordering parts and job costing. ▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. ▪ Assists with the installation and/or disconnection of water and/or sewer services. ▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment.

	▪ May assist in maintaining plant compliance with Federal, state and local regulatory requirements. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	▪ Ability to work independently in the absence of supervision. ▪ Demonstrates initiative and desire to learn new tasks. ▪ Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to read a variety of water meters. ▪ Ability to apply the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to understand tariffs as they apply to assigned duties. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions. ▪ Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Distribution and/or Collections certification as required by statue or regulation. *May be in the process of obtaining first-level operating license.
EXPERIENCE	A minimum of one year water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

Utilities, Inc.

JOB TITLE	**Field Technician III**
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater systems; identifying water meter equipment problems; and performing water meter and/or system maintenance activities.
ESSENTIAL FUNCTIONS	▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains. ▪ Maintains and tests water meters; performs new meter installation. ▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. ▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic pluming tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. ▪ Inspects area for cross connection violations and other unsafe conditions. ▪ Maintains accurate and up-to-date records. ▪ Documents customer interaction and Field Activities in CC&B. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ Provides on-site customer communication. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	▪ May assist AM with overseeing the daily tasks of other field technicians. ▪ May assist with repairs of water/wastewater treatment plant equipment. ▪ May walk 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Assists with ordering parts and job costing. ▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. ▪ Assists with the installation and disconnection of water meters and sewer services. ▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. ▪ May assist in maintaining plant compliance with Federal, state and local regulatory requirements. ▪ Performs other related duties as assigned.

COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	▪ Ability to work independently in the absence of supervision. ▪ Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to motivate others in pursuit of Company goals. ▪ Demonstrates initiative to take on new tasks. ▪ Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to read a variety of water meters. ▪ Ability to apply the methods, techniques, tools, equipment and materials used in the repair, installation and testing of water and flow meters. ▪ Ability to understand tariffs as they apply to assigned duties. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions. ▪ Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Distribution and/or Collections certification as required by State regulatory laws, or the ability to attain certification within 12 months of hire. *May be in the process of obtaining dual certifications or first-level operating license.
EXPERIENCE	A minimum of three years water meter reading experience preferred, in addition to previous mechanical or maintenance experience; in-depth, working knowledge of water meters, care and operation of a variety of tools and equipment used in maintaining water/wastewater systems, and safe work practices. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

JOB TITLE	**Cross Connection Specialist**
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for protecting the public water supply from actual or potential contamination sources by ensuring appropriate backflow prevention devices are properly in use by residential, commercial and industrial customers.
ESSENTIAL FUNCTIONS	▪ Trains Cross Connection staff, if applicable to specific region. ▪ Maintains records/logs/schedules of backflow assembly inspections, tests, and repairs. Conducts mailing of reminders/questionnaires to maintain program integrity. ▪ Performs field inspections of residential, commercial and industrial accounts to identify actual or potential cross connections; assess degree of cross connection hazard; follows up with customer in writing of required backflow prevention device/assembly. ▪ Follows established procedure to notify customer of non-compliance prior to disconnection; immediately terminates customer's service if high degree of hazard is found without sufficient backflow prevention device/assembly. ▪ Disconnects service upon failure of the property owner to comply with the requirements of the company's Cross Connection Program. ▪ Schedules work based on priority. ▪ Responds to emergency situations as necessary. ▪ Enforces compliance with the company's Cross Connection Programs. ▪ Provides assistance to customers with questions regarding the Cross Connection Program. ▪ Speaks at Homeowner Associations as needed to communicate the Cross Connection Program. ▪ Researches applicable cross connection programs. ▪ Tracks local, state, and federal laws and regulations that might affect the company's policies/programs. ▪ Prepares compliance reports to present to management.
ADDITIONAL RESPONSIBILITIES	▪ Helps with the development of programs related to cross connection control. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office products; ability to learn internal software programs Preferred: JD Edwards, CC&B

ADDITIONAL SKILLS	▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in cross connection control. ▪ Ability to follow verbal and written instructions.
EDUCATION	Required: HS Diploma or G.E.D. Preferred: Associates or Bachelors Degree in a related field
CERTIFICATIONS/LICENSES	Required: State certified Backflow Prevention & Water licenses as appropriate; valid driver's license.
EXPERIENCE	Required: 2 – 4 years in the water and or wastewater utility business or related field, combined with a minimum 1 year of experience in cross connection control.
PHYSICAL DEMANDS	Light to moderate physical activity; requires normal hearing and vision.
EQUIPMENT USED	Backflow testing devices; PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel within assigned area is required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.
This description is a working draft, subject to revision.

Utilities, Inc.

JOB TITLE	**Cross Connection Technician**
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for protecting the public water supply from actual or potential contamination sources by ensuring appropriate backflow prevention devices are properly in use by residential, commercial and industrial customers.
ESSENTIAL FUNCTIONS	▪ Communicates to Cross Connection Specialist any follow-up or enforcement letters needed to maintain program integrity. ▪ Performs field inspections of residential, commercial and industrial accounts to identify actual or potential cross connections; assess degree of cross connection hazard; follows up in writing with customer regarding required backflow prevention device/assembly. ▪ Follows established procedure to notify customer of non-compliance prior to disconnection; immediately terminates customer's service if high degree of hazard is found without sufficient backflow prevention device/assembly, with direction from the Cross Connection Specialist. ▪ Disconnects service upon failure of the property owner to comply with the requirements of the company's Cross Connection Program. ▪ Schedules work based on priority. ▪ Responds to emergency situations as necessary. ▪ Enforces compliance with the company's Cross Connection Programs. ▪ Provides assistance to customers with questions regarding the Cross Connection Program.
ADDITIONAL RESPONSIBILITIES	▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office products; ability to learn internal software programs Preferred: JD Edwards, CC&B
ADDITIONAL SKILLS	▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in cross connection control. ▪ Ability to follow verbal and written instructions.
EDUCATION	Required: HS Diploma or G.E.D.

CERTIFICATIONS/LICENSES	Required: State certified Backflow Prevention & Water Licenses as appropriate or ability to obtain certification within one year of employment; valid driver's license.
EXPERIENCE	Required: 1 – 3 years in the water and/or wastewater utility business or related field.
PHYSICAL DEMANDS	Light to moderate physical activity; requires normal hearing and vision.
EQUIPMENT USED	Backflow testing devices; PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel within assigned area is required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.
This description is a working draft, subject to revision.

Utilities, Inc.

JOB TITLE	**Area Manager**
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Oversees the operation and maintenance of water and wastewater treatment plants. Provides leadership and guidance in water and wastewater plant management. Works with Regional Manager and Regional Director to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	▪ Develops strategic plans for water and wastewater facility needs; manages the design and construction of facilities and infrastructure. ▪ Hires, directs, evaluates, promotes and disciplines subordinate employees, including meter readers, operators, field technicians, etc, engaged in the operation of water/wastewater plants and distribution systems. ▪ Manages the operation of multiple water systems and wastewater treatment facilities. ▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. ▪ Ensures water and wastewater quality consistently meet Federal, state and local laws. ▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. ▪ Stays abreast of Federal, state and local regulations and environmental guidelines regarding water/wastewater treatment and distribution. ▪ Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures; trains employees of safety policies and procedures. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	▪ Responds to all emergency situations, including coordination of contractors, public notification and informing UI personnel and governmental agencies as needed. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to objectively coach employees through complex, difficult and emotional issues.

	▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to delegate responsibility and authority to maximize use of employees' skills. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Ability to effectively communicate and interact with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Proven ability to motivate others in the pursuit of Company goals.
EDUCATION	Required: 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.
CERTIFICATIONS/LICENSES	Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license.
EXPERIENCE	Requires a minimum of 6 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment.
TRAVEL REQUIRED	Within service area.
SHIFT	Requires 24 hour responsiveness to various situations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

JOB TITLE	**Regional Manager**
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	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.
ESSENTIAL FUNCTIONS	▪ Oversees plant operations and maintenance, customer contact and capital planning. ▪ Provides support and follow up to Area Managers. ▪ Maintains accurate and timely reports, records and permits associated with facility operations and customer relations, ensuring they meet compliance regulations. ▪ Assists Regional Director in the development and implementation of operational and regional strategies. ▪ Ensures water and wastewater quality consistently meet Federal, state and local laws. ▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. ▪ Provides expertise as required to maintain compliance with local, state, regional and Federal regulatory requirements regarding water/wastewater treatment and distribution. ▪ Offers opportunities to increase efficiency by identifying and implementing operational cost saving ideas. ▪ Serves as the contact for inquiries regarding operational issues; answers routine and ad hoc information requests that are regional or unit-specific in nature. ▪ Responsible for safety and maintaining a safe work environment. ▪ Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures, in addition to safety policies and procedures. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	▪ Provides leadership and guidance in energy management. ▪ Acts as point of contact with developers, engineers, consultants, regulators and customers. ▪ Assists Regional Director in executing any additional assigned duties. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: PowerPoint, Outlook and Explorer

ADDITIONAL SKILLS	▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to provide vision and leadership. ▪ Ability to objectively coach employees and managers through complex, difficult and emotional issues. ▪ Ability to define specific problems and offer variable solutions. ▪ Ability to implement recommendations to effective resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to specify goals and effectively achieve them. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Must have ability to effectively communicate with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	Required: Bachelor's degree in Business, Engineering, Environmental Science or similar field, or a combination of education and experience. Preferred: Completion of multiple utility industry related courses, seminars, management and/or supervisory training.
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Ability to hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment.
EXPERIENCE	Requires a minimum of 7 years progressive experience working in utility management or the utility industry. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes. Experience in strategic planning and execution is strongly preferred.
PHYSICAL DEMANDS	Light to moderate physical activity; requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within region.
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.

Utilities, Inc.

JOB TITLE	**Warehouse Clerk**
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Responsible for maintaining the inventory and allocation of commonly used supplies and equipment from the warehouse to local operations staff and other special projects as needed.
ESSENTIAL FUNCTIONS	▪ Manages warehouse facility, including minor grounds upkeep. ▪ Orders all supplies and chemicals through assigned vendors. ▪ Receives, processes and unpacks supplies; verifies correctness of shipments against purchase orders; maintains records regarding discrepancies and/or damaged merchandise and works with vendor to correct issues. ▪ Ensures safe loading and unloading of supplies. ▪ Manages distribution record of items received by operations staff for Company facilities. ▪ Coordinates inspection of fire extinguishers returned by field staff. ▪ Follows established safety policies and procedures to ensure safe work environment. ▪ Maintains warehouse facility and equipment in a clean and orderly condition.
ADDITIONAL RESPONSIBILITIES	▪ Assists RM with performing price comparisons with competing vendors to select most cost efficient option for the region. ▪ Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook, Explorer, Filemaker Pro; familiarity with Mac computers would be helpful.
ADDITIONAL SKILLS	▪ Ability to work independently in the absence of supervision. ▪ Ability to effectively communicate and interact with other employees. ▪ Ability to receive, track and distribute materials, supplies and equipment. ▪ Ability to read, write, sort, check, count and verify numbers. ▪ Ability to prepare routine administrative paperwork. ▪ Ability to understand and follow safety procedures.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Forklift certification
EXPERIENCE	Previous warehouse work is preferred, including shipping and receiving.

PHYSICAL DEMANDS	Requires the ability to lift and move heavy and/or bulky items and to push, pull, lift and/or carry up to 50 lbs; ability to climb ladders in order to stock supplies; ability to remain standing in an upright position for an extended period of time.
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	

Management maintains the right to assign or reassign duties and responsibilities at any time.

Utilities, Inc.

JOB TITLE	**Project Manager**
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for all water and wastewater utility construction projects from initial contract negotiations through warranty termination.
ESSENTIAL FUNCTIONS	▪ Oversees complex technical projects, adhering to strict goals and deadlines. ▪ Creates and maintains activity and progress reports for internal and external customers. ▪ Responsible for all project development. ▪ Hires, directs, evaluates and disciplines Construction Inspectors. ▪ Obtains engineering proposals, monitors project budgets, construction activity and coordinates timing with operations. ▪ Tracks all budget related information, such as hours worked and expenses, etc. ▪ Coordinates all daily activities and personnel for each project. ▪ Processes paperwork, including invoices, for each project in a timely manner and submits to Regional Director. ▪ Ensures the success of projects, while remaining in line with time and budget parameters. ▪ Notifies management staff of any current or pending escalations relating to projects, or items that could impact the success of projects. ▪ Coordinates and completes the work necessary to obtain approval on emergency projects.
ADDITIONAL RESPONSIBILITIES	▪ Assists AM & RM with forecasting and planning capital projects up to 5 years in advance. ▪ Attends project team status meetings as required. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel, Outlook; ability to learn internal software programs Preferred: PowerPoint and Explorer
ADDITIONAL SKILLS	▪ Ability to calculate basic mathematical equations. ▪ Ability to read and interpret soil and hydro-geological reports and maps. ▪ Ability to complete work that will ensure the approval of all capital projects in a timely manner. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Excellent organizational and problem solving skills, including negotiating, decision-making research and analysis, and interpersonal skills.

	▪ Ability to provide safe working conditions for fellow workers. ▪ Ability to effectively communicate and interact with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
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	

Management maintains the right to assign or reassign duties and responsibilities at any time.

ERC COUNT 12/11
FLORIDA FIELD EMPLOYEES

ALBERIGI, DAVID J.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.42%
251101 Lake Saunders	W		43.0	0.27%
251102 LUSI South W	W		3,218.3	20.16%
251103 LUSI South S		S	3,144.8	19.70%
251104 LUSI South R		S	56.0	0.35%
251106 LUSI North	W		6,105.6	38.25%
252129 Golden Hills W	W		527.6	3.31%
252130 Golden Hills S		S	76.2	0.48%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	9.30%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.76%
			15,962.5	100.00%

ALDAY, CALEB

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	100.00%

AUSTIN, ARTHUR C.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.42%
251101 Lake Saunders	W		43.0	0.27%
251102 LUSI South W	W		3,218.3	20.16%
251103 LUSI South S		S	3,144.8	19.70%
251104 LUSI South R		S	56.0	0.35%
251106 LUSI North	W		6,105.6	38.25%
252129 Golden Hills W	W		527.6	3.31%
252130 Golden Hills S		S	76.2	0.48%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	9.30%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.76%
			15,962.5	100.00%

BAILEY, ALAN R.

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	56.04%
255101 Sanlando Utilities Corp S		S	9,170.6	43.70%
255102 Sanlando Utilities Corp R		S	55.0	0.26%
			20,986.4	100.00%

BOERSMA, DAVID A.

System			ERC Count	Percentage to Total
249100 Utilities Inc of Eagle Ridge		S	1,602.6	63.83%
249101 Cross Creek		S	908.0	36.17%
			2,510.6	100.00%

BONAGURA, JOHN F.

System			ERC Count	Percentage to Total
102110 Ops Ldrship-SE/South/West Cost	OH	OH		

BROWN, DONNA R.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	100.00%

BRUCE, GLENN R.

System			ERC Count	Percentage to Total
242100 Lake Placid Utilities Inc W	W		120.7	3.10%
242101 Lake Placid Utilities Inc S		S	121.7	3.12%
249100 Utilities Inc of Eagle Ridge		S	1,602.6	41.13%
249101 Cross Creek		S	908.0	23.30%
256100 Util Inc of Sandalhaven		S	1,143.8	29.35%
			3,896.8	1.00

BUONO, ROBERT A.

System			ERC Count	Percentage to Total
248100 Cypress Lakes Utilities Inc W	W		1,252.4	31.95%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	29.34%
259100 Labrador Utilities Inc W	W		764.9	19.52%
259101 Labrador Utilities Inc S		S	751.9	19.18%
			3,919.3	1.00

BYRD, LARRY L

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.53%
251101 Lake Saunders	W		43.0	0.34%
251102 LUSI South W	W		3,218.3	25.59%
251103 LUSI South S		S	3,144.8	25.00%
251106 LUSI North	W		6,105.6	48.54%
			12,578.7	1.00

CALLAHAN, ROBERT L.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

CARDINAL, ANTHONY A.

System			ERC Count	Percentage to Total
252106 Orangewood W	W		1,703.8	38.29%
252107 Orangewood S		S	158.0	3.55%
252125 Summertree W	W		1,179.2	26.50%
252126 Summertree S		S	979.0	22.00%
252128 Lake Tarpon W	W		430.1	9.66%
			4,450.1	1.00

CARVER, NATHANIEL O.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

CHARD, RONALD

System			ERC Count	Percentage to Total
241100 Tierra Verde Utilities Inc		S	2,094.2	11.82%
242100 Lake Placid Utilities Inc W	W		120.7	0.68%
242101 Lake Placid Utilities Inc S		S	121.7	0.69%
248100 Cypress Lakes Utilities Inc W	W		1,252.4	7.07%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	6.49%
249100 Utilities Inc of Eagle Ridge		S	1,602.6	9.05%
249101 Cross Creek		S	908.0	5.13%
250100 Mid-County Services Inc		S	3,355.0	18.94%
252106 Orangewood W	W		1,703.8	9.62%
252107 Orangewood S		S	158.0	0.89%
252125 Summertree W	W		1,179.2	6.66%
252126 Summertree S		S	979.0	5.53%
252128 Lake Tarpon W	W		430.1	2.43%
256100 Util Inc of Sandalhaven		S	1,143.8	6.46%
259100 Labrador Utilities Inc W	W		764.9	4.32%
259101 Labrador Utilities Inc S		S	751.9	4.24%
			17,715.4	1.00

COOKS, BARNER

System			ERC Count	Percentage to Total
255103 Sanlando Utilities Corp C	AD	AD		

COOPER, ROBERT K.

246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

DURHAM, RICK J.

System	ERC Count	Percentage to Total
120110		

EBERT, HAROLD

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	99.53%
255102 Sanlando Utilities Corp R		S	55.0	0.47%
			11,815.8	1.00

EBERT, SHAWN M.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

FINCH, ALLAN

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

FINIGAN, MICHAEL A

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

FLYNN, PATRICK C.

System			ERC Count	Percentage to Total
805100 Southeast Region Cost Center	OH	OH		

GENTILUCCI, DOMENIC V

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.40%
251101 Lake Saunders	W		43.0	0.26%
251102 LUSI South W	W		3,218.3	19.28%
251103 LUSI South S		S	3,144.8	18.84%
251104 LUSI South R		S	56.0	0.34%
251106 LUSI North	W		6,105.6	36.58%
252129 Golden Hills W	W		527.6	3.16%
252130 Golden Hills S		S	76.2	0.46%
254101 ACME FL Legends Irrigation	W		728.5	4.36%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	8.90%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.42%
			16,691.0	1.00

GODWIN, PATRICK L.

System			ERC Count	Percentage to Total
256100 Util Inc of Sandalhaven		S	1,143.8	1,143.80
			1,143.8	1.00

GONGRE, BRYAN K

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	3.96%
251100 Four Lakes	W		67.0	0.16%
251101 Lake Saunders	W		43.0	0.10%
251102 LUSI South W	W		3,218.3	7.50%
251103 LUSI South S		S	3,144.8	7.33%
251104 LUSI South R		S	56.0	0.13%
251106 LUSI North	W		6,105.6	14.23%
252110 Weathersfield W	W		1,145.0	2.67%
252111 Weathersfield S		S	1,135.5	2.65%
252113 Oakland Shores	W		224.5	0.52%
252114 Little Wekiva	W		58.0	0.14%
252115 Park Ridge W	W		100.0	0.23%
252116 Phillips	W		79.0	0.18%
252117 Crystal Lake	W		176.0	0.41%
252118 Ravenna Park W	W		340.0	0.79%
252119 Ravenna Park S		S	240.0	0.56%
252121 Bear Lake Manor	W		219.5	0.51%
252122 Jansen	W		250.5	0.58%
252123 Crescent Heights	W		253.5	0.59%
252124 Davis Shores	W		45.0	0.10%
252129 Golden Hills W	W		527.6	1.23%
252130 Golden Hills S		S	76.2	0.18%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	27.41%
255101 Sanlando Utilities Corp S		S	9,170.6	21.37%
255102 Sanlando Utilities Corp R		S	55.0	0.13%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	3.46%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	2.89%
			42,914.4	1.00

GOSNELL, SCOTTY G.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

GRAINGER, LEROY

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

GRAY, PATRICK

System			ERC Count	Percentage to Total
248100 Cypress Lakes Utilities Inc W	W		1,252.4	14.96%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	13.74%
252106 Orangewood W	W		1,703.8	20.36%
252107 Orangewood S		S	158.0	1.89%
252125 Summertree W	W		1,179.2	14.09%
252126 Summertree S		S	979.0	11.70%
252128 Lake Tarpon W	W		430.1	5.14%
259100 Labrador Utilities Inc W	W		764.9	9.14%
259101 Labrador Utilities Inc S		S	751.9	8.98%
			8,369.4	1.00

GRAY, ROBERT

System			ERC Count	Percentage to Total
248100 Cypress Lakes Utilities Inc W	W		1,252.4	31.95%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	29.34%
259100 Labrador Utilities Inc W	W		764.9	19.52%
259101 Labrador Utilities Inc S		S	751.9	19.18%
			3,919.3	1.00

HABERY, STEPHEN J.

System			ERC Count	Percentage to Total
252106 Orangewood W	W		1,703.8	38.29%
252107 Orangewood S		S	158.0	3.55%
252125 Summertree W	W		1,179.2	26.50%
252126 Summertree S		S	979.0	22.00%
252128 Lake Tarpon W	W		430.1	9.66%
			4,450.1	1.00

HAMILTON, DON L.

System			ERC Count	Percentage to Total
242100 Lake Placid Utilities Inc W	W		120.7	8.71%
242101 Lake Placid Utilities Inc S		S	121.7	8.78%
256100 Util Inc of Sandalhaven		S	1,143.8	82.51%
			1,386.2	1.00

HASTY, DONALD L.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

HAWS, SCOTTY L.

System			ERC Count	Percentage to Total
102110 Ops Ldrship-SE/South/West Cost	OH	OH		

HERMANO, RODEL R

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

HOGUE, RAYMOND H.

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	56.04%
255101 Sanlando Utilities Corp S		S	9,170.6	43.70%
255102 Sanlando Utilities Corp R		S	55.0	0.26%
			20,986.4	1.00

HOLLISTER, JIMMIE H.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	10.10%
251100 Four Lakes	W		67.0	0.40%
251101 Lake Saunders	W		43.0	0.26%
251102 LUSI South W	W		3,218.3	19.13%
251104 LUSI South R		S	56.0	0.33%
251106 LUSI North	W		6,105.6	36.30%
252110 Weathersfield W	W		1,145.0	6.81%
252113 Oakland Shores	W		224.5	1.33%
252114 Little Wekiva	W		58.0	0.34%
252115 Park Ridge W	W		100.0	0.59%
252116 Phillips	W		79.0	0.47%
252117 Crystal Lake	W		176.0	1.05%
252118 Ravenna Park W	W		340.0	2.02%
252121 Bear Lake Manor	W		219.5	1.30%
252122 Jansen	W		250.5	1.49%
252123 Crescent Heights	W		253.5	1.51%
252124 Davis Shores	W		45.0	0.27%
252129 Golden Hills W	W		527.6	3.14%
252136				
254101 ACME FL Legends Irrigation	W		728.5	4.33%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	8.83%
			16,821.0	1.00

KEYS, THOMAS E.

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	56.04%
255101 Sanlando Utilities Corp S		S	9,170.6	43.70%
255102 Sanlando Utilities Corp R		S	55.0	0.26%
			20,986.4	1.00

KILGORE JR, JAMES

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.40%
251101 Lake Saunders	W		43.0	0.26%
251102 LUSI South W	W		3,218.3	19.28%
251103 LUSI South S		S	3,144.8	18.84%
251104 LUSI South R		S	56.0	0.34%
251106 LUSI North	W		6,105.6	36.58%
252129 Golden Hills W	W		527.6	3.16%
252130 Golden Hills S		S	76.2	0.46%
254101 ACME FL Legends Irrigation	W		728.5	4.36%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	8.90%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.42%
			16,691.0	1.00

KILGORE, JAMES A

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	56.04%
255101 Sanlando Utilities Corp S		S	9,170.6	43.70%
255102 Sanlando Utilities Corp R		S	55.0	0.26%

				20,986.4	1.00

MARINELLI, JOHN A.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

MATTESON, SEYD

System			ERC Count	Percentage to Total
241100 Tierra Verde Utilities Inc		S	2,094.2	38.43%
250100 Mid-County Services Inc		S	3,355.0	61.57%
			5,449.2	1.00

MORRELL, MATTHEW J.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

NEAL, WILLIAM L.

System			ERC Count	Percentage to Total
241100 Tierra Verde Utilities Inc		S	2,094.2	15.15%
248100 Cypress Lakes Utilities Inc W	W		1,252.4	9.06%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	8.32%
250100 Mid-County Services Inc		S	3,355.0	24.28%
252106 Orangewood W	W		1,703.8	12.33%
252107 Orangewood S		S	158.0	1.14%
252125 Summertree W	W		1,179.2	8.53%
252126 Summertree S		S	979.0	7.08%
252128 Lake Tarpon W	W		430.1	3.11%
259100 Labrador Utilities Inc W	W		764.9	5.54%
259101 Labrador Utilities Inc S		S	751.9	5.44%
			13,818.6	1.00

OVERTON, MICHAEL A.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	5.03%
251100 Four Lakes	W		67.0	0.20%
251101 Lake Saunders	W		43.0	0.13%
251102 LUSI South W	W		3,218.3	9.54%
251103 LUSI South S		S	3,144.8	9.32%
251104 LUSI South R		S	56.0	0.17%
251106 LUSI North	W		6,105.6	18.09%
252110 Weathersfield W	W		1,145.0	3.39%
252111 Weathersfield S		S	1,135.5	3.37%
252113 Oakland Shores	W		224.5	0.67%
252114 Little Wekiva	W		58.0	0.17%
252115 Park Ridge W	W		100.0	0.30%
252116 Phillips	W		79.0	0.23%
252117 Crystal Lake	W		176.0	0.52%
252118 Ravenna Park W	W		340.0	1.01%
252119 Ravenna Park S		S	240.0	0.71%
252121 Bear Lake Manor	W		219.5	0.65%
252122 Jansen	W		250.5	0.74%
252123 Crescent Heights	W		253.5	0.75%
252124 Davis Shores	W		45.0	0.13%
252129 Golden Hills W	W		527.6	1.56%
252130 Golden Hills S		S	76.2	0.23%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	34.85%
255102 Sanlando Utilities Corp R		S	55.0	0.16%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	4.40%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	3.67%
			33,743.8	1.00

PARRISH, RAYMOND A.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.42%
251101 Lake Saunders	W		43.0	0.27%
251102 LUSI South W	W		3,218.3	20.16%
251103 LUSI South S		S	3,144.8	19.70%
251104 LUSI South R		S	56.0	0.35%
251106 LUSI North	W		6,105.6	38.25%
252129 Golden Hills W	W		527.6	3.31%
252130 Golden Hills S		S	76.2	0.48%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	9.30%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.76%
			15,962.5	1.00

PHILLIPS, CHRISTOPHER

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	10.10%
251100 Four Lakes	W		67.0	0.40%
251101 Lake Saunders	W		43.0	0.26%
251102 LUSI South W	W		3,218.3	19.13%
251104 LUSI South R		S	56.0	0.33%
251106 LUSI North	W		6,105.6	36.30%
252110 Weathersfield W	W		1,145.0	6.81%
252113 Oakland Shores	W		224.5	1.33%
252114 Little Wekiva	W		58.0	0.34%
252115 Park Ridge W	W		100.0	0.59%
252116 Phillips	W		79.0	0.47%
252117 Crystal Lake	W		176.0	1.05%
252118 Ravenna Park W	W		340.0	2.02%
252121 Bear Lake Manor	W		219.5	1.30%
252122 Jansen	W		250.5	1.49%
252123 Crescent Heights	W		253.5	1.51%
252124 Davis Shores	W		45.0	0.27%
252129 Golden Hills W	W		527.6	3.14%
254101 ACME FL Legends Irrigation	W		728.5	4.33%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	8.83%
			16,821.0	1.00

POWELL, TREVOR B.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.53%
251101 Lake Saunders	W		43.0	0.34%
251102 LUSI South W	W		3,218.3	25.47%
251103 LUSI South S		S	3,144.8	24.89%
251104 LUSI South R		S	56.0	0.44%
251106 LUSI North	W		6,105.6	48.32%
			12,634.7	1.00

RADCLIFF, MAX LEE

System			ERC Count	Percentage to Total
249100 Utilities Inc of Eagle Ridge		S	1,602.6	63.83%
249101 Cross Creek		S	908.0	36.17%
			2,510.6	1.00

RAINES, CRAIG A.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.53%
251101 Lake Saunders	W		43.0	0.34%
251102 LUSI South W	W		3,218.3	25.47%
251103 LUSI South S		S	3,144.8	24.89%
251104 LUSI South R		S	56.0	0.44%
251106 LUSI North	W		6,105.6	48.32%
			12,634.7	1.00

REINCKE, SEAN

System			ERC Count	Percentage to Total
248100 Cypress Lakes Utilities Inc W	W		1,252.4	14.96%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	13.74%
252106 Orangewood W	W		1,703.8	20.36%
252107 Orangewood S		S	158.0	1.89%
252125 Summertree W	W		1,179.2	14.09%
252126 Summertree S		S	979.0	11.70%
252128 Lake Tarpon W	W		430.1	5.14%
259100 Labrador Utilities Inc W	W		764.9	9.14%
259101 Labrador Utilities Inc S		S	751.9	8.98%
			8,369.4	1.00

REMIGIO, ROBERTO V.

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	99.53%
255102 Sanlando Utilities Corp R		S	55.0	0.47%
			11,815.8	1.00

RICHARDSON, JAMES P.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.42%
251101 Lake Saunders	W		43.0	0.27%
251102 LUSI South W	W		3,218.3	20.16%
251103 LUSI South S		S	3,144.8	19.70%
251104 LUSI South R		S	56.0	0.35%
251106 LUSI North	W		6,105.6	38.25%
252129 Golden Hills W	W		527.6	3.31%
252130 Golden Hills S		S	76.2	0.48%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	9.30%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.76%
			15,962.5	1.00

RICHARDSON, MARLIN

System			ERC Count	Percentage to Total
252129 Golden Hills W	W		527.6	15.85%
252130 Golden Hills S		S	76.2	2.29%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	44.62%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	37.23%
			3,327.8	1.00

SCHWADES, CHARLES G.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.40%
251101 Lake Saunders	W		43.0	0.26%
251102 LUSI South W	W		3,218.3	19.28%
251103 LUSI South S		S	3,144.8	18.84%
251104 LUSI South R		S	56.0	0.34%
251106 LUSI North	W		6,105.6	36.58%
252129 Golden Hills W	W		527.6	3.16%
252130 Golden Hills S		S	76.2	0.46%
254101 ACME FL Legends Irrigation	W		728.5	4.36%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	8.90%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.42%
			16,691.0	1.00

SCHWADES, JENNIFER M

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.42%
251101 Lake Saunders	W		43.0	0.27%
251102 LUSI South W	W		3,218.3	20.16%
251103 LUSI South S		S	3,144.8	19.70%
251104 LUSI South R		S	56.0	0.35%
251106 LUSI North	W		6,105.6	38.25%
252129 Golden Hills W	W		527.6	3.31%
252130 Golden Hills S		S	76.2	0.48%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	9.30%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.76%
			15,962.5	1.00

SCHWADES, MICHAEL

System			ERC Count	Percentage to Total
333100 Massanutten Public Serv Corp W	W		2,810.5	50.08%
333101 Massanutten Public Serv Corp S		S	2,801.0	49.92%
			5,611.5	1.00

SHOFFSTALL, DAVID E.

System			ERC Count	Percentage to Total
248100 Cypress Lakes Utilities Inc W	W		1,252.4	31.95%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	29.34%
259100 Labrador Utilities Inc W	W		764.9	19.52%
259101 Labrador Utilities Inc S		S	751.9	19.18%
			3,919.3	1.00

SHUE, MICKEY A.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	6.30%
252110 Weathersfield W	W		1,145.0	4.25%
252111 Weathersfield S		S	1,135.5	4.21%
252113 Oakland Shores	W		224.5	0.83%
252114 Little Wekiva	W		58.0	0.22%
252115 Park Ridge W	W		100.0	0.37%
252116 Phillips	W		79.0	0.29%
252117 Crystal Lake	W		176.0	0.65%
252118 Ravenna Park W	W		340.0	1.26%
252119 Ravenna Park S		S	240.0	0.89%
252121 Bear Lake Manor	W		219.5	0.81%
252122 Jansen	W		250.5	0.93%
252123 Crescent Heights	W		253.5	0.94%
252124 Davis Shores	W		45.0	0.17%
252136				
252137				
255100 Sanlando Utilities Corp W	W		11,760.8	43.64%
255101 Sanlando Utilities Corp S		S	9,170.6	34.03%
255102 Sanlando Utilities Corp R		S	55.0	0.20%
			26,951.9	1.00

SILLITOE, KATHY A.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.50%
251101 Lake Saunders	W		43.0	0.32%
251102 LUSI South W	W		3,218.3	24.08%
251103 LUSI South S		S	3,144.8	23.53%
251104 LUSI South R		S	56.0	0.42%
251106 LUSI North	W		6,105.6	45.69%
254101 ACME FL Legends Irrigation	W		728.5	5.45%
			13,363.2	1.00

SILLITOE, TERRY W.

System			ERC Count	Percentage to Total
252110 Weathersfield W	W		1,145.0	7.98%
252113 Oakland Shores	W		224.5	1.56%
252114 Little Wekiva	W		58.0	0.40%
252115 Park Ridge W	W		100.0	0.70%
252116 Phillips	W		79.0	0.55%
252117 Crystal Lake	W		176.0	1.23%
252118 Ravenna Park W	W		340.0	2.37%
252121 Bear Lake Manor	W		219.5	1.53%
252122 Jansen	W		250.5	1.75%
255100 Sanlando Utilities Corp W	W		11,760.8	81.94%
			14,353.3	1.00

SOSSAMON, WILLIAM

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	56.04%
255101 Sanlando Utilities Corp S		S	9,170.6	43.70%
255102 Sanlando Utilities Corp R		S	55.0	0.26%
			20,986.4	1.00

STEVENS, WILLIAM H

System			ERC Count	Percentage to Total
252106 Orangewood W	W		1,703.8	38.29%
252107 Orangewood S		S	158.0	3.55%
252125 Summertree W	W		1,179.2	26.50%
252126 Summertree S		S	979.0	22.00%
252128 Lake Tarpon W	W		430.1	9.66%
			4,450.1	1.00

STRAIGHT, JAMES L.

System			ERC Count	Percentage to Total
241100 Tierra Verde Utilities Inc		S	2,094.2	38.43%
250100 Mid-County Services Inc		S	3,355.0	61.57%
			5,449.2	1.00

SUDOL, COREY

System			ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W		11,760.8	56.04%
255101 Sanlando Utilities Corp S		S	9,170.6	43.70%
255102 Sanlando Utilities Corp R		S	55.0	0.26%
			20,986.4	1.00

SZCZEPKOWSKI, STEPHEN A.

System			ERC Count	Percentage to Total
250100 Mid-County Services Inc		S	3,355.0	100.00%
			3,355.0	1.00

VAN METER, NATHAN Z.

System			ERC Count	Percentage to Total
246100 Utilities Inc of Longwood		S	1,699.0	100.00%
			1,699.0	1.00

WATKINS, CEDRIC

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.42%
251101 Lake Saunders	W		43.0	0.27%
251102 LUSI South W	W		3,218.3	20.16%
251103 LUSI South S		S	3,144.8	19.70%
251104 LUSI South R		S	56.0	0.35%
251106 LUSI North	W		6,105.6	38.25%
252129 Golden Hills W	W		527.6	3.31%
252130 Golden Hills S		S	76.2	0.48%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	9.30%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.76%
			15,962.5	1.00

WILSON, MICHAEL A.

System			ERC Count	Percentage to Total
241100 Tierra Verde Utilities Inc		S	2,094.2	11.82%
242100 Lake Placid Utilities Inc W	W		120.7	0.68%
242101 Lake Placid Utilities Inc S		S	121.7	0.69%
248100 Cypress Lakes Utilities Inc W	W		1,252.4	7.07%
248101 Cypress Lakes Utilities Inc S		S	1,150.1	6.49%
249100 Utilities Inc of Eagle Ridge		S	1,602.6	9.05%
249101 Cross Creek		S	908.0	5.13%
250100 Mid-County Services Inc		S	3,355.0	18.94%
252106 Orangewood W	W		1,703.8	9.62%
252107 Orangewood S		S	158.0	0.89%
252125 Summertree W	W		1,179.2	6.66%
252126 Summertree S		S	979.0	5.53%
252128 Lake Tarpon W	W		430.1	2.43%
256100 Util Inc of Sandalhaven		S	1,143.8	6.46%
259100 Labrador Utilities Inc W	W		764.9	4.32%
259101 Labrador Utilities Inc S		S	751.9	4.24%
			17,715.4	1.00

WORRELL, DAVID R.

System			ERC Count	Percentage to Total
241100 Tierra Verde Utilities Inc		S	2,094.2	38.43%
250100 Mid-County Services Inc		S	3,355.0	61.57%
			5,449.2	1.00

WRIGHT, THOMAS L.

System			ERC Count	Percentage to Total
251100 Four Lakes	W		67.0	0.40%
251101 Lake Saunders	W		43.0	0.26%
251102 LUSI South W	W		3,218.3	19.28%
251103 LUSI South S		S	3,144.8	18.84%
251104 LUSI South R		S	56.0	0.34%
251106 LUSI North	W		6,105.6	36.58%
252129 Golden Hills W	W		527.6	3.16%
252130 Golden Hills S		S	76.2	0.46%
254101 ACME FL Legends Irrigation	W		728.5	4.36%
260100 Utilities Inc Of Pennbrooke W	W		1,485.0	8.90%
260101 Utilities Inc Of Pennbrooke S		S	1,239.0	7.42%
			16,691.0	1.00

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (9)
VEHICLES

Test Year Ended December 31, 2011

Vehicle Schedule

Company: Utilities, Inc of Florida; Pasco
Docket No.:
Test Year Ended December 31, 2011

Vehicle #	Year	Model	Serial Number	Driver	Position	Vehicle Price	Allocation Method
671	2006	FORD Ranger	1FTYR10D96PA83834	STEVENS, WILL	WATER-WASTEWATER OPE	13,204.50	ERCS
741	2007	CHEV Silverado 1500	3GCEC14X07G242657	REINCKE, SEAN	FIELD TECH I	16,707.40	ERCS
803	2008	CHEV Colorado	1GCCS19E888113719	CHARD, RONALD	CROSS CONNECTION TEC	17,962.31	ERCS
825	2008	CHEV Silverado 1500	2GCEC19C281204055	NEAL, LEE	AREA MANAGER	22,388.38	ERCS
1118	2011	GMC REG CAB Sierra 1500	1GTN1TEXXBZ106710	CARDINAL, TONY	WATER-WASTEWATER OPE	19,722.50	ERCS
1122	2011	CHEV Silverado 1500	1GTN1TEX0BZ122897	HABERY, STEPHEN	LEAD WATER-WASTEWATE	19,962.31	ERCS
1149	2011	TOYOTA Prius	JTDKN3DU5B5338864	WILSON, MIKE	LEAD WATER-WASTEWATE	25,879.00	ERCS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Pasco County

25-30.440 (10)
CUSTOMER COMPLAINTS

Test Year Ended December 31, 2011

Pasco County – Buena Vista Manor
Customer Complaints and Resolutions Jan – Dec 2011

Sub Division:	497	MR Route:	F11	FA ID:	3674810585
Account #:	3674810000	Customer Name:	HALL, WINNA	Phone #:	(727) 938-5180
Address:	5132 DARLINGTON RD	CSR:	Sheri Demonbreun	Operator:	Jeffrey Finehirsh

Entry Date: 7/6/2011 8:26:13AM SO Type: HIBILL

Instructions: Read meter and check for leaks. High bill complaint. sheri

Due Date: 7/7/2011 8:00 PM Resolution Date: 7/7/2011 9:00 AM FA Status: Completed

Resolution: Collected read, no leaks indicated by meter.

Sub Division:	497	MR Route:	F11	FA ID:	5584810841
Account #:	5584810000	Customer Name:	PIKE, GRACE	Phone #:	(571) 839-7394
Address:	5139 BOTANY DR	CSR:	Brandi Deere	Operator:	Jeffrey Finehirsh

Entry Date: 2/7/2011 8:15:06AM SO Type: HIBILL

Instructions: Read meter and check for leaks. High bill complaint. Customer stated read estimated on 01/21/11 & customer Read meter at 1379067 on 01/21/11. Customer stated operator read the meter with her being present. Read should not have been estimate.

Due Date: 2/8/2011 6:00 PM Resolution Date: 2/8/2011 9:00 AM FA Status: Completed

Resolution: No leaks. Spoke with customer. Read on bill is higher than actual meter read.

Sub Division:	497	MR Route:	F11	FA ID:	2985810982
Account #:	1998608665	Customer Name:	ANDREI, JOHN	Phone #:	(727) 935-5659
Address:	2426 PRESTIGE DR	CSR:	Madelin Collado	Operator:	Anthony Cardinal

Entry Date: 5/5/2011 8:11:19AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer states the water is coming out somewhat dirty. Also states there is a water break right beside his home.

Due Date: 5/5/2011 6:00 PM Resolution Date: 5/5/2011 12:00 AM FA Status: Completed

Resolution: There was a leak next door at meter. Spoke to customer he said he had cloudy water. Checked the water and it was okay. tc

Sub Division:	497	MR Route:	F11	FA ID:	0605810396
Account #:	9563256896	Customer Name:	STEELE, MIRIAM	Phone #:	(727) 365-0057
Address:	5139 ROSADA AVE	CSR:	Jennifer Elliot	Operator:	Jeffrey Finehirsh

Entry Date: 7/18/2011 9:15:22AM SO Type: HIBILL

Instructions: Read meter and check for leaks. High bill complaint. Jennifer

Due Date: 7/19/2011 8:00 PM Resolution Date: 7/19/2011 10:00 AM FA Status: Completed

Resolution: Read meter and checked for leaks. None found.

Pasco County – Buena Vista Mobile Home Park
Customer Complaints and Resolutions Jan – Dec 2011

Sub Division:	036	MR Route:	F14	FA ID:	9303000167
ount #:	0403000000	Customer Name:	KEMP, RAYMOND E	Phone #:	(727) 940-4409
Address:	2035 SHADY COVE DR	CSR:	Isabel Ceballos	Operator:	Stephen Habrey
Entry Date:	11/9/2011 2:56:46PM	SO Type:	M-SIO	Request Type:	General Investigation
Instructions:	Customer turned off our valve for repairs, but when he turned on valve started leaking /ic				
Due Date:	11/9/2011 6:00:00PM	Resolution Date:	11/11/2011 8:44 AM	FA Status:	Completed
Resolution:	Leak is before the meter. Leak is repaired. Told customer not to use our valve as his shut off valve.				

Sub Division:	036	MR Route:	F14	FA ID:	0471000991
Account #:	0471000000	Customer Name:	TAYLOR, WILLIAM	Phone #:	(727) 410-4138
Address:	1915 SPECK DR	CSR:	Karen Thimmes	Operator:	Jeffrey Finehirsh
Entry Date:	2/15/2011 10:52:41AM	SO Type:	HIBILL		
Instructions:	Read meter and check for leaks. High bill complaint and condensation on meter which he thinks is affecting remote meter. Karyn				
Due Date:	2/16/2011 8:00:00PM	Resolution Date:	2/16/2011 11:00 AM	FA Status:	Completed
Resolution:	No leaks but remote no longer works. Read on remote is383000, read on actual meter is 398070. Generate FA for remote and meter exchange. Spoke with customer.				

Sub Division:	036	MR Route:	F14	FA ID:	0744000201
ount #:	0744000000	Customer Name:	CORY, DOLORES	Phone #:	(715) 498-4585
Address:	2021 LULLABY DR	CSR:	Tricia Anderson	Operator:	Stephen Habrey
Entry Date:	12/27/2011 9:03:14AM	SO Type:	M-SIO	Request Type:	General Investigation
Instructions:	Customer reports no water. tda				
Due Date:	12/27/2011 6:00:00PM	Resolution Date:	12/28/2011 7:19 AM	FA Status:	Completed
Resolution:	Customer's water valve off. Customer turned on valve.				

Sub Division:	036	MR Route:	F14	FA ID:	0769810061
Account #:	0769810000	Customer Name:	WEINERTH, CHARLES	Phone #:	(727) 939-9134
Address:	1924 SHADY COVE DR	CSR:	Andrea Lybarger	Operator:	Jeffrey Finehirsh
Entry Date:	1/4/2011 7:10:30AM	SO Type:	HIBILL		
Instructions:	High bill complaint. Customer wants to be there when operator comes to read meter and check for leaks.				
Due Date:	1/5/2011 6:00:00PM	Resolution Date:	1/5/2011 8:25 AM	FA Status:	Completed
Resolution:	Small leak found. Spoke with the customer.				

Sub Division:	036	MR Route:	F14	FA ID:	0707000371
Account #:	0707000000	Customer Name:	LENTZ, STEVE	Phone #:	(727) 939-2782
ress:	2030 HOLIDAY DR	CSR:	Sheri Demonbreun	Operator:	Stephen Habrey
Entry Date:	2/8/2011 1:20:12PM	SO Type:	HIBILL		

Instructions: Read meter and check for leak. High bill complaint.

Due Date: 2/8/2011 8:00:00PM Resolution Date: 2/9/2011 1:10:00PM FA Status: Completed

Resolution: Leak at water softener after meter. Showed customer findings.

Sub Division: 036 MR Route: F14 FA ID: 1311100924

Account #: 1311100000 Customer Name: BRANDAU,R Phone #: (727) 938-4722

Address: 4417 BUENA VISTA LN CSR: Amanda Stonebreaker Operator: Stephen Habrey

Entry Date: 12/8/2011 12:27:13PM SO Type: M-SIO Request Type: Mineral Amount in Water

Instructions: Customer has ice machine that we supply water too and it has build up or fine white powder substance clogging pump. Customer contacted ice company and they say its something we add to water. Customer will be there.

Due Date: 12/9/2011 6:00:00PM Resolution Date: 12/9/2011 12:00 AM FA Status: Completed

Resolution: Spoke with customer and took a look at the power which he was talking about. It is white with a bluish tint and a gritty consistence. Told customer that when he had a quantity of it we would come to collect it and take a better look. WS

Sub Division: 036 MR Route: F14 FA ID: 1100100121

Account #: 1100100000 Customer Name: Young, Carol Phone #: (603) 731-5540

Address: 4036 IRONWARE DR CSR: Lisa Bachmann Operator:

Entry Date: 4/8/2011 11:24:10AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer is adamant there is a meter leak or read inaccurate. Read again for backup verification. lisa

Due Date: 4/11/2011 8:00:00PM Resolution Date: 4/11/2011 12:00 AM FA Status: Completed

Resolution: Called customer and old her we were out last time and spoke to her neighbor Mr. Cassidy. He agrees there's no leaks at meter. Told customer that, also gave the meter read to her. Read is 1432470.

Sub Division: 036 MR Route: F14 FA ID: 1100100822

Account #: 1100100000 Customer Name: Young, Carol Phone #: (603) 731-5540

Address: 4036 IRONWARE DR CSR: Ingrid Miller Operator: Jeffrey Finehirsh

Entry Date: 4/4/2011 9:49:11AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called to say misread of meter. Iinvestigate and record the findings. iem

Due Date: 4/4/2011 6:30:00PM Resolution Date: 4/5/2011 10:00 AM FA Status: Completed

Resolution: No leaks, read meter

Sub Division: 036 MR Route: F14 FA ID: 1359000709

Account #: 1359000000 Customer Name: LEWIS,ROBERT Phone #: (727) 942-0012

Address: 4031 CHESSWOOD DR CSR: Karen Thimmes Operator:

Entry Date: 10/31/2011 10:21:07AM SO Type: HIBILL

Instructions: Customer complaining of high bill. Read meter and check for leaks. Tag door with results. Karyn

Due Date: 11/2/2011 8:00:00PM Resolution Date: 11/2/2011 12:00 AM FA Status: Completed

Resolution: Read meter, no leaks detected at this time. Hung door tag with results. WS

Sub Division: 036 MR Route: F14 FA ID: 1930100723
Account #: 1930100000 Customer Name: BENNING, DAN Phone #: (937) 568-5455
Address: 4025 REGGIE DR CSR: Linda Jones Operator: Stephen Habrey
Entry Date: 3/10/2011 10:48:35AM SO Type: HIBILL
Instructions: Read meter and check for leaks. Customer complaining of high bill. Linda

Due Date: 3/11/2011 6:00:00PM Resolution Date: 3/11/2011 10:05 AM FA Status: Completed
Resolution: No leaks at meter and spoke with customer.

Sub Division: 036 MR Route: F14 FA ID: 2713000396
Account #: 2713000000 Customer Name: ARMSTRONG, SHARON Phone #: (727) 938-7632
Address: 2020 HOYLE DR CSR: Ferrellyn Trovinger Operator: Keith Schneider
Entry Date: 9/1/2011 7:11:16AM SO Type: M-SIO Request Type: No Water
Instructions: Customer called stating since valve was replaced yesterday she has no water. FLT
Due Date: 9/1/2011 12:00 AM Resolution Date: 9/1/2011 9:00 AM FA Status: Completed
Resolution: Water on and front hose bib working. New meter and valve. Don't see any problem that is ours. KS

Sub Division: 036 MR Route: F14 FA ID: 2713000965
Account #: 2713000000 Customer Name: ARMSTRONG, SHARON Phone #: (727) 938-7632
Address: 2020 HOYLE DR CSR: Ingrid Miller Operator: Anthony Cardinal
Entry Date: 8/9/2011 2:46:50PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer is requesting us to look at our shut off value. States it's broken and would like to have some work done to her line. Notify her with tag on door of time or results of repairs made if any. iem
Due Date: 8/9/2011 6:30:00PM Resolution Date: 8/10/2011 11:45 AM FA Status: Completed
Resolution: Tagged to call office to make time to meet. Valve needs changed out. tc

Sub Division: 036 MR Route: F14 FA ID: 2759000671
Account #: 2759000000 Customer Name: HAIGHT JR, LARRY W Phone #: (727) 967-6241
Address: 4051 CHESSWOOD DR CSR: Anthony Cardinal Operator: Lee Neal
Entry Date: 12/27/2011 4:31:20PM SO Type: M-EXCHNG
Instructions: Meter has stopped and customer complaint of low pressure.
Due Date: 12/28/2011 8:00 AM Resolution Date: 12/28/2011 12:45 AM FA Status: Completed
Resolution: Meter 34867114 replaced with 11429187. RC

Sub Division: 036 MR Route: F14 FA ID: 2529000341
Account #: 2529000000 Customer Name: PERRON, JOSEPH Phone #: (727) 942-7753
Address: 4051 SCARLET MAPLE DR CSR: Karen Thimmes Operator: Stephen Habrey
Entry Date: 12/13/2011 10:31:31AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer is requesting the valve be replaced. Tag door with results. Karyn

Due Date: 12/14/2011 8:00:00PM Resolution Date: 12/14/2011 12:00 AM FA Status: Completed

olution: Checked valve and attempted to stop leak. Lessened leak, may need to replace meter valve. WS

Sub Division: 036 MR Route: F14 FA ID: 3011100940

Account #: 3011100000 Customer Name: HARVEST TIME CHURCH Phone #: (727) 934-6445

Address: 4406 BUENA VISTA LN CSR: Karen Thimmes Operator: Jeffrey Finehirsh

Entry Date: 4/6/2011 9:59:41AM SO Type: M-SIO Request Type: General Investigation

Instructions: States that the tech is not locking the lock correctly. There are 2 gates and 1 gate cannot be opened because our lock is locked to the chain and not to the lock. Karyn

Due Date: 4/6/2011 8:00:00PM Resolution Date: 4/6/2011 3:15:00PM FA Status: Completed

Resolution: Adjusted lock

Sub Division: 036 MR Route: F14 FA ID: 2907810199

Account #: 2907810000 Customer Name: MATSOS, SPIROS G Phone #: (727) 359-4675

Address: 4244 BUENA VISTA LN CSR: Cristina Harden Operator: Stephen Habrey

Entry Date: 2/1/2011 1:49:19PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer reports that the shut off valve is above ground and everyone elses is below ground. Hazard if someone falls back in to it. sheri

Due Date: 2/2/2011 6:00:00PM Resolution Date: 2/2/2011 2:59:00PM FA Status: Completed

olution: Spoke with customer told him we don't move meters because customer wants it moved. Noted to customer that It is not a safety hazard and meter has been there since property was developed.

Sub Division: 036 MR Route: F14 FA ID: 5779000563

Account #: 5779000000 Customer Name: HELMS,J AMES Phone #: (727) 943-8718

Address: 4114 CHESSWOOD DR CSR: Stephanie Calbreath Operator: Stephen Habrey

Entry Date: 6/21/2011 10:36:46 AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called in reporting that due to the rust and debris that is in his water he has to change out his filter every month. Customer wants to know what is going to be done to correct this.

Due Date: 6/23/2011 6:30:00PM Resolution Date: 6/24/2011 11:35 AM FA Status: Completed

Resolution: Showed customer water is clear at their outside hose bib. Customer ok with findings.

Sub Division: 036 MR Route: F14 FA ID: 6148000029

Account #: 6148000000 Customer Name: REICHELDERFER,T AMI Phone #: (727) 452-5813

Address: 1651 ATLAS LN CSR: Karen Thimmes Operator: Jeffrey Finehirsh

Entry Date: 7/1/2011 3:25:47PM SO Type: HIBILL

Instructions: High bill complaint. Read meter and check for leaks. Tag door with results. Karyn

Due Date: 7/5/2011 8:00:00PM Resolution Date: 7/5/2011 9:00 AM FA Status: Completed

olution: Meter indicating very small leak, tagged door.

Sub Division: 036 MR Route: F14 FA ID: 6148000256
ount #: 6148000000 Customer Name: REICHELDERFER, TAMI Phone #: (727) 452-5813
Address: 1651 ATLAS LN CSR: Lisa Silva Operator: Anthony Cardinal
Entry Date: 9/26/2011 2:28:46PM SO Type: HIBILL
Instructions: Verify read and check for any signs of a leak. Customer is still disputing her high usage in June & now for Sept. Please tag her door with your findings.
Due Date: 9/27/2011 8:00:00PM Resolution Date: 9/27/2011 4:05:00PM FA Status: Completed
Resolution: Tightened packing on our valve before meter. Customer stated that she knows of her hose dripping and li told her that it looks like she has a slight steady leak. tc & ws

Sub Division: 036 MR Route: F14 FA ID: 6148000312
Account #: 6148000000 Customer Name: REICHELDERFER, TAMI Phone #: (727) 452-5813
Address: 1651 ATLAS LN CSR: Lisa Silva Operator: Anthony Cardinal
Entry Date: 9/26/2011 2:31:39PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer is reporting that there is a leak at the meter. Please check & verify whether this leak is possible going through the meter.
Due Date: 9/26/2011 8:00:00PM Resolution Date: 9/27/2011 4:05:00PM FA Status: Completed
Resolution: Repaired leak on our valve before meter/also customer has leak on her side and is aware of it. tc & ws

Sub Division: 036 MR Route: F14 FA ID: 6575000075
ount #: 6575000000 Customer Name: ST MARTIN, KATHLEEN Phone #: (727) 455-5965
Address: 1806 HOLIDAY DR CSR: Lisa Bachmann Operator: Jeffrey Finehirsh
Entry Date: 4/18/2011 10:22:37AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer states leak caused by our company, locating lines using poker. Plumber found leak and replaced pipe, has part, states our error. /lab
Due Date: 4/19/2011 8:00:00PM Resolution Date: 4/19/2011 2:54:00PM FA Status: Completed
Resolution: Spoke with customer. Told her that we do not break her water line. Customer understood.

Sub Division: 036 MR Route: F14 FA ID: 7021000001
Account #: 7021000000 Customer Name: FLANAGAN, AUDREY Phone #: (727) 939-4146
Address: 1815 HOYLE DR CSR: Jennifer Elliot Operator: Stephen Habrey
Entry Date: 6/22/2011 9:41:54AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer stating that she has no water. Jennifer
Due Date: 6/22/2011 8:00:00PM Resolution Date: 6/22/2011 1:37:00PM FA Status: Completed
Resolution: Repair water leak 5 houses down from customer. Dropped psi to work on leak. System back to normal.

Sub Division: 036 MR Route: F14 FA ID: 9251000288
ount #: 9251000000 Customer Name: GUNDERMAN, TINA Phone #: (610) 751-5683
Address: 1832 SPECK DR CSR: Deborah Volz Operator: Anthony Cardinal
Entry Date: 6/15/2011 12:05:28PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer said water leak at meter box. deb

Date: 6/15/2011 8:00:00PM Resolution Date: 6/15/2011 3:45:00PM FA Status: Completed

Resolution: KBH is relocating meter per Steve H.

Sub Division: 036 MR Route: F14 FA ID: 9137000450

Account #: 9137000000 Customer Name: KOUFIS, KOSTAS Phone #: (727) 937-7417

Address: 4311 BONITA RD CSR: Tara Drury Operator: Stephen Habrey

Entry Date: 5/2/2011 12:49:18PM SO Type: HIBILL

Instructions: Read meter and check for leak. High Bill complaint. Do not tag door. Customer is seasonal and requests that water be turned off at the meter and locked. tmd

Due Date: 5/3/2011 8:00:00PM Resolution Date: 5/3/2011 11:23 AM FA Status: Completed

Resolution: Already locked.

Sub Division: 036 MR Route: F14 FA ID: 9896810552

Account #: 9896810000 Customer Name: BREWSTER, DONALD Phone #: (727) 937-5274

Address: 1917 ORANGE DR CSR: Ferrellyn Trovinger Operator: Jeffrey Finehirsh

Entry Date: 1/19/2011 7:11:07AM SO Type: M-SIO Request Type: Water Service Line Break

Instructions: Customer said the meter is still leaking. FLT

Due Date: 1/20/2011 6:00:00PM Resolution Date: 1/20/2011 9:40 AM FA Status: Completed

Resolution: Tightened all fittings on our side, appears to have stopped leak. Spoke w/ cust

Sub Division: 036 MR Route: F14 FA ID: 9896810293

Account #: 9896810000 Customer Name: BREWSTER, DONALD Phone #: (727) 937-5274

Address: 1917 ORANGE DR CSR: Kimberly Bennett Operator: Jeffrey Finehirsh

Entry Date: 1/11/2011 7:14:44AM SO Type: M-SIO Request Type: General Investigation

Instructions: Read meter and check for small leak around the meter. Customer called. Kim

Due Date: 1/11/2011 6:00:00PM Resolution Date: 1/11/2011 3:00 AM FA Status: Completed

Resolution: Tightened packing

Sub Division: 036 MR Route: F14 FA ID: 9897810931

Account #: 9897810000 Customer Name: ALEXANDER, WILLIAM F Phone #: (727) 858-5443

Address: 1702 HOLIDAY DR CSR: Lisa Bachmann Operator: Jeffrey Finehirsh

Entry Date: 6/1/2011 1:49:24PM SO Type: HIBILL

Instructions: Read meter and check for leaks. Customer believes wrong meter is being read, that meter in backyard for industrial plant is being read in error. Requests the meter be moved from backyard property. lab

Due Date: 6/2/2011 8:00:00PM Resolution Date: 6/2/2011 10:00 AM FA Status: Completed

Resolution: Marked curb where meter is. Spoke with the customer and read is correct.

Sub Division: 036 MR Route: F14 FA ID: 8818000137
ount #: 5088752223 Customer Name: Abel, Carl Phone #: (813) 404-4904
Address: 4108 KIBLER LN CSR: Jennifer Elliot Operator: Jeffrey Finehirsh
Entry Date: 4/29/2011 9:16:23AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer is calling stating that the shut off valve at the meter is leaking. Jennifer
Due Date: 4/29/2011 8:00:00PM Resolution Date: 4/29/2011 11:45 AM FA Status:Completed
Resolution: Leak on customer side, but our responsibility. Replaced comp. fitting

Sub Division: 036 MR Route: F14 FA ID:1549000620
Account #: 7082512959 Customer Name: BOCCIA,ERNEST Phone #: (727) 277-3565
Address: 4108 SCARLET MAPLE DR CSR: Tara Drury Operator:
Entry Date: 9/16/2011 8:00:23AM SO Type: M-SIO Request Type: General Investigation
Instructions: Read meter and check for leak. Customer states that he put in sod 2 months ago and there is no way that the meter was checked on 8/31/11 when the high bill case was done. tmd
Due Date: 9/16/2011 6:00:00PM Resolution Date: 9/16/2011 12:00 AM FA Status: Completed
Resolution: No leaks present. High usage due to filling new pool and watering in new sod. RC

Sub Division: 036 MR Route: F14 FA ID: 7236000021
Account #: 3673479236 Customer Name: WALL,JOHN Phone #: (727) 943-0580
ddress: 2101 MELODY DR CSR: Lorie Mayeski Operator: Stephen Habrey
Entry Date: 2/24/2011 12:09:10PM SO Type: M-SIO Request Type: Discolored Water
Instructions: Customer called to state that the water is orange in color.
Due Date: 2/24/2011 6:00:00PM Resolution Date: 2/24/2011 1:19:00PM FA Status: Completed
Resolution: Showed customer water clear at outside hose bib

Sub Division: 036 MR Route: F14 FA ID: 2006810924
Account #: 9306134078 Customer Name: Liske, Margaret L Phone #: (727) 457-0610
Address: 1913 HESS DR CSR: Glenda Thompson Operator:
Entry Date: 11/15/2011 7:31:42AM SO Type: M-SIO Request Type: High or Low Pressure in the Water
Instructions: Customer report very low water pressure.
Due Date: 11/15/2011 6:00:00PM Resolution Date: 11/15/2011 12:00 AM FA Status: Completed
Resolution: Checked pressure before meter and cleaned debris from meter. Replaced valve and put meter back inline. Pressure was good after this and customer was pleased. WS

Sub Division: 036 MR Route: F14 FA ID: 6178810544
ount #: 5954610336 Customer Name: KILIAN, SUSAN Phone #: (727) 942-0625

Address: 1833 LULLABY DR CSR: Amanda Stonebreaker Operator:

Entry Date: 11/29/2011 10:53:28AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer states the valve at meter is leaking and has called to have replaced but we just tightened the valve. Customer wants valve replaced. Amanda

Due Date: 11/30/2011 6:00:00PM Resolution Date: 11/30/2011 12:00 AM FA Status: Completed

Resolution: Valve leaking, tightened valve packing nut, this reduced the flow; will work on it further. Tagged door with findings. WS

Sub Division: 036 MR Route: F14 FA ID: 0086810685

Account #: 2981121627 Customer Name: GALLAGHER, MARYELLEN Phone #: (845) 481-6108

Address: 1802 ORANGE DR CSR: Lisa Bachmann Operator: Anthony Cardinal

Entry Date: 5/3/2011 3:33:44PM SO Type: HIBILL

Instructions: Read meter and verify if any leaks. Customer bill jumped 4x normal. Customer will be onsite./lab

Due Date: 5/3/2011 8:00:00PM Resolution Date: 5/5/2011 12:00 AM FA Status: Completed

Resolution: No leak detected. Spoke to customer and explained that they would be charged for the water that went through meter. Remote and in ground meter match up. tc

Due Date: 5/10/2011 7:00:00PM Resolution Date: 5/10/2011 9:30 AM FA Status: Completed

Resolution: Off, locked and tagged

Division: 036 MR Route: F14 FA ID: 1424000038

Account #: 9599569840 Customer Name: VIENNEAU, JAYNE Phone #: (727) 364-1115

Address: 2040 ROSELAWN DR CSR: Sheri Demonbreun Operator: Stephen Habrey

Entry Date: 4/20/2011 8:07:52AM SO Type: M-SIO Request Type: No Water

Instructions: Customer called to say she has no water. sheri

Due Date: 4/20/2011 8:00:00PM Resolution Date: 4/20/2011 12:51:00PM FA Status: Completed

Resolution: Spoke with customer showed her water coming out above meter. She will check her plumbing.

Sub Division: 036 MR Route: F14 FA ID: 1701100263

Account #: 7919184165 Customer Name: SERRA, JOSEPH Phone #: (813) 352-8886

Address: 1925 US HWY 19 CSR: Jennifer Elliot Operator: Stephen Habrey

Entry Date: 8/23/2011 1:29:17PM SO Type: HIBILL

Instructions: Customer is complaining about high usage. Read meter and check for leaks. Jennifer

Due Date: 8/24/2011 8:00:00PM Resolution Date: 8/24/2011 11:29 AM FA Status: Completed

Resolution: No leak at meter

Sub Division: 036 MR Route: F14 FA ID: 1701100811

Account #: 7919184165 Customer Name: SERRA, JOSEPH Phone #: (813) 352-8886

Address: 1925 US HWY 19 CSR: Linda Jones Operator: Stephen Habrey

Entry Date: 1/11/2011 10:14:04AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called. Water not on. Call before going. Linda

Date: 1/11/2011 6:00:00PM Resolution Date: 1/11/2011 11:00 AM FA Status: Completed

Resolution: Both meters were on; called customer to let him know.

Sub Division: 036 MR Route: F14 FA ID: 1701100263

Account #: 7919184165 Customer Name: SERRA, JOSEPH Phone #: (813) 352-8886

Address: 1925 US HWY 19 CSR: Jennifer Elliot Operator: Stephen Habrey

Entry Date: 8/23/2011 1:29:17PM SO Type: HIBILL

Instructions: Read meter and check for leaks. High usage complaint. Jennifer

Due Date: 8/24/2011 8:00:00PM Resolution Date: 8/24/2011 11:29 AM FA Status: Completed

Resolution: No leak at meter.

Sub Division: 036 MR Route: F14 FA ID: 7277000796

Account #: 9033085158 Customer Name: James, Shelly Phone #: (727) 934-4395

Address: 1820 MELODY DR CSR: Lisa Silva Operator:

Entry Date: 10/7/2011 9:25:39AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer is reporting that his meter has been locked for over a month and we are billing him for 2440 gls

Due Date: 10/10/2011 8:00:00PM Resolution Date: 10/10/2011 12:00 AM FA Status: Completed

Resolution: Checked meter for leaks, none observed. Meter is locked out. WS

Sub Division: 036 MR Route: F14 FA ID: 6746000216

Account #: 5253769075 Customer Name: Devries,Rob Phone #: (727) 639-0433

Address: 2143 HESS DR CSR: Brandi Deere Operator: Keith Schneider

Entry Date: 9/7/2011 1:33:25PM SO Type: M-REREAD

Instructions: Read meter. High bill complaint from customer. Customer stated that his meter has not been read since it was installed in May. Customer wants to be present when operator reads meter

Due Date: 9/8/2011 6:00:00PM Resolution Date: 9/8/2011 9:00 AM FA Status: Completed

Resolution: Read meter, no leaks. Tagged door with findings. KS

Sub Division: 036 MR Route: F14 FA ID: 9475810137

Account #: 9475810000 Customer Name: Peck,C ecilia Phone #: (330) 348-1038

Address: 1840 HESS DR CSR: Brandi Deere Operator: Jeffrey Finehirsh

Entry Date: 7/5/2011 3:10:10PM SO Type: HIBILL

Instructions: Read meter and check for leaks. High bill complaint. bdn

Due Date: 7/6/2011 6:00:00PM Resolution Date: 7/6/2011 11:00 AM FA Status: Completed

olution: Read and no leaks indicated by meter.

Pasco County - Orangewood
Customer Complaints and Resolutions Jan – Dec 2011

Sub Division: 307 MR Route: F35 FA ID: 0654800864
Account #: 0654800000 Customer Name: MCDANIEL, DEBRA J Phone #: (727) 945-9197
Address: 4808 BONTON DR CSR: Jennifer Elliot Operator: Jeffrey Finehirsh
Entry Date: 7/6/2011 2:27:12PM SO Type: HIBILL
Instructions: Reread the meter and check it for leaks. Customer is complaining about a high bill. Customer is stating that the meter reader is reading her neighbors meter. JAE
Due Date: 7/7/2011 8: PM Resolution Date: 7/7/2011 9:20:00AM FA Status: Completed
Resolution: Collected read, no leaks indicated by meter. Spoke with customer

Sub Division: 307 MR Route: F35 FA ID: 0654800829
Account #: 0654800000 Customer Name: MCDANIEL, DEBRA J Phone #: (727) 945-9197
Address: 4808 BONTON DR CSR: Isabel Ceballos Operator: Stephen Habrey
Entry Date: 10/7/2011 10:48:59AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer says new meter is defective, and she is not using this much water. Two persons live here, occasionally a third and usage is about 4300 gals. Not out of line. Read meter /ic
Due Date: 10/10/2011 6: PM Resolution Date: 10/10/2011 12: IS FA Status: Completed
Resolution: Read Meter, checked for leaks, leak was detected after the meter on customers side. Customer was made aware.

Sub Division: 307 MR Route: F35 FA ID: 0617800969
Account #: 0617800000 Customer Name: ROGGE, SANDRA Phone #: (727) 389-0067
Address: 4609 TROPICAL LN CSR: Deborah Volz Operator:
Entry Date: 10/6/2011 8:20:45AM SO Type: HIBILL
Instructions: Reread meter and check for leaks. High bill complaint. deb
Due Date: 10/6/2011 8:20:45AM Resolution Date: 10/7/2011 12:AM FA Status: Completed
Resolution: The meter reader is reading the generator instead of the remote. Gen. & remote are not in sync. Remote is working. Will instruct meter readers to read remote only. Read is 142800 RC

Sub Division: 307 MR Route: F35 FA ID: 1286800114
Account #: 1286800000 Customer Name: TRUDELL, HELEN Phone #: (813) 938-4499
Address: 4618 ABDELLA LN CSR: Karen Thimmes Operator: Jeffrey Finehirsh
Entry Date: 3/24/2011 2:25:59PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called complaining of bad odor from water. Karyn.
Due Date: 3/24/2011 8:PM Resolution Date: 3/24/2011 4:PM FA Status: Completed
Resolution: Spoke with customer. It only happens once and a while. Tested water; cool, clear, no odor, good residual

Division: 307 MR Route: F35 FA ID: 1314800857
Account #: 1314800000 Customer Name: DRAPP, VERONICA Phone #: (727) 934-4517

Address: 4841 TRAFFORD RD CSR: Jennifer Elliot Operator: Stephen Habrey

Entry Date: 9/6/2011 12:14:49PM SO Type: HIBILL

Instructions: Reread the meter and check the meter for leaks. Customer is complaining about high usage. The month before he was there and there was a 0 read. Jennifer

Due Date: 9/7/2011 8:PM Resolution Date: 9/7/2011 11:39:00AM FA Status: Completed

Resolution: Customer has leak after meter. Told customer my findings.

Sub Division: 307 MR Route: F35 FA ID: 1163800821

Account #: 1163800000 Customer Name: Whitney, Gregory Phone #: (727) 947-7606

Address: 4815 TRAFFORD RD CSR: Deborah Volz Operator: Anthony Cardinal

Entry Date: 10/17/2011 3:10:44PM SO Type: HIBILL

Instructions: Customer does not believe we are reading meter every month. Deb

Due Date: 10/18/2011 8:PM Resolution Date: 10/20/2011 1:10:00PM FA Status: Completed

Resolution: No leaks detected. Spoke with customer. Has dog in back yard tied up and stated he was moving at end of month. Read is 1001870. This read is past the scale on CC&B. tc

Sub Division: 307 MR Route: F35 FA ID: 1727710307

Account #: 1727710000 Customer Name: GIORDANO ENTERPRISE LLC Phone #: (727) 942-3551

Address: 2628 US HWY 19 CSR: Cristina Harden Operator: Keith Schneider

Entry Date: 1/13/2011 11:00:38AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer reports brown, smelly water. Tina

Due Date: 1/13/2011 6:PM Resolution Date: 1/13/2011 2:PM FA Status: Completed

Resolution: Checked water, it was ok. KS

Sub Division: 307 MR Route: F35 FA ID: 2335800227

Account #: 2335800000 Customer Name: CANNON, DAVID T Phone #: (727) 943-8042

Address: 2546 TEMPLEWOOD DR CSR: Lorie Mayeski Operator: Stephen Habrey

Entry Date: 4/20/2011 11:56:49AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called and stated he gave out two keys to the past two meter readers and his gate is getting destroyed due to hopping fence. Wants to know where the keys are. Lorie

Due Date: 4/20/2011 6:PM Resolution Date: 4/21/2011 2:38:00PM FA Status:Completed

Resolution: Gave key to meter read meter reader (B. Owens)

Sub Division: 307 MR Route: F35 FA ID: 2426800512

Account #: 2426800000 Customer Name: ANDERSON, ERIC Phone #: (727) 809-3246

Address: 2540 BAYWOOD DR CSR: Cammy Iwinski Operator: Jeffrey Finehirsh

Entry Date: 7/15/2011 2:42:44PM SO Type: M-REREAD

Instructions: Reread meter and check for leaks. High bill complaint. Cammy

Due Date: 7/15/2011 6:PM Resolution Date: 7/18/2011 11:AM FA Status: Completed

Resolution: Locked fence, no one home. Tagged to call to allow access to check meter.

Sub Division: 307 MR Route: F35 FA ID: 2255800780
Account #: 2255800000 Customer Name: SPICUZZA, ANGELA M Phone #: (727) 934-7605
Address: 2610 LIMEWOOD DR CSR: Brandi Deere Operator: Anthony Cardinal

Entry Date: 6/15/2011 11:21:18AM SO Type: HIBILL
Instructions: Reread and check for leak. Customer high bill complaint. bnd
Due Date: 6/16/2011 6:PM Resolution Date: 6/16/2011 3:25:00PM FA Status: Completed
Resolution: Checked meter in the ground at this address twice today 08:48am Read was 133180 then at 02:30pm and only used 10 gal leak detector not turning, this is a remote meter that the reads are off and the register on the fence Read is 100. tc

Sub Division: 307 MR Route: F35 FA ID: 3827710027
Account #: 3827710000 Customer Name: POLISH AM PULASKI CLUB Phone #: (727) 934-0900
Address: 4616 DARLINGTON RD CSR: Jennifer Elliot Operator: Anthony Cardinal

Entry Date: 5/17/2011 11:51:51AM SO Type: HIBILL
Instructions: Reread the meter and check it for leaks. The customer is complaining about a high bill. He states that there is only someone there 3 times a week. Jennifer
Due Date: 5/18/2011 8:PM Resolution Date: 5/18/2011 10:10:00AM FA Status: Completed
Resolution: Reread meter and leak indicator turning/tagged door. tc

Sub Division: 307 MR Route: F35 FA ID: 5854800928
Account #: 5854800000 Customer Name: KEENAN, PATRICIA Phone #: (727) 326-2425
Address: 4750 BONTON DR CSR: Jennifer Elliot Operator: Stephen Habrey

Entry Date: 6/7/2011 12:39:58PM SO Type: HIBILL
Instructions: Please reread the meter and check for leaks. The customer is complaining about a high bill. Jennifer
Due Date: 6/8/2011 8:PM Resolution Date: 6/8/2011 2:12:00PM FA Status: Completed
Resolution: Checked for leaks. None found.

Sub Division: 307 MR Route: F35 FA ID: 6207800191
Account #: 6207800000 Customer Name: ZYLKA, BROOKE Phone #:
Address: 4603 TARAY LN CSR: Maxine Norris Operator: Anthony Cardinal

Entry Date: 6/13/2011 12:13:50 PM SO Type: M-REREAD
Instructions: Customer stated that the read that is on the bill is incorrect and would like someone to reread meter.

Due Date: 6/14/2011 6:30:00PM Resolution Date: 6/14/2011 9:45:00AM FA Status: Completed
Resolution: Read remote on east side of fence tc

Sub Division: 307 MR Route: F35 FA ID: 6215800297
Account #: 6215800000 Customer Name: RYAN, JOSEPH Phone #: (727) 934-5615

Address: 4913 FRUITWOOD LOOP CSR: Linette Orengo Operator: Stephen Habrey

Entry Date: 8/12/2011 8:35:36AM SO Type: M-SIO Request Type: Water Miscellaneous Complaint

Instructions: Customer wants water checked for lime said it's on the sink, shower, toilets, washing machine. Thinks it's harmful to be drinking, please tag door w/findings I called Tony C.../LIO FL

Due Date: 8/12/2011 6:PM Resolution Date: 8/15/2011 8:35:00AM FA Status: Completed

Resolution: Tagged door to inform customer that we don't test for lime.

Sub Division: 307 MR Route: F35 FA ID: 6495800090

Account #: 6495800000 Customer Name: MACKIN, KRASSIMIRA Phone #: (727) 851-1956

Address: 2605 CHANCERY DR CSR: Crystal Woolard Operator:

Entry Date: 11/29/2011 4:21:35PM SO Type: M-SIO Request Type: Discolored Water

Instructions: Customer states that water is brown and that it happens frequently. It's only the cold water that has the discoloration.

Due Date: 11/29/2011 7:PM Resolution Date: 11/30/2011 12:AM FA Status: Completed

Resolution: Spoke with customer. Appears to be a trace of rust in the water sample that she preserve but did not observe any at the time of investigation at the outside faucet. WS

Sub Division: 307 MR Route: F35 FA ID: 7614800266

Account #: 7614800000 Customer Name: MALTBY, ROBERT H Phone #: (727) 934-6526

Address: 4822 TRAFFORD RD CSR: Brandi Deere Operator:

Entry Date: 6/10/2011 9:39:47AM SO Type: HIBILL

Instructions: Reread and check meter for leak. Customer called concerned of high bill because they are away out of town and says they turned water off at home. bnd/fl

Due Date: 6/13/2011 6:PM Resolution Date: 6/13/2011 12:25:00AM FA Status: Completed

Resolution: No leaks indicated. Read matches that of 5/27. Curb stop is off but not locked. Usage from 4/26 thru 05/27 was only 200gal. Perhaps there were a couple of days of usage prior to their departure. RC

Sub Division: 307 MR Route: F35 FA ID: 8976800496

Account #: 8976800000 Customer Name: STONE, JAMES F Phone #: (727) 935-5487

Address: 4602 ABDELLA LN CSR: Cristina Harden Operator: Keith Schneider

Entry Date: 1/21/2011 3:12:53PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer previously reports both meter & remote head not working. We agreed & replaced meter. Per customer, remote head is stuck & doesn't agree w/ what is on meter. tina

Due Date: 1/24/2011 6:PM Resolution Date: 1/24/2011 11:AM FA Status: Completed

Resolution: Both remote and meter in ground are working, not sure if customer knows the meter in ground is in 10 gal sweeps and remote is in 100 gal sweeps. Aligned meter heads so they are exactly the same. KS

Sub Division: 307 MR Route: F35 FA ID: 9496800208

Account #: 9496800000 Customer Name: COSTA, DAVID Phone #: (727) 938-7749

Address: 4614 TARAY LN CSR: Karen Thimmes Operator: Jeffrey Finehirsh

Entry Date: 4/11/2011 12:43:58PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Said sometimes we get the house next door mixed up with his. Meter exchange just took place in March. Reread and check for leaks. Tag door with results. Karyn

Due Date: 4/12/2011 8:PM Resolution Date: 4/12/2011 10:AM FA Status: Completed

Resolution: Read on bill is incorrect. Collected correct read today.

Sub Division: 307 MR Route: F35 FA ID: 9683800831

Account #: 9683800000 Customer Name: SCANTLIN, KEN Phone #: (727) 937-9298

Address: 4736 FOOTHILL DR CSR: Samantha Tackett Operator: Jeffrey Finehirsh

Entry Date: 7/5/2011 10:18:08AM SO Type: HIBILL

Instructions: Reread meter. Customer is disputing consumption. Check and report any signs of a leak. KIM-FL

Due Date: 7/6/2011 6:PM Resolution Date: 7/6/2011 9:55:00AM FA Status: Completed

Resolution: collected read, verified meter #, no leaks.

Sub Division: 307 MR Route: F35 FA ID: 0147800114

Account #: 8181129129 Customer Name: Mach, Thien Phone #: (727) 967-0533

Address: 2623 CHEVAL DR CSR: Constance Dunn Operator:

Entry Date: 11/21/2011 8:17:39AM SO Type: M-SIO Request Type: Repair/Replace Meter Box

Instructions: Customer states she thinks meter is stuck. Sylvia

Due Date: 11/22/2011 8:PM Resolution Date: 11/22/2011 12:AM FA Status: Completed

Resolution: Meter has advanced since last read, does not appear to be stuck. WS

Sub Division: 307 MR Route: F35 FA ID: 9746800573

Account #: 4090552280 Customer Name: WEISSNER, DAVID Phone #: (718) 899-4497

Address: 4652 TROPICAL LN CSR: Deborah Volz Operator:

Entry Date: 11/2/2011 3:12:44PM SO Type: HIBILL

Instructions: Reread meter and check for leaks. High bill complaint. Told customer that he needs to clean the yard up, or we will guesstimate his bill. deb

Due Date: 11/3/2011 8:PM Resolution Date: 11/3/2011 12:AM FA Status: Completed

Resolution: Read meter and checked for leaks. None found at this time. Meter has a remote register (both read the same). Remote register is on Taray Lane side of fence, hidden by fence corner.

Sub Division: 307 MR Route: F35 FA ID: 5674800449

Account #: 7253945831 Customer Name: BAYNE, SHAWN Phone #: (813) 245-5183

Address: 4813 BONTON DR CSR: Sheri Demonbreun Operator: Jeffrey Finehirsh

Entry Date: 4/15/2011 8:57:28AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer claims no water. sheri

Due Date: 4/15/2011 8:PM Resolution Date: 4/15/2011 8:55:00AM FA Status: Completed

Resolution: Neither our valve or customers was fully on, adjusted and left a tag for customer.

Sub Division: 307 MR Route: F35 FA ID: 5145800005
Account #: 9581371483 Customer Name: LUCAS, JILL Phone #: (727) 505-5930
Address: 2611 LIMEWOOD DR CSR: Tara Drury Operator:
Entry Date: 11/8/2011 10:31:24AM SO Type: HIBILL
Instructions: Read meter and check for leaks. High bill complaint. Customer states that the meter is in the neighbor's yard and meter reader had difficulty finding it. tmd
Due Date: 11/9/2011 6:PM Resolution Date: 11/9/2011 2:30:00PM FA Status: Completed
Resolution: Read meter, no leaks detected. Brian Owens

Sub Division: 307 MR Route: F35 FA ID: 8404800158
Account #: 8552219341 Customer Name: CARROLL, KRYSTAL Phone #: (727) 485-5746
Address: 4841 BLOSSOM DR CSR: Lorie Mayeski Operator: Jeffrey Finehirsh
Entry Date: 5/6/2011 10:10:14AM SO Type: HIBILL
Instructions: Customer called to request meter read and check for leaks. Tag door with current read and findings.
Due Date: 5/6/2011 6:PM Resolution Date: 5/6/2011 2:PM FA Status:Completed
Resolution: Remote was stuck at 239000, in ground meter reads 370400. No leaks but large difference between actual read.

Sub Division: 307 MR Route: F35 FA ID: 8835800032
Account #: 5769874214 Customer Name: Richmond, Bruce Phone #: (727) 234-7684
Address: 2508 TEMPLEWOOD DR CSR: Lisa Bachmann Operator: Jeffrey Finehirsh
Entry Date: 7/5/2011 3:28:10PM SO Type: HIBILL
Instructions: Read meter. Customer has different read. He is upset, leaves back gate open for reader and leaves something on the meter that needs to be moved but is never moved and read is wrong. lab
Due Date: 7/6/2011 8:PM Resolution Date: 7/6/2011 9:AM FA Status: Completed
Resolution: Collected correct read, no leaks indicated by meter.

Sub Division: 307 MR Route: F35 FA ID: 3446800848
Account #: 2402634958 Customer Name: DIEHL, JENNIFER Phone #: (727) 237-5882
Address: 4651 TROPICAL LN CSR: Brandi Deere Operator: Stephen Habrey
Entry Date: 4/21/2011 8:37:47AM SO Type: HIBILL
Instructions: Read meter and check for any leaks. High bill complaint. BND
Due Date: 4/22/2011 6:PM Resolution Date: 4/25/2011 10:05:00AM FA Status: Completed
Resolution: Leak passing thru meter on customer's side.

Sub Division: 307 MR Route: F35 FA ID: 0654800864
Account #: 0654800000 Customer Name: MCDANIEL, DEBRA J Phone #: (727) 945-9197
Address: 4808 BONTON DR CSR: Jennifer Elliot Operator: Jeffrey Finehirsh
Entry Date: 7/6/2011 2:27:12PM SO Type: HIBILL
Instructions: Reread the meter and check it for leaks. Customer is complaining about a high bill. Customer is stating that the meter reader is reading her neighbors meter. JAE
Due Date: 7/7/2011 8: PM Resolution Date: 7/7/2011 9:20:00AM FA Status: Completed
Resolution: Collected read, no leaks indicated by meter. Spoke with customer

Sub Division: 307 MR Route: F35 FA ID: 0654800829
Account #: 0654800000 Customer Name: MCDANIEL, DEBRA J Phone #: (727) 945-9197
Address: 4808 BONTON DR CSR: Isabel Ceballos Operator: Stephen Habrey
Entry Date: 10/7/2011 10:48:59AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer says new meter is defective, and she is not using this much water. Two persons live here, occasionally a third and usage is about 4300 gals. Not out of line. Read meter /ic
Due Date: 10/10/2011 6: PM Resolution Date: 10/10/2011 12: IS FA Status: Completed
Resolution: Read Meter, checked for leaks, leak was detected after the meter on customers side. Customer was made aware.

Sub Division: 307 MR Route: F35 FA ID: 0617800969
Account #: 0617800000 Customer Name: ROGGE, SANDRA Phone #: (727) 389-0067
Address: 4609 TROPICAL LN CSR: Deborah Volz Operator:
Entry Date: 10/6/2011 8:20:45AM SO Type: HIBILL
Instructions: Reread meter and check for leaks. High bill complaint. deb
Due Date: 10/6/2011 8:20:45AM Resolution Date: 10/7/2011 12:AM FA Status: Completed
Resolution: The meter reader is reading the generator instead of the remote. Gen. & remote are not in sync. Remote is working. Will instruct meter readers to read remote only. Read is 142800 RC

Sub Division: 307 MR Route: F35 FA ID: 1286800114
Account #: 1286800000 Customer Name: TRUDELL, HELEN Phone #: (813) 938-4499
Address: 4618 ABDELLA LN CSR: Karen Thimmes Operator: Jeffrey Finehirsh
Entry Date: 3/24/2011 2:25:59PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called complaining of bad odor from water. Karyn.
Due Date: 3/24/2011 8:PM Resolution Date: 3/24/2011 4:PM FA Status: Completed
Resolution: Spoke with customer. It only happens once and a while. Tested water; cool, clear, no odor, good residual

Division: 307 MR Route: F35 FA ID: 1314800857
Account #: 1314800000 Customer Name: DRAPP, VERONICA Phone #: (727) 934-4517

Address: 4841 TRAFFORD RD CSR: Jennifer Elliot Operator: Stephen Habrey

Entry Date: 9/6/2011 12:14:49PM SO Type: HIBILL

Instructions: Reread the meter and check the meter for leaks. Customer is complaining about high usage. The month before he was there and there was a 0 read. Jennifer

Due Date: 9/7/2011 8:PM Resolution Date: 9/7/2011 11:39:00AM FA Status: Completed

Resolution: Customer has leak after meter. Told customer my findings.

Sub Division: 307 MR Route: F35 FA ID: 1163800821

Account #: 1163800000 Customer Name: Whitney, Gregory Phone #: (727) 947-7606

Address: 4815 TRAFFORD RD CSR: Deborah Volz Operator: Anthony Cardinal

Entry Date: 10/17/2011 3:10:44PM SO Type: HIBILL

Instructions: Customer does not believe we are reading meter every month. Deb

Due Date: 10/18/2011 8:PM Resolution Date: 10/20/2011 1:10:00PM FA Status: Completed

Resolution: No leaks detected. Spoke with customer. Has dog in back yard tied up and stated he was moving at end of month. Read is 1001870. This read is past the scale on CC&B. tc

Sub Division: 307 MR Route: F35 FA ID: 1727710307

Account #: 1727710000 Customer Name: GIORDANO ENTERPRISE LLC Phone #: (727) 942-3551

Address: 2628 US HWY 19 CSR: Cristina Harden Operator: Keith Schneider

Entry Date: 1/13/2011 11:00:38AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer reports brown, smelly water. Tina

Due Date: 1/13/2011 6:PM Resolution Date: 1/13/2011 2:PM FA Status: Completed

Resolution: Checked water, it was ok. KS

Sub Division: 307 MR Route: F35 FA ID: 2335800227

Account #: 2335800000 Customer Name: CANNON, DAVID T Phone #: (727) 943-8042

Address: 2546 TEMPLEWOOD DR CSR: Lorie Mayeski Operator: Stephen Habrey

Entry Date: 4/20/2011 11:56:49AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called and stated he gave out two keys to the past two meter readers and his gate is getting destroyed due to hopping fence. Wants to know where the keys are. Lorie

Due Date: 4/20/2011 6:PM Resolution Date: 4/21/2011 2:38:00PM FA Status:Completed

Resolution: Gave key to meter read meter reader (B. Owens)

Sub Division: 307 MR Route: F35 FA ID: 2426800512

Account #: 2426800000 Customer Name: ANDERSON, ERIC Phone #: (727) 809-3246

Address: 2540 BAYWOOD DR CSR: Cammy Iwinski Operator: Jeffrey Finehirsh

Entry Date: 7/15/2011 2:42:44PM SO Type: M-REREAD

Instructions: Reread meter and check for leaks. High bill complaint. Cammy

Due Date: 7/15/2011 6:PM Resolution Date: 7/18/2011 11:AM FA Status: Completed

Resolution: Locked fence, no one home. Tagged to call to allow access to check meter.

Sub Division: 307 MR Route: F35 FA ID: 2255800780
ɔunt #: 2255800000 Customer Name: SPICUZZA, ANGELA M Phone #: (727) 934-7605
Address: 2610 LIMEWOOD DR CSR: Brandi Deere Operator: Anthony Cardinal

Entry Date: 6/15/2011 11:21:18AM SO Type: HIBILL
Instructions: Reread and check for leak. Customer high bill complaint. bnd
Due Date: 6/16/2011 6:PM Resolution Date: 6/16/2011 3:25:00PM FA Status: Completed
Resolution: Checked meter in the ground at this address twice today 08:48am Read was 133180 then at 02:30pm and only used 10 gal leak detector not turning, this is a remote meter that the reads are off and the register on the fence Read is 100. tc

Sub Division: 307 MR Route: F35 FA ID: 3827710027
Account #: 3827710000 Customer Name: POLISH AM PULASKI CLUB Phone #: (727) 934-0900
Address: 4616 DARLINGTON RD CSR: Jennifer Elliot Operator: Anthony Cardinal

Entry Date: 5/17/2011 11:51:51AM SO Type: HIBILL
Instructions: Reread the meter and check it for leaks. The customer is complaining about a high bill. He states that there is only someone there 3 times a week. Jennifer
Due Date: 5/18/2011 8:PM Resolution Date: 5/18/2011 10:10:00AM FA Status: Completed
Resolution: Reread meter and leak indicator turning/tagged door. tc

ɔub Division: 307 MR Route: F35 FA ID: 5854800928
Account #: 5854800000 Customer Name: KEENAN, PATRICIA Phone #: (727) 326-2425
Address: 4750 BONTON DR CSR: Jennifer Elliot Operator: Stephen Habrey

Entry Date: 6/7/2011 12:39:58PM SO Type: HIBILL
Instructions: Please reread the meter and check for leaks. The customer is complaining about a high bill. Jennifer
Due Date: 6/8/2011 8:PM Resolution Date: 6/8/2011 2:12:00PM FA Status: Completed
Resolution: Checked for leaks. None found.

Sub Division: 307 MR Route: F35 FA ID: 6207800191
Account #: 6207800000 Customer Name: ZYLKA, BROOKE Phone #:
Address: 4603 TARAY LN CSR: Maxine Norris Operator: Anthony Cardinal

Entry Date: 6/13/2011 12:13:50 PM SO Type: M-REREAD
Instructions: Customer stated that the read that is on the bill is incorrect and would like someone to reread meter.

Due Date: 6/14/2011 6:30:00PM Resolution Date: 6/14/2011 9:45:00AM FA Status: Completed
Resolution: Read remote on east side of fence tc

ɔub Division: 307 MR Route: F35 FA ID: 6215800297
Account #: 6215800000 Customer Name: RYAN, JOSEPH Phone #: (727) 934-5615

Address: 4913 FRUITWOOD LOOP CSR: Linette Orengo Operator: Stephen Habrey

Entry Date: 8/12/2011 8:35:36AM SO Type: M-SIO Request Type: Water Miscellaneous Complaint

Instructions: Customer wants water checked for lime said it's on the sink, shower, toilets, washing machine. Thinks it's harmful to be drinking, please tag door w/findings I called Tony C.../LIO FL

Due Date: 8/12/2011 6:PM Resolution Date: 8/15/2011 8:35:00AM FA Status: Completed

Resolution: Tagged door to inform customer that we don't test for lime.

Sub Division: 307 MR Route: F35 FA ID: 6495800090

Account #: 6495800000 Customer Name: MACKIN, KRASSIMIRA Phone #: (727) 851-1956

Address: 2605 CHANCERY DR CSR: Crystal Woolard Operator:

Entry Date: 11/29/2011 4:21:35PM SO Type: M-SIO Request Type: Discolored Water

Instructions: Customer states that water is brown and that it happens frequently. It's only the cold water that has the discoloration.

Due Date: 11/29/2011 7:PM Resolution Date: 11/30/2011 12:AM FA Status: Completed

Resolution: Spoke with customer. Appears to be a trace of rust in the water sample that she preserve but did not observe any at the time of investigation at the outside faucet. WS

Sub Division: 307 MR Route: F35 FA ID: 7614800266

Account #: 7614800000 Customer Name: MALTBY, ROBERT H Phone #: (727) 934-6526

Address: 4822 TRAFFORD RD CSR: Brandi Deere Operator:

Entry Date: 6/10/2011 9:39:47AM SO Type: HIBILL

Instructions: Reread and check meter for leak. Customer called concerned of high bill because they are away out of town and says they turned water off at home. bnd/fl

Due Date: 6/13/2011 6:PM Resolution Date: 6/13/2011 12:25:00AM FA Status: Completed

Resolution: No leaks indicated. Read matches that of 5/27. Curb stop is off but not locked. Usage from 4/26 thru 05/27 was only 200gal. Perhaps there were a couple of days of usage prior to their departure. RC

Sub Division: 307 MR Route: F35 FA ID: 8976800496

Account #: 8976800000 Customer Name: STONE, JAMES F Phone #: (727) 935-5487

Address: 4602 ABDELLA LN CSR: Cristina Harden Operator: Keith Schneider

Entry Date: 1/21/2011 3:12:53PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer previously reports both meter & remote head not working. We agreed & replaced meter. Per customer, remote head is stuck & doesn't agree w/ what is on meter. tina

Due Date: 1/24/2011 6:PM Resolution Date: 1/24/2011 11:AM FA Status: Completed

Resolution: Both remote and meter in ground are working, not sure if customer knows the meter in ground is in 10 gal sweeps and remote is in 100 gal sweeps. Aligned meter heads so they are exactly the same. KS

Sub Division: 307 MR Route: F35 FA ID: 9496800208

Account #: 9496800000 Customer Name: COSTA, DAVID Phone #: (727) 938-7749

Address: 4614 TARAY LN CSR: Karen Thimmes Operator: Jeffrey Finehirsh

Entry Date: 4/11/2011 12:43:58PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Said sometimes we get the house next door mixed up with his. Meter exchange just took place in March. Reread and check for leaks. Tag door with results. Karyn

Due Date: 4/12/2011 8:PM Resolution Date: 4/12/2011 10:AM FA Status: Completed

Resolution: Read on bill is incorrect. Collected correct read today.

Sub Division: 307 MR Route: F35 FA ID: 9683800831

Account #: 9683800000 Customer Name: SCANTLIN, KEN Phone #: (727) 937-9298

Address: 4736 FOOTHILL DR CSR: Samantha Tackett Operator: Jeffrey Finehirsh

Entry Date: 7/5/2011 10:18:08AM SO Type: HIBILL

Instructions: Reread meter. Customer is disputing consumption. Check and report any signs of a leak. KIM-FL

Due Date: 7/6/2011 6:PM Resolution Date: 7/6/2011 9:55:00AM FA Status: Completed

Resolution: collected read, verified meter #, no leaks.

Sub Division: 307 MR Route: F35 FA ID: 0147800114

Account #: 8181129129 Customer Name: Mach, Thien Phone #: (727) 967-0533

Address: 2623 CHEVAL DR CSR: Constance Dunn Operator:

Entry Date: 11/21/2011 8:17:39AM SO Type: M-SIO Request Type: Repair/Replace Meter Box

Instructions: Customer states she thinks meter is stuck. Sylvia

Due Date: 11/22/2011 8:PM Resolution Date: 11/22/2011 12:AM FA Status: Completed

Resolution: Meter has advanced since last read, does not appear to be stuck. WS

Sub Division: 307 MR Route: F35 FA ID: 9746800573

Account #: 4090552280 Customer Name: WEISSNER, DAVID Phone #: (718) 899-4497

Address: 4652 TROPICAL LN CSR: Deborah Volz Operator:

Entry Date: 11/2/2011 3:12:44PM SO Type: HIBILL

Instructions: Reread meter and check for leaks. High bill complaint. Told customer that he needs to clean the yard up, or we will guesstimate his bill. deb

Due Date: 11/3/2011 8:PM Resolution Date: 11/3/2011 12:AM FA Status: Completed

Resolution: Read meter and checked for leaks. None found at this time. Meter has a remote register (both read the same). Remote register is on Taray Lane side of fence, hidden by fence corner.

Sub Division: 307 MR Route: F35 FA ID: 5674800449

Account #: 7253945831 Customer Name: BAYNE, SHAWN Phone #: (813) 245-5183

Address: 4813 BONTON DR CSR: Sheri Demonbreun Operator: Jeffrey Finehirsh

Entry Date: 4/15/2011 8:57:28AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer claims no water. sheri

Due Date: 4/15/2011 8:PM Resolution Date: 4/15/2011 8:55:00AM FA Status: Completed

Resolution: Neither our valve or customers was fully on, adjusted and left a tag for customer.

Division: 307 MR Route: F35 FA ID: 5145800005
Account #: 9581371483 Customer Name: LUCAS, JILL Phone #: (727) 505-5930
Address: 2611 LIMEWOOD DR CSR: Tara Drury Operator:
Entry Date: 11/8/2011 10:31:24AM SO Type: HIBILL
Instructions: Read meter and check for leaks. High bill complaint. Customer states that the meter is in the neighbor's yard and meter reader had difficulty finding it. tmd
Due Date: 11/9/2011 6:PM Resolution Date: 11/9/2011 2:30:00PM FA Status: Completed
Resolution: Read meter, no leaks detected. Brian Owens

Sub Division: 307 MR Route: F35 FA ID: 8404800158
Account #: 8552219341 Customer Name: CARROLL, KRYSTAL Phone #: (727) 485-5746
Address: 4841 BLOSSOM DR CSR: Lorie Mayeski Operator: Jeffrey Finehirsh
Entry Date: 5/6/2011 10:10:14AM SO Type: HIBILL
Instructions: Customer called to request meter read and check for leaks. Tag door with current read and findings.
Due Date: 5/6/2011 6:PM Resolution Date: 5/6/2011 2:PM FA Status:Completed
Resolution: Remote was stuck at 239000, in ground meter reads 370400. No leaks but large difference between actual read.

Sub Division: 307 MR Route: F35 FA ID: 8835800032
Account #: 5769874214 Customer Name: Richmond, Bruce Phone #: (727) 234-7684
Address: 2508 TEMPLEWOOD DR CSR: Lisa Bachmann Operator: Jeffrey Finehirsh
Entry Date: 7/5/2011 3:28:10PM SO Type: HIBILL
Instructions: Read meter. Customer has different read. He is upset, leaves back gate open for reader and leaves something on the meter that needs to be moved but is never moved and read is wrong. lab
Due Date: 7/6/2011 8:PM Resolution Date: 7/6/2011 9:AM FA Status: Completed
Resolution: Collected correct read, no leaks indicated by meter.

Sub Division: 307 MR Route: F35 FA ID: 3446800848
Account #: 2402634958 Customer Name: DIEHL, JENNIFER Phone #: (727) 237-5882
Address: 4651 TROPICAL LN CSR: Brandi Deere Operator: Stephen Habrey
Entry Date: 4/21/2011 8:37:47AM SO Type: HIBILL
Instructions: Read meter and check for any leaks. High bill complaint. BND
Due Date: 4/22/2011 6:PM Resolution Date: 4/25/2011 10:05:00AM FA Status: Completed
olution: Leak passing thru meter on customer's side.

Pasco County – Summertree
Customer Complaints and Resolutions (Jan – Dec 2011)

Sub Division: 414 MR Route: F29 FA ID: 0089800236
ount #: 0089800000 Customer Name: PEERY,PATRICA Phone #: (727) 379-9271
Address: 11800 IVY WOOD PL CSR: Ingrid Miller Operator: Keith Schneider
Entry Date: 5/16/2011 12:29:09PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reporting yellow water at property. Would like to have flushed. Tag door. IEM 5/16
Due Date: 5/17/2011 12:00:00AM Resolution Date: 5/17/2011 3:00:00PM FA Status: Completed
Resolution: Flushed street, water clean and clear.tag customer. KS

Sub Division: 414 MR Route: F29 FA ID: 0089800344
Account #: 0089800000 Customer Name: PEERY,PATRICA Phone #: (727) 379-9271
Address: 11800 IVY WOOD PL CSR: Lori Jones Operator: Anthony Cardinal
Entry Date: 4/5/2011 3:20:21PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaining of discolored water. She states it has been like this yesterday and today. LLJ
Due Date: 4/6/2011 6:00:00PM Resolution Date: 4/6/2011 11:50:00AM FA Status: Completed
Resolution: Customer said discoloration was Monday & Tuesday and was cleared up today, Still flushed street. tc

Sub Division: 414 MR Route: F29 FA ID: 0129800169
Account #: 0129800000 Customer Name: KASS,ELEANOR Phone #: (727) 856-1892
'ress: 11645 HOLLY ANN DR CSR: Jennifer Elliot Operator: Anthony Cardinal
Entry Date: 9/28/2011 9:04:47AM SO Type: M-SIO Request Type: Odor in Sewer
Instructions: Customer called in to report bad smell through her home when she started doing her laundry when using warm water. Jennifer
Due Date: 9/28/2011 8:00:00PM Resolution Date: 9/28/2011 11:20:00AM FA Status: Completed
Resolution: Flushed street and spoke with customer. tc

Sub Division: 414 MR Route: F29 FA ID: 0185310376
Account #: 0185310000 Customer Name: D'AMORE, DONALD Phone #: (727) 379-0229
Address: 11432 GOLF ROUND DR CSR: Brandi Deere Operator: Keith Schneider
Entry Date: 3/30/2011 10:40:23AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reported a bad smell in the water.
Due Date: 3/30/2011 6:00:00PM Resolution Date: 3/30/2011 1:00:00PM FA Status: Completed
Resolution: Checked water, 1.6 combined CL2 no odor. Apoke with customer. KS

Sub Division: 414 MR Route: F29 FA ID: 0508800356
Account #: 0508800000 Customer Name: CATIR, VICTOR S Phone #: (727) 857-0537
Address: 11643 WHITE ASH DR CSR: Madelin Collado Operator: Anthony Cardinal
y Date: 10/5/2011 7:35:32AM SO Type: M-SIO Request Type: High or Low Pressure in the Water
Instructions: Customer states very low water pressure. MC/NC
Due Date: 10/5/2011 6:00:00PM Resolution Date: 10/5/2011 9:00:00AM FA Status: Completed

Resolution: Customer water softener clogged/bypassed and pressure is fine now. tc

Division: 414 MR Route: F29 FA ID: 1000900071
Account #: 1000900000 Customer Name: MARTIN, MARION Phone #: (727) 849-0613
Address: 12053 LOBLOLLY PINE DR CSR: Tricia Anderson Operator: Anthony Cardinal
Entry Date: 9/7/2011 11:03:38AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer states read is wrong she took a read yesterday and it was 222370. tda
Due Date: 9/8/2011 6:00:00PM Resolution Date: 9/8/2011 10:55:00AM FA Status: Completed
Resolution: Reread meter to confirm original meter read incorrect. tc

Sub Division: 414 MR Route: F29 FA ID: 1229800287
Account #: 1229800000 Customer Name: WREN,THOMAS Phone #: (727) 457-3229
Address: 11649 HOLLY ANN DR CSR: Linette Orengo Operator: Keith Schneider
Entry Date: 3/1/2011 2:52:43PM SO Type: M-SIO Request Type: General Investigation
Instructions: Bad smell/taste in water. LIO FL
Due Date: 3/2/2011 6:00:00PM Resolution Date: 3/2/2011 11:00:00AM FA Status: Completed
Resolution: Spoke with customer, flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 1229800375
ount #: 1229800000 Customer Name: WREN,THOMAS Phone #: (727) 457-3229
Address: 11649 HOLLY ANN DR CSR: Linda Jones Operator: Anthony Cardinal
Entry Date: 1/31/2011 10:03:57AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called and advised water very smelly. Linda
Due Date: 2/1/2011 6:00:00PM Resolution Date: 2/1/2011 11:50:00AM FA Status: Completed
Resolution: Spoke to customer suggested he bypass his water softener and get chlorine back in his lines to disinfect and then put back in service. tc

Sub Division: 414 MR Route: F29 FA ID: 1609800473
Account #: 1609800000 Customer Name: EDGAR, DOUGLAS Phone #: (727) 379-0131
Address: 11524 HOLLY ANN DR CSR: Linda Schnaufer Operator: Anthony Cardinal
Entry Date: 10/24/2011 11:00:58AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer reportedodor in water (rotten eggs) for couple of weeks. LDS-FL
Due Date: 10/24/2011 6:00:00PM Resolution Date: 10/25/2011 1:00:00PM FA Status: Completed
Resolution: Spoke to customer. Odor on hot water side/no odor going into house. tc

Sub Division: 414 MR Route: F29 FA ID: 1576210799
Account #: 1576210000 Customer Name: PETERSON, ANNA Phone #: (727) 856-5171
ress: 11414 BLOOMINGTON CT CSR: Maxine Norris Operator: Anthony Cardinal
Entry Date: 12/7/2011 7:46:03AM SO Type: M-SIO Request Type: Taste or Odor in the Water

Instructions: Customer stated that water has a very foul odor and she has been running her water and it is not helping.

Due Date: 12/7/2011 6:30:00PM Resolution Date: 12/8/2011 9:30:00AM FA Status: Completed

Resolution: Spoke to customer and she gave me a sample of water in a plastic glass. No rotten egg smell. Customer stated she could still smell it but said it was getting better. Checked CL2 at side of house and had a 2.3 residual w/no odor. TC

Sub Division: 414 MR Route: F29 FA ID:1736210505

Account #: 1736210000 Customer Name: BRUSHWEIN, CANDIDA R Phone #: (727) 856-2027

Address: 11308 CLEAR OAK CIR CSR: Karen Thimmes Operator: Anthony Cardinal

Entry Date: 10/5/2011 8:54:51AM SO Type: HIBILL

Instructions: Customer complaining of high bill. Reread meter and check for leaks. Karyn

Due Date: 10/6/2011 8:00:00PM Resolution Date: 10/6/2011 8:05:00AM FA Status: Completed

Resolution: Possible toilet flapper leaking/tagged door . tc

Sub Division: 414 MR Route: F29 FA ID: 2189700206

Account #: 2189700000 Customer Name: KULIKOWSKI, ROSE Phone #: (727) 514-1811

Address: 11827 BAYONET LN CSR: Ferrellyn Trovinger Operator: Anthony Cardinal

Entry Date: 1/24/2011 4:57:57PM SO Type: HIBILL

Instructions: Read meter and check for leaks. Customer emailed complaint of high bill. Speak with customer about your findings if home.

Due Date: 1/25/2011 8:00:00PM Resolution Date: 1/25/2011 11:35:00AM FA Status: Completed

Resolution: Read/no leak detected/left door tag tc

Sub Division: 414 MR Route: F29 FA ID: 2165310363

Account #: 2165310000 Customer Name: RE, JOHN F Phone #: (412) 512-4074

Address: 11326 GOLF ROUND DR CSR: Lorie Mayeski Operator: Anthony Cardinal

Entry Date: 4/7/2011 12:59:03PM SO Type: HIBILL

Instructions: Customer read his meter today and the leak indicator is moving. Advised customer to seek out someone With plumbing skills to locate leak. Customer want tech to come out and reread meter. Lorie

Due Date: 4/8/2011 12:59:00PM Resolution Date: 4/8/2011 11:55:00AM FA Status: Completed

Resolution: No leak detected. Told customer it might be toilet flapper or water softener leaking. Explained to him how to check further. tc

Sub Division: 414 MR Route: F29 FA ID: 2296210175

Account #: 2296210000 Customer Name: RYAN, ROBERT J Phone #: (727) 856-2203

Address: 11436 WINDSTAR CT CSR: Constance Dunn Operator: Stephen Habrey

Entry Date: 8/19/2011 9:08:28AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer calling to report that very bad odor on Sinatra Ct, Windstar Ct and Bloomington Ct. Connie

Due Date: 8/19/2011 6:00:00PM Resolution Date: 8/19/2011 12:14:00PM FA Status: Completed

Resolution: Will increase flushing in those areas

Sub Division: 414 MR Route: F29 FA ID: 2465110071
Account #: 2465110000 Customer Name: MIHAILOVICH,BORIS M Phone #: (727) 856-6223
Address: 12054 TOURNAMENT VIEW AVE CSR: John Tutton Operator: Stephen Habrey
Entry Date: 2/7/2011 8:28:23AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reporting odor from water. jwt
Due Date: 2/7/2011 6:00:00PM Resolution Date: 2/7/2011 10:11:00AM FA Status: Completed
Resolution: No odor at outside hose bib Showed customer findings. He is aware of resolution.

Sub Division: 414 MR Route: F29 FA ID: 2465110271
Account #: 2465110000 Customer Name: MIHAILOVICH, BORIS M Phone #: (727) 856-6223
Address: 12054 TOURNAMENT VIEW AVE CSR: Lorie Mayeski Operator: Keith Schneider
Entry Date: 3/2/2011 9:26:46AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer stated water smells terrible.
Due Date: 3/2/2011 6:00:00PM Resolution Date: 3/2/2011 11:00:00AM FA Status: Completed
Resolution: Water ok, no odor detected. CL2 1.8

Sub Division: 414 MR Route: F29 FA ID: 2496800202
Account #: 2496800000 Customer Name: MCGRADE, THOMAS Phone #: (727) 857-0737
Address: 11632 ASPENWOOD DR CSR: Brandi Deere Operator: Anthony Cardinal
Entry Date: 9/9/2011 1:01:03PM SO Type: M-SIO Request Type: Discolored Water
Instructions: Customer reported brown water and odor.
Due Date: 9/9/2011 6:00:00PM Resolution Date: 9/10/2011 2:45:00PM FA Status: Completed
Resolution: Customer just came bak 2hours ago from up north. Suggested customer flush their lines. tc

Sub Division: 414 MR Route: F29 FA ID: 2939700111
Account #: 2939700000 Customer Name: MCCRADY, CHARLES Phone #: (727) 856-0120
Address: 11939 BAYONET LN CSR: Jennifer Elliot Operator: Keith Schneider
Entry Date: 6/9/2011 8:38:27AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reporting that the water is brown and is staining everything in the home. Had problems for years and has had this problem before. Jennifer
Due Date: 6/9/2011 8:00:00PM Resolution Date: 6/9/2011 2:00:00PM FA Status: Completed
Resolution: Water clean and clear, not brown. Flushed street just the same. KS

Sub Division: 414 MR Route: F29 FA ID: 2850800885
Account #: 2850800000 Customer Name: DIGIACINTO, MICHAEL Phone #: (973) 981-3875
Address: 11633 BOYNTON LN CSR: Tara Drury Operator: Anthony Cardinal
Entry Date: 11/14/2011 7:27:36AM SO Type: M-SIO Request Type: General Investigation
Instructions: Please investigate meter shut off. Customer states that it isn't working properly. Please investigate if there is any damage from customer trying to turn on and off. Please speak with customer or tag door if no one home.

[redacted] Date: 11/15/2011 6:00:00PM Resolution Date: 11/15/2011 2:10:00PM FA Status:Completed

Resolution: Need to change out valve/will do so asap/tagged door tc

Sub Division: 414 MR Route: F29 FA ID: 2850800129

Account #: 2850800000 Customer Name: DIGIACINTO,MICHAEL Phone #: (973) 981-3875

Address: 11633 BOYNTON LN CSR: Lori Jones Operator: Anthony Cardinal

Entry Date: 11/16/2011 2:14:57PM SO Type: M-SIO Request Type: General Investigation

Instructions: In reference to the replacement of the valve, Tony said he would take care of it first thing in the morning. They want the water left on after it is replaced. LLJ

Due Date: 11/17/2011 6:00:00PM Resolution Date: 11/17/2011 9:15:00AM FA Status: Completed

Resolution: Changed out valve tc

Sub Division: 414 MR Route: F29 FA ID: 2985410739

Account #: 2985410000 Customer Name: ANTUNEZ, SARAH F Phone #: (727) 645-6598

Address: 11304 MOLLYMAWK CT CSR: Brandi Deere Operator: Stephen Habrey

Entry Date: 8/15/2011 10:17:48AM SO Type: M-SIO Request Type: Taste or Odor in the Water

Instructions: Customer reported odor and mold in water.

Due Date: 8/15/2011 6:00:00PM Resolution Date: 8/15/2011 12:45:00PM FA Status: Completed

olution: water had good residuals. Told customer we will flush more.

Sub Division: 414 MR Route: F29 FA ID: 3806800350

Account #: 3806800000 Customer Name: FASANELLA, MARY JANE Phone #: (727) 856-1929

Address: 11605 SCOTCH PINE DR CSR: Karen Thimmes Operator: Stephen Habrey

Entry Date: 5/6/2011 1:25:37PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Reread meter and check for leaks. Karyn.

Due Date: 5/9/2011 8:00:00PM Resolution Date: 5/9/2011 3:36:00PM FA Status: Completed

Resolution: No leaks at meter. Spoke with customer told her to check her toilets ect

Sub Division: 414 MR Route: F29 FA ID: 3886700464

Account #: 3886700000 Customer Name: IMBORNONE, ANTHONY Phone #: (352) 857-6225

Address: 12042 BOYNTON LN CSR: Miranda Roberts Operator: Keith Schneider

Entry Date: 6/10/2011 12:33:36PM SO Type: M-REREAD

Instructions: Customer is disputing the consumption on his account. Please check meter, get a read and look for possible leaks.

Due Date: 6/14/2011 6:00:00PM Resolution Date: 6/14/2011 3:00:00PM FA Status: Completed

olution: No leaks detected. Tagged door with findingsl. KS

Division: 414 MR Route: F29 FA ID: 4146800955
Account #: 4146800000 Customer Name: SCHEIBLEIN, WILLIAM Phone #: (727) 856-5472
Address: 11815 WAX MYRTLE CT CSR: Deborah Volz Operator: Anthony Cardinal
Entry Date: 11/28/2011 8:01:20AM SO Type: M-SIO Request Type: Water Service Line Break
Instructions: Customer reporting water leak out by street/driveway. deb
Due Date: 11/28/2011 8:00:00PM Resolution Date: 11/30/2011 12:00:00AM FA Status: Completed
Resolution: Lak under driveway/KBH repairing tc

Sub Division: 414 MR Route: F29 FA ID: 4146800192
Account #: 4146800000 Customer Name: SCHEIBLEIN, WILLIAM Phone #: (727) 856-5472
Address: 11815 WAX MYRTLE CT CSR: Glenda Thompson Operator: Anthony Cardinal
Entry Date: 12/6/2011 1:57:49PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reports that his driveway is not fixed. GT
Due Date: 12/7/2011 6:00:00PM Resolution Date: 12/8/2011 12:00:00AM FA Status: Completed
Resolution: Spoke with customer and let him know contractors are waiting till they get a couple more concrete jobs to do and he is fine with that. tc

Sub Division: 414 MR Route: F29 FA ID: 4500800351
Account #: 4500800000 Customer Name: FITZGERLAD, MARILYN Phone #: (727) 457-3687
Address: 11721 BAYONET LN CSR: Karen Thimmes Operator: Anthony Cardinal
Entry Date: 5/31/2011 9:31:56AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaining of bad odor, dirt in the water. Please check and tag door with results. Karyn
Due Date: 5/31/2011 8:00:00PM Resolution Date: 5/31/2011 1:50:00PM FA Status: Completed
Resolution: Water going into house had no odor/spoke to cust. and explained to her that it might be coming from hot water side and suggested she run hot water to get fresh water in tank. tc

Sub Division: 414 MR Route: F29 FA ID: 5099800255
Account #: 5099800000 Customer Name: GOOD, RUTH L Phone #: (727) 378-4212
Address: 12133 LOBLOLLY PINE DR CSR: Cristina Harden Operator: Anthony Cardinal
Entry Date: 1/13/2011 9:14:03AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reports water has strong odor. Tina
Due Date: 1/13/2011 6:00:00PM Resolution Date: 1/13/2011 10:30:00AM FA Status: Completed
Resolution: Second time I have been here for same reason/customer got water softener put in 1 1/2 months ago, suggested he bypass softener to get chlorine in his lines and hot water tank, no odor before softener tc

Sub Division: 414 MR Route: F29 FA ID: 6107210094
Account #: 6107210000 Customer Name: KRANICK, EDWARD J Phone #: (727) 857-2409
Address: 11348 WINDSTAR CT CSR: Karen Thimmes Operator: Anthony Cardinal

Entry Date: 4/1/2011 9:57:11AM SO Type: M-SIO Request Type: General Investigation

Instructions: Bad Odor, please investigate. Karyn

Due Date: 4/1/2011 8:00:00PM Resolution Date: 4/1/2011 11:20:00AM FA Status: Completed

Resolution: Total cl2 at hose bib was 1.0, flushed street. tc

Sub Division: 414 MR Route: F29 FA ID: 6367800003

Account #: 6367800000 Customer Name: HACKBARTH, ANNE Phone #: (727) 856-4591

Address: 11620 PEAR TREE DR CSR: Jennifer Elliot Operator: Keith Schneider

Entry Date: 6/8/2011 2:45:10PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called in stating that there is a black ring in the toilet that won't come out even with bleach. The water comes out to the faucet yellow and now the water is smelling coming from the toilet. Cust states the yellow water has been the last 2 wks.

Due Date: 6/8/2011 8:00:00PM Resolution Date: 6/9/2011 10:00:00AM FA Status: Completed

Resolution: Water clean and clear, black ring is from old toliet flapper. KS

Sub Division: 414 MR Route: F29 FA ID: 6259800908

Account #: 6259800000 Customer Name: GRAZIANI, ANGELO Phone #: (740) 507-0771

Address: 11801 IVY WOOD PL CSR: Jennifer Elliot Operator: Anthony Cardinal

Entry Date: 1/17/2011 2:42:12PM SO Type: M-SIO Request Type: General Investigation

ructions: Customer states that she has had low water presser, so she has a hard time running the dish washer, clothes washer and running water in the tub at the same time. Cust must run one machine at time due to no water pressure. Jennifer

Due Date: 1/17/2011 6:00:00PM Resolution Date: 1/18/2011 2:00:00PM FA Status: Completed

Resolution: psi was 48 at hose bib/no odor. Suggested to customer to bypass water softener and clean out screens in Faucets. Customer stated that they had low pressure since before having a softener. tc

Sub Division: 414 MR Route: F29 FA ID: 6455310499

Account #: 6455310000 Customer Name: YOUNGS,ADDISON Phone #: (727) 667-0345

Address: 11244 GOLF ROUND DR CSR: Tricia Anderson Operator: Keith Schneider

Entry Date: 8/22/2011 10:56:29AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer states water stinks and is yellow.

Due Date: 8/23/2011 6:00:00PM Resolution Date: 8/23/2011 11:00:00AM FA Status: Completed

Resolution: Water clear, no color. Flusher at end of street working fine.

Sub Division: 414 MR Route: F29 FA ID: 6955900335

Account #: 6955900000 Customer Name: WOERMANN,DIANA Phone #: (845) 528-9586

Address: 11443 TURTLE DOVE PL CSR: Jennifer Elliot Operator: Keith Schneider

y Date: 8/8/2011 12:27:57PM SO Type: HIBILL

Instructions: Reread the meter and check it for leaks. Customer is complaining about high usage when they have the water turned off a the home shut off valve and they aren't there.

Due Date: 8/9/2011 8:00:00PM Resolution Date: 8/9/2011 2:00:00AM FA Status: Completed

Resolution: Read meter, no leaks found. KS

Sub Division: 414 MR Route: F29 FA ID: 7417410998
Account #: 7417410000 Customer Name: KRUK,JO ANN Phone #: (727) 379-0077
Address: 11451 MERGANSER WAY CSR: Karen Thimmes Operator: Keith Schneider
Entry Date: 5/4/2011 3:48:17PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaining of pink color/slime in water. Please check and Tag door for results. Karyn
Due Date: 5/5/2011 8:00:00PM Resolution Date: 5/5/2011 9:00:00AM FA Status: Completed
Resolution: Wwater clean and clear, no odor. no pink color. CL2 1.5 combined. Tagged door. KS

Sub Division: 414 MR Route: F29 FA ID: 7997800073
Account #: 7997800000 Customer Name: FRANKS, DONALD E Phone #: (727) 856-8309
Address: 11602 GOLDEN RAIN DR CSR: Cammy Iwinski Operator: Stephen Habrey
Entry Date: 6/17/2011 11:52:50AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called in and said the water smells really bad and even washed clothes smell bad. CAMMY
Due Date: 6/17/2011 6:00:00PM Resolution Date: 6/17/2011 1:59:00PM FA Status: Completed
Resolution: Flush hydrant in front of address. Water is clear.

Sub Division: 414 MR Route: F29 FA ID: 8055900598
Account #: 8055900000 Customer Name: HOLLY, MARGARET L Phone #: (727) 379-0136
Address: 11434 SINATRA CT CSR: Brandi Deere Operator: Keith Schneider
Entry Date: 4/18/2011 10:04:47AM SO Type: M-SIO Request Type: High or Low Pressure in the Water
Instructions: Low water pressure. Please check out and tag door with findings.
Due Date: 4/19/2011 6:00:00PM Resolution Date: 4/19/2011 2:00:00PM FA Status: Completed
Resolution: Checked water pressure; appears low. Repaired check valve by meter and fixed problem. Spoke With customer. KS

Sub Division: 414 MR Route: F29 FA ID: 7879800052
Account #: 7879800000 Customer Name: MELLECKER, SHIRLEY R Phone #: (727) 856-3631
Address: 12153 LOBLOLLY PINE DR CSR: Lisa Silva Operator: Keith Schneider
Entry Date: 6/9/2011 11:22:33AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer is reporting a strong sulfur smell in his water.
Due Date: 6/9/2011 8:00:00PM Resolution Date: 6/9/2011 2:00:00AM FA Status: Completed
Resolution: Flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 8276700393
Account #: 8276700000 Customer Name: PROSEN, TIMOTHY Phone #: (727) 856-8905
Address: 12037 BOYNTON LN CSR: Linda Jones Operator: Stephen Habrey

Entry Date: 1/7/2011 12:50:50PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Linda

Due Date: 1/10/2011 6:00:00PM Resolution Date: 1/10/2011 9:00:00AM FA Status: Completed

Resolution: Meter read wrong. Customer showed old read on bill.

Sub Division: 414 MR Route: F29 FA ID: 8387800625

Account #: 8387800000 Customer Name: WING, CLIFF Phone #: (727) 856-6482

Address: 11623 GOLDEN RAIN DR CSR: Sheri Demonbreun Operator: Anthony Cardinal

Entry Date: 10/12/2011 12:51:02PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Reread meter and check for leaks. Sherri

Due Date: 10/13/2011 8:00:00PM Resolution Date: 10/13/2011 11:25:00AM FA Status: Completed

Resolution: Reread meter and no leaks detected. Spoke with customer. No sure why high consumption. tc

Sub Division: 414 MR Route: F29 FA ID: 8616310332

Account #: 8616310000 Customer Name: MASON, JAMES Phone #: (727) 379-9840

Address: 11317 GOLF ROUND DR CSR: Sheri Demonbreun Operator: Keith Schneider

Entry Date: 4/13/2011 7:52:21AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called to complain about strong odor in water. Sheri

Due Date: 4/13/2011 8:00:00PM Resolution Date: 4/13/2011 9:00:00AM FA Status: Completed

Resolution: Checked cl2, it was 2.5 total 0.2 free 2.3 combined. No odor going into house. Spoke with customer And he does have a water softener.

Sub Division: 414 MR Route: F29 FA ID: 9355900472

Account #: 9355900000 Customer Name: LOTITO, ANTHONY Phone #: (727) 857-9985

Address: 11418 SINATRA CT CSR: Jennifer Elliot Operator: Keith Schneider

Entry Date: 8/9/2011 3:31:26PM SO Type: M-SIO Request Type: Mineral Amount in Water

Instructions: Customer called in to say that there is a sulfur smell to the water that has been going on for weeks and it has over powered his filter in the home. Jennifer

Due Date: 8/9/2011 8:00:00PM Resolution Date: 8/18/2011 9:00:00AM FA Status: Completed

Resolution: Flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 9355900742

Account #: 9355900000 Customer Name: LOTITO,ANTHONY Phone #: (727) 857-9985

Address: 11418 SINATRA CT CSR: Anthony Cardinal Operator: Anthony Cardinal

Entry Date: 10/18/2011 2:08:43PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer complaint of smelly water. tc

Due Date: 10/18/2011 1:50:00PM Resolution Date: 10/19/2011 2:00:00PM FA Status: Completed

Resolution: Odor was from hot water tank, explained to customer to bypass softener for a little while. tc

Account #: 9998800000 Customer Name: HAGEL, BEVERLY Phone #: (727) 856-8251
Address: 11910 LOBLOLLY PINE DR CSR: Jennifer Elliot Operator: Anthony Cardinal
Entry Date: 4/8/2011 12:50:36PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaint, odor from water.
Due Date: 4/8/2011 8:00:00PM Resolution Date: 4/8/2011 2:25:00PM FA Status: Completed
Resolution: Checked water before going into house , it is ok, suggested customer bypass softener for a day and she did, was already flushing street. tc

Sub Division: 414 MR Route: F29 FA ID: 9956210045
Account #: 9956210000 Customer Name: ROBINSON, NELLIE Phone #: (727) 857-0173
Address: 11514 BLOOMINGTON CT CSR: Deborah Volz Operator: Keith Schneider
Entry Date: 6/1/2011 9:54:54AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaint, odor from water. deb
Due Date: 6/1/2011 8:00:00PM Resolution Date: 6/1/2011 11:00:00AM FA Status: Completed
Resolution: Flushed street, cl2 2.3. Water clean and clear, no odor. Spoke with customer. KS

Sub Division: 414 MR Route: F29 FA ID: 1217410267
Account #: 3307329578 Customer Name: Dupree, Wayne Phone #: (727) 378-5707
Address: 11448 MERGANSER WAY CSR: Sheri Demonbreun Operator: Anthony Cardinal
Entry Date: 2/2/2011 1:16:36PM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer called to report quality of water is poor has odor.
Due Date: 2/2/2011 8:00:00PM Resolution Date: 2/2/2011 3:30:00PM FA Status: Completed
Resolution: Water on outside good/suggested to customer to bypass softener/flushed street. tc

Sub Division: 414 MR Route: F29 FA ID: 9536410329
Account #: 0740958617 Customer Name: BALLARD,MARCIA Phone #: (727) 457-7620
Address: 11216 GODWIT CT CSR: Matthew Chandler Operator: Anthony Cardinal
Entry Date: 9/2/2011 8:15:11AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer call to report odor coming from water.
Due Date: 9/2/2011 6:00:00PM Resolution Date: 9/2/2011 10:15:00AM FA Status: Completed
Resolution: Flushed street tc

Sub Division: 414 MR Route: F29 FA ID: 9565900055
Account #: 7740855894 Customer Name: DENNEHY, LOUANN Phone #: (727) 856-8315
Address: 11423 TURTLE DOVE PL CSR: Lisa Silva Operator: Stephen Habrey
Entry Date: 4/18/2011 11:28:12AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer called to report that her water has a very strong sulfur smell.
Due Date: 8/14/2011 8:00:00PM Resolution Date: 8/16/2011 12:00:00AM FA Status: Completed
Resolution: Flushed in area

Sub Division: 414 MR Route: F29 FA ID: 3539676476
Account #: 8030613479 Customer Name: BENDTZEN, RICHARD Phone #: (727) 856-6501
Address: 11156 MERGANSER WAY CSR: Karen Thimmes Operator: Anthony Cardinal
Entry Date: 5/26/2011 12:20:18PM SO Type: M-SIO Request Type: General Investigation
Instructions: Per customer, water has a bad odor. Please check and tag door with results. Thanks, Karyn

Due Date: 5/27/2011 8:00:00PM Resolution Date: 5/27/2011 10:55:00AM FA Status: Completed
Resolution: No odor at side if house/tagged tc

Sub Division: 414 MR Route: F29 FA ID: 9338700686
Account #: 0953491076 Customer Name: LABITA, DOLORES Phone #: (727) 378-8151
Address: 11737 BOYNTON LN CSR: Isabel Ceballos Operator: Stephen Habrey
Entry Date: 2/21/2011 8:56:12AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer says water is coming out cloudy and when she uses dishwasher dishes don't come out clean. ic
Due Date: 2/21/2011 6:00:00PM Resolution Date: 2/21/2011 11:29:00AM FA Status: Completed
Resolution: Spoke with customer. Her water is clear at hose bib. She just had a new water heater installed and she has not use jet dry in her dishwasher. She said she will try it and see if dishes come out not spotted.

Sub Division: 414 MR Route: F29 FA ID: 0256410201
Account #: 3209208357 Customer Name: Messick, John Phone #: (727) 807-5227
Address: 11226 PARADISE POINTE WAY CSR: Linda Jones Operator: Keith Schneider
Entry Date: 6/8/2011 2:04:12PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called to advise water has a very bad smell. Linda
Due Date: 6/8/2011 6:00:00PM Resolution Date: 6/9/2011 8:00:00AM FA Status: Completed
Resolution: Spoke with customer, flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 0748700702
Account #: 6580699509 Customer Name: BECKWITH, CAROLYN Phone #: (913) 704-7169
Address: 11713 BOYNTON LN CSR: Sheri Demonbreun Operator: Stephen Habrey
Entry Date: 5/20/2011 10:28:34AM SO Type: M-SIO Request Type: Discolored Water
Instructions: Customer called to complain about quality of water orange color. sheri
Due Date: 5/20/2011 8:00:00PM Resolution Date: 5/20/2011 12:05:00PM FA Status: Completed
Resolution: Spoke with customer and told we have started to treat for color in the water.

Sub Division: 414 MR Route: F29 FA ID: 5910800615
Account #: 5256560222 Customer Name: PURA, NANCY Phone #: (727) 389-7138
ress: 11645 BAYONET LN CSR: Karen Thimmes Operator: Anthony Cardinal
Entry Date: 9/7/2011 11:25:00AM SO Type: HIBILL

Instructions: Customer complaining of high bill. Karyn

Date: 9/8/2011 8:00:00PM Resolution Date: 9/8/2011 10:00:00AM FA Status: Completed
Resolution: Reread meter and checked for leaks. No leaks detected. Tagged door tc

Sub Division: 414 MR Route: F29 FA ID: 5910800526
Account #: 5256560222 Customer Name: PURA, NANCY Phone #: (727) 389-7138
Address: 11645 BAYONET LN CSR: Maxine Norris Operator: Anthony Cardinal
Entry Date: 9/9/2011 10:09:44AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer is still upset about read and would like someone to meet up with her and verify meter read.
Due Date: 9/8/2011 6:30:00PM Resolution Date: 9/9/2011 12:40:00PM FA Status: Completed
Resolution: Spoke with customer/read meter with her and turned meter so it can be read easier. tc

Sub Division: 414 MR Route: F29 FA ID: 2650800911
Account #: 4345909816 Customer Name: Welch, Harry Phone #: (330) 465-0119
Address: 11637 BOYNTON LN CSR: Vicki Wilson Operator: Keith Schneider
Entry Date: 5/17/2011 7:26:53AM SO Type: M-SIO Request Type: Mineral Amount in Water
Instructions: Customer said water yellow tint, white particles floating in it. vicki
Due Date: 5/17/2011 8:00:00PM Resolution Date: 5/17/2011 11:00:00AM FA Status: Completed
olution: Spoke with customer, flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 3269700417
Account #: 3107550866 Customer Name: Crosswhite, Gregory Phone #: (850) 678-1625
Address: 11905 BAYONET LN CSR: Linette Orengo Operator: Anthony Cardinal
Entry Date: 2/1/2011 2:24:43PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer stated there is rust in her tub. LIO FL
Due Date: 2/1/2011 6:00:00PM Resolution Date: 2/2/2011 12:00:00AM FA Status: Completed
Resolution: Water good going onto house/customer said only have problem in one bathroom. tc

Sub Division: 414 MR Route: F29 FA ID: 5539800668
Account #: 5505026398 Customer Name: Metz, George Phone #: (631) 921-9379
Address: 11629 HOLLY ANN DR CSR: Jennifer Elliot Operator: Stephen Habrey
Entry Date: 7/22/2011 7:55:55AM SO Type: HIBILL
Instructions: Reread the meter and check it for leaks. Customer is complaining about an extremely high usage of over 40,000 gallons and he stated that the water was off at the home and they aren't even there. Jennifer
Due Date: 7/25/2011 8:00:00PM Resolution Date: 7/25/2011 1:30:00PM FA Status: Completed
Resolution: No leaks found.

Pasco County – Summertree
Customer Complaints and Resolutions (Jan – Dec 2011)

Sub Division: 414 MR Route: F29 FA ID: 0089800236
ount #: 0089800000 Customer Name: PEERY,PATRICA Phone #: (727) 379-9271
Address: 11800 IVY WOOD PL CSR: Ingrid Miller Operator: Keith Schneider
Entry Date: 5/16/2011 12:29:09PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reporting yellow water at property. Would like to have flushed. Tag door. IEM 5/16
Due Date: 5/17/2011 12:00:00AM Resolution Date: 5/17/2011 3:00:00PM FA Status: Completed
Resolution: Flushed street, water clean and clear.tag customer. KS

Sub Division: 414 MR Route: F29 FA ID: 0089800344
Account #: 0089800000 Customer Name: PEERY,PATRICA Phone #: (727) 379-9271
Address: 11800 IVY WOOD PL CSR: Lori Jones Operator: Anthony Cardinal
Entry Date: 4/5/2011 3:20:21PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaining of discolored water. She states it has been like this yesterday and today. LLJ
Due Date: 4/6/2011 6:00:00PM Resolution Date: 4/6/2011 11:50:00AM FA Status: Completed
Resolution: Customer said discoloration was Monday & Tuesday and was cleared up today, Still flushed street. tc

Sub Division: 414 MR Route: F29 FA ID: 0129800169
Account #: 0129800000 Customer Name: KASS,ELEANOR Phone #: (727) 856-1892
'ress: 11645 HOLLY ANN DR CSR: Jennifer Elliot Operator: Anthony Cardinal
Entry Date: 9/28/2011 9:04:47AM SO Type: M-SIO Request Type: Odor in Sewer
Instructions: Customer called in to report bad smell through her home when she started doing her laundry when using warm water. Jennifer
Due Date: 9/28/2011 8:00:00PM Resolution Date: 9/28/2011 11:20:00AM FA Status: Completed
Resolution: Flushed street and spoke with customer. tc

Sub Division: 414 MR Route: F29 FA ID: 0185310376
Account #: 0185310000 Customer Name: D'AMORE, DONALD Phone #: (727) 379-0229
Address: 11432 GOLF ROUND DR CSR: Brandi Deere Operator: Keith Schneider
Entry Date: 3/30/2011 10:40:23AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reported a bad smell in the water.
Due Date: 3/30/2011 6:00:00PM Resolution Date: 3/30/2011 1:00:00PM FA Status: Completed
Resolution: Checked water, 1.6 combined CL2 no odor. Apoke with customer. KS

Sub Division: 414 MR Route: F29 FA ID: 0508800356
Account #: 0508800000 Customer Name: CATIR, VICTOR S Phone #: (727) 857-0537
Address: 11643 WHITE ASH DR CSR: Madelin Collado Operator: Anthony Cardinal
y Date: 10/5/2011 7:35:32AM SO Type: M-SIO Request Type: High or Low Pressure in the Water
Instructions: Customer states very low water pressure. MC/NC
Due Date: 10/5/2011 6:00:00PM Resolution Date: 10/5/2011 9:00:00AM FA Status: Completed

Resolution: Customer water softener clogged/bypassed and pressure is fine now. tc

Sub Division: 414 MR Route: F29 FA ID: 1000900071
Account #: 1000900000 Customer Name: MARTIN, MARION Phone #: (727) 849-0613
Address: 12053 LOBLOLLY PINE DR CSR: Tricia Anderson Operator: Anthony Cardinal
Entry Date: 9/7/2011 11:03:38AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer states read is wrong she took a read yesterday and it was 222370. tda
Due Date: 9/8/2011 6:00:00PM Resolution Date: 9/8/2011 10:55:00AM FA Status: Completed
Resolution: Reread meter to confirm original meter read incorrect. tc

Sub Division: 414 MR Route: F29 FA ID: 1229800287
Account #: 1229800000 Customer Name: WREN,THOMAS Phone #: (727) 457-3229
Address: 11649 HOLLY ANN DR CSR: Linette Orengo Operator: Keith Schneider
Entry Date: 3/1/2011 2:52:43PM SO Type: M-SIO Request Type: General Investigation
Instructions: Bad smell/taste in water. LIO FL
Due Date: 3/2/2011 6:00:00PM Resolution Date: 3/2/2011 11:00:00AM FA Status: Completed
Resolution: Spoke with customer, flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 1229800375
Account #: 1229800000 Customer Name: WREN,THOMAS Phone #: (727) 457-3229
Address: 11649 HOLLY ANN DR CSR: Linda Jones Operator: Anthony Cardinal
Entry Date: 1/31/2011 10:03:57AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called and advised water very smelly. Linda
Due Date: 2/1/2011 6:00:00PM Resolution Date: 2/1/2011 11:50:00AM FA Status: Completed
Resolution: Spoke to customer suggested he bypass his water softener and get chlorine back in his lines to disinfect and then put back in service. tc

Sub Division: 414 MR Route: F29 FA ID: 1609800473
Account #: 1609800000 Customer Name: EDGAR, DOUGLAS Phone #: (727) 379-0131
Address: 11524 HOLLY ANN DR CSR: Linda Schnaufer Operator: Anthony Cardinal
Entry Date: 10/24/2011 11:00:58AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer reportedodor in water (rotten eggs) for couple of weeks. LDS-FL
Due Date: 10/24/2011 6:00:00PM Resolution Date: 10/25/2011 1:00:00PM FA Status: Completed
Resolution: Spoke to customer. Odor on hot water side/no odor going into house. tc

Sub Division: 414 MR Route: F29 FA ID: 1576210799
Account #: 1576210000 Customer Name: PETERSON, ANNA Phone #: (727) 856-5171
Address: 11414 BLOOMINGTON CT CSR: Maxine Norris Operator: Anthony Cardinal
Entry Date: 12/7/2011 7:46:03AM SO Type: M-SIO Request Type: Taste or Odor in the Water

Instructions: Customer stated that water has a very foul odor and she has been running her water and it is not helping.

Due Date: 12/7/2011 6:30:00PM Resolution Date: 12/8/2011 9:30:00AM FA Status: Completed

Resolution: Spoke to customer and she gave me a sample of water in a plastic glass. No rotten egg smell. Customer stated she could still smell it but said it was getting better. Checked CL2 at side of house and had a 2.3 residual w/no odor. TC

Sub Division: 414 MR Route: F29FA ID:1736210505

Account #: 1736210000 Customer Name: BRUSHWEIN, CANDIDA R Phone #: (727) 856-2027

Address: 11308 CLEAR OAK CIR CSR: Karen Thimmes Operator: Anthony Cardinal

Entry Date: 10/5/2011 8:54:51AM SO Type: HIBILL

Instructions: Customer complaining of high bill. Reread meter and check for leaks. Karyn

Due Date: 10/6/2011 8:00:00PM Resolution Date: 10/6/2011 8:05:00AM FA Status: Completed

Resolution: Possible toilet flapper leaking/tagged door . tc

Sub Division: 414 MR Route: F29 FA ID: 2189700206

Account #: 2189700000 Customer Name: KULIKOWSKI, ROSE Phone #: (727) 514-1811

Address: 11827 BAYONET LN CSR: Ferrellyn Trovinger Operator: Anthony Cardinal

Entry Date: 1/24/2011 4:57:57PM SO Type: HIBILL

Instructions: Read meter and check for leaks. Customer emailed complaint of high bill. Speak with customer about your findings if home.

Due Date: 1/25/2011 8:00:00PM Resolution Date: 1/25/2011 11:35:00AM FA Status: Completed

Resolution: Read/no leak detected/left door tag tc

Sub Division: 414 MR Route: F29 FA ID: 2165310363

Account #: 2165310000 Customer Name: RE, JOHN F Phone #: (412) 512-4074

Address: 11326 GOLF ROUND DR CSR: Lorie Mayeski Operator: Anthony Cardinal

Entry Date: 4/7/2011 12:59:03PM SO Type: HIBILL

Instructions: Customer read his meter today and the leak indicator is moving. Advised customer to seek out someone With plumbing skills to locate leak. Customer want tech to come out and reread meter. Lorie

Due Date: 4/8/2011 12:59:00PM Resolution Date: 4/8/2011 11:55:00AM FA Status: Completed

Resolution: No leak detected. Told customer it might be toilet flapper or water softener leaking. Explained to him how to check further. tc

Sub Division: 414 MR Route: F29 FA ID: 2296210175

Account #: 2296210000 Customer Name: RYAN, ROBERT J Phone #: (727) 856-2203

Address: 11436 WINDSTAR CT CSR: Constance Dunn Operator: Stephen Habrey

Entry Date: 8/19/2011 9:08:28AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer calling to report that very bad odor on Sinatra Ct, Windstar Ct and Bloomington Ct. Connie

Due Date: 8/19/2011 6:00:00PM Resolution Date: 8/19/2011 12:14:00PM FA Status: Completed

Resolution: Will increase flushing in those areas

Sub Division: 414 MR Route: F29 FA ID: 2465110071
Account #: 2465110000 Customer Name: MIHAILOVICH,BORIS M Phone #: (727) 856-6223
Address: 12054 TOURNAMENT VIEW AVE CSR: John Tutton Operator: Stephen Habrey
Entry Date: 2/7/2011 8:28:23AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reporting odor from water. jwt
Due Date: 2/7/2011 6:00:00PM Resolution Date: 2/7/2011 10:11:00AM FA Status: Completed
Resolution: No odor at outside hose bib Showed customer findings. He is aware of resolution.

Sub Division: 414 MR Route: F29 FA ID: 2465110271
Account #: 2465110000 Customer Name: MIHAILOVICH, BORIS M Phone #: (727) 856-6223
Address: 12054 TOURNAMENT VIEW AVE CSR: Lorie Mayeski Operator: Keith Schneider
Entry Date: 3/2/2011 9:26:46AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer stated water smells terrible.
Due Date: 3/2/2011 6:00:00PM Resolution Date: 3/2/2011 11:00:00AM FA Status: Completed
Resolution: Water ok, no odor detected. CL2 1.8

Sub Division: 414 MR Route: F29 FA ID: 2496800202
Account #: 2496800000 Customer Name: MCGRADE, THOMAS Phone #: (727) 857-0737
Address: 11632 ASPENWOOD DR CSR: Brandi Deere Operator: Anthony Cardinal
Entry Date: 9/9/2011 1:01:03PM SO Type: M-SIO Request Type: Discolored Water
Instructions: Customer reported brown water and odor.
Due Date: 9/9/2011 6:00:00PM Resolution Date: 9/10/2011 2:45:00PM FA Status: Completed
Resolution: Customer just came bak 2hours ago from up north. Suggested customer flush their lines. tc

Sub Division: 414 MR Route: F29 FA ID: 2939700111
Account #: 2939700000 Customer Name: MCCRADY, CHARLES Phone #: (727) 856-0120
Address: 11939 BAYONET LN CSR: Jennifer Elliot Operator: Keith Schneider
Entry Date: 6/9/2011 8:38:27AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reporting that the water is brown and is staining everything in the home. Had problems for years and has had this problem before. Jennifer
Due Date: 6/9/2011 8:00:00PM Resolution Date: 6/9/2011 2:00:00PM FA Status: Completed
Resolution: Water clean and clear, not brown. Flushed street just the same. KS

Sub Division: 414 MR Route: F29 FA ID: 2850800885
Account #: 2850800000 Customer Name: DIGIACINTO, MICHAEL Phone #: (973) 981-3875
Address: 11633 BOYNTON LN CSR: Tara Drury Operator: Anthony Cardinal
Entry Date: 11/14/2011 7:27:36AM SO Type: M-SIO Request Type: General Investigation
Instructions: Please investigate meter shut off. Customer states that it isn't working properly. Please investigate if there is any damage from customer trying to turn on and off. Please speak with customer or tag door if no one home.

Due Date: 11/15/2011 6:00:00PM Resolution Date: 11/15/2011 2:10:00PM FA Status:Completed

Resolution: Need to change out valve/will do so asap/tagged door tc

Sub Division: 414 MR Route: F29 FA ID: 2850800129

Account #: 2850800000 Customer Name: DIGIACINTO,MICHAEL Phone #: (973) 981-3875

Address: 11633 BOYNTON LN CSR: Lori Jones Operator: Anthony Cardinal

Entry Date: 11/16/2011 2:14:57PM SO Type: M-SIO Request Type: General Investigation

Instructions: In reference to the replacement of the valve, Tony said he would take care of it first thing in the morning. They want the water left on after it is replaced. LLJ

Due Date: 11/17/2011 6:00:00PM Resolution Date: 11/17/2011 9:15:00AM FA Status: Completed

Resolution: Changed out valve tc

Sub Division: 414 MR Route: F29 FA ID: 2985410739

Account #: 2985410000 Customer Name: ANTUNEZ, SARAH F Phone #: (727) 645-6598

Address: 11304 MOLLYMAWK CT CSR: Brandi Deere Operator: Stephen Habrey

Entry Date: 8/15/2011 10:17:48AM SO Type: M-SIO Request Type: Taste or Odor in the Water

Instructions: Customer reported odor and mold in water.

Due Date: 8/15/2011 6:00:00PM Resolution Date: 8/15/2011 12:45:00PM FA Status: Completed

olution: water had good residuals. Told customer we will flush more.

Sub Division: 414 MR Route: F29 FA ID: 3806800350

Account #: 3806800000 Customer Name: FASANELLA, MARY JANE Phone #: (727) 856-1929

Address: 11605 SCOTCH PINE DR CSR: Karen Thimmes Operator: Stephen Habrey

Entry Date: 5/6/2011 1:25:37PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Reread meter and check for leaks. Karyn.

Due Date: 5/9/2011 8:00:00PM Resolution Date: 5/9/2011 3:36:00PM FA Status: Completed

Resolution: No leaks at meter. Spoke with customer told her to check her toilets ect

Sub Division: 414 MR Route: F29 FA ID: 3886700464

Account #: 3886700000 Customer Name: IMBORNONE, ANTHONY Phone #: (352) 857-6225

Address: 12042 BOYNTON LN CSR: Miranda Roberts Operator: Keith Schneider

Entry Date: 6/10/2011 12:33:36PM SO Type: M-REREAD

Instructions: Customer is disputing the consumption on his account. Please check meter, get a read and look for possible leaks.

Due Date: 6/14/2011 6:00:00PM Resolution Date: 6/14/2011 3:00:00PM FA Status: Completed

olution: No leaks detected. Tagged door with findingsl. KS

Sub Division: 414 MR Route: F29 FA ID: 4146800955
Account #: 4146800000 Customer Name: SCHEIBLEIN, WILLIAM Phone #: (727) 856-5472
Address: 11815 WAX MYRTLE CT CSR: Deborah Volz Operator: Anthony Cardinal
Entry Date: 11/28/2011 8:01:20AM SO Type: M-SIO Request Type: Water Service Line Break
Instructions: Customer reporting water leak out by street/driveway. deb
Due Date: 11/28/2011 8:00:00PM Resolution Date: 11/30/2011 12:00:00AM FA Status: Completed
Resolution: Lak under driveway/KBH repairing tc

Sub Division: 414 MR Route: F29 FA ID: 4146800192
Account #: 4146800000 Customer Name: SCHEIBLEIN, WILLIAM Phone #: (727) 856-5472
Address: 11815 WAX MYRTLE CT CSR: Glenda Thompson Operator: Anthony Cardinal
Entry Date: 12/6/2011 1:57:49PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reports that his driveway is not fixed. GT
Due Date: 12/7/2011 6:00:00PM Resolution Date: 12/8/2011 12:00:00AM FA Status: Completed
Resolution: Spoke with customer and let him know contractors are waiting till they get a couple more concrete jobs to do and he is fine with that. tc

Sub Division: 414 MR Route: F29 FA ID: 4500800351
Account #: 4500800000 Customer Name: FITZGERLAD, MARILYN Phone #: (727) 457-3687
Address: 11721 BAYONET LN CSR: Karen Thimmes Operator: Anthony Cardinal
Entry Date: 5/31/2011 9:31:56AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaining of bad odor, dirt in the water. Please check and tag door with results. Karyn
Due Date: 5/31/2011 8:00:00PM Resolution Date: 5/31/2011 1:50:00PM FA Status: Completed
Resolution: Water going into house had no odor/spoke to cust. and explained to her that it might be coming from hot water side and suggested she run hot water to get fresh water in tank. tc

Sub Division: 414 MR Route: F29 FA ID: 5099800255
Account #: 5099800000 Customer Name: GOOD, RUTH L Phone #: (727) 378-4212
Address: 12133 LOBLOLLY PINE DR CSR: Cristina Harden Operator: Anthony Cardinal
Entry Date: 1/13/2011 9:14:03AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer reports water has strong odor. Tina
Due Date: 1/13/2011 6:00:00PM Resolution Date: 1/13/2011 10:30:00AM FA Status: Completed
Resolution: Second time I have been here for same reason/customer got water softener put in 1 1/2 months ago, suggested he bypass softener to get chlorine in his lines and hot water tank, no odor before softener tc

Sub Division: 414 MR Route: F29 FA ID: 6107210094
Account #: 6107210000 Customer Name: KRANICK, EDWARD J Phone #: (727) 857-2409
Address: 11348 WINDSTAR CT CSR: Karen Thimmes Operator: Anthony Cardinal

Entry Date: 4/1/2011 9:57:11AM SO Type: M-SIO Request Type: General Investigation

Instructions: Bad Odor, please investigate. Karyn

Due Date: 4/1/2011 8:00:00PM Resolution Date: 4/1/2011 11:20:00AM FA Status: Completed

Resolution: Total cl2 at hose bib was 1.0, flushed street. tc

Sub Division: 414 MR Route: F29 FA ID: 6367800003

Account #: 6367800000 Customer Name: HACKBARTH, ANNE Phone #: (727) 856-4591

Address: 11620 PEAR TREE DR CSR: Jennifer Elliot Operator: Keith Schneider

Entry Date: 6/8/2011 2:45:10PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called in stating that there is a black ring in the toilet that won't come out even with bleach. The water comes out to the faucet yellow and now the water is smelling coming from the toilet. Cust states the yellow water has been the last 2 wks.

Due Date: 6/8/2011 8:00:00PM Resolution Date: 6/9/2011 10:00:00AM FA Status: Completed

Resolution: Water clean and clear, black ring is from old toliet flapper. KS

Sub Division: 414 MR Route: F29 FA ID: 6259800908

Account #: 6259800000 Customer Name: GRAZIANI, ANGELO Phone #: (740) 507-0771

Address: 11801 IVY WOOD PL CSR: Jennifer Elliot Operator: Anthony Cardinal

Entry Date: 1/17/2011 2:42:12PM SO Type: M-SIO Request Type: General Investigation

uctions: Customer states that she has had low water presser, so she has a hard time running the dish washer, clothes washer and running water in the tub at the same time. Cust must run one machine at time due to no water pressure. Jennifer

Due Date: 1/17/2011 6:00:00PM Resolution Date: 1/18/2011 2:00:00PM FA Status: Completed

Resolution: psi was 48 at hose bib/no odor. Suggested to customer to bypass water softener and clean out screens in Faucets. Customer stated that they had low pressure since before having a softener. tc

Sub Division: 414 MR Route: F29 FA ID: 6455310499

Account #: 6455310000 Customer Name: YOUNGS,ADDISON Phone #: (727) 667-0345

Address: 11244 GOLF ROUND DR CSR: Tricia Anderson Operator: Keith Schneider

Entry Date: 8/22/2011 10:56:29AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer states water stinks and is yellow.

Due Date: 8/23/2011 6:00:00PM Resolution Date: 8/23/2011 11:00:00AM FA Status: Completed

Resolution: Water clear, no color. Flusher at end of street working fine.

Sub Division: 414 MR Route: F29 FA ID: 6955900335

Account #: 6955900000 Customer Name: WOERMANN,DIANA Phone #: (845) 528-9586

Address: 11443 TURTLE DOVE PL CSR: Jennifer Elliot Operator: Keith Schneider

y Date: 8/8/2011 12:27:57PM SO Type: HIBILL

Instructions: Reread the meter and check it for leaks. Customer is complaining about high usage when they have the water turned off a the home shut off valve and they aren't there.

Due Date: 8/9/2011 8:00:00PM Resolution Date: 8/9/2011 2:00:00AM FA Status: Completed
Resolution: Read meter, no leaks found. KS

Sub Division: 414 MR Route: F29 FA ID: 7417410998
Account #: 7417410000 Customer Name: KRUK,JO ANN Phone #: (727) 379-0077
Address: 11451 MERGANSER WAY CSR: Karen Thimmes Operator: Keith Schneider
Entry Date: 5/4/2011 3:48:17PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaining of pink color/slime in water. Please check and Tag door for results. Karyn
Due Date: 5/5/2011 8:00:00PM Resolution Date: 5/5/2011 9:00:00AM FA Status: Completed
Resolution: Wwater clean and clear, no odor. no pink color. CL2 1.5 combined. Tagged door. KS

Sub Division: 414 MR Route: F29 FA ID: 7997800073
Account #: 7997800000 Customer Name: FRANKS, DONALD E Phone #: (727) 856-8309
Address: 11602 GOLDEN RAIN DR CSR: Cammy Iwinski Operator: Stephen Habrey
Entry Date: 6/17/2011 11:52:50AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called in and said the water smells really bad and even washed clothes smell bad. CAMMY
Due Date: 6/17/2011 6:00:00PM Resolution Date: 6/17/2011 1:59:00PM FA Status: Completed
Resolution: Flush hydrant in front of address. Water is clear.

Division: 414 MR Route: F29 FA ID: 8055900598
Account #: 8055900000 Customer Name: HOLLY, MARGARET L Phone #: (727) 379-0136
Address: 11434 SINATRA CT CSR: Brandi Deere Operator: Keith Schneider
Entry Date: 4/18/2011 10:04:47AM SO Type: M-SIO Request Type: High or Low Pressure in the Water
Instructions: Low water pressure. Please check out and tag door with findings.
Due Date: 4/19/2011 6:00:00PM Resolution Date: 4/19/2011 2:00:00PM FA Status: Completed
Resolution: Checked water pressure; appears low. Repaired check valve by meter and fixed problem. Spoke With customer. KS

Sub Division: 414 MR Route: F29 FA ID: 7879800052
Account #: 7879800000 Customer Name: MELLECKER, SHIRLEY R Phone #: (727) 856-3631
Address: 12153 LOBLOLLY PINE DR CSR: Lisa Silva Operator: Keith Schneider
Entry Date: 6/9/2011 11:22:33AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer is reporting a strong sulfur smell in his water.
Due Date: 6/9/2011 8:00:00PM Resolution Date: 6/9/2011 2:00:00AM FA Status: Completed
Resolution: Flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 8276700393
ount #: 8276700000 Customer Name: PROSEN, TIMOTHY Phone #: (727) 856-8905
Address: 12037 BOYNTON LN CSR: Linda Jones Operator: Stephen Habrey

Entry Date: 1/7/2011 12:50:50PM SO Type: HIBILL

uctions: Customer complaining of high bill. Linda

Due Date: 1/10/2011 6:00:00PM Resolution Date: 1/10/2011 9:00:00AM FA Status: Completed

Resolution: Meter read wrong. Customer showed old read on bill.

Sub Division: 414 MR Route: F29 FA ID: 8387800625

Account #: 8387800000 Customer Name: WING, CLIFF Phone #: (727) 856-6482

Address: 11623 GOLDEN RAIN DR CSR: Sheri Demonbreun Operator: Anthony Cardinal

Entry Date: 10/12/2011 12:51:02PM SO Type: HIBILL

Instructions: Customer complaining of high bill. Reread meter and check for leaks. Sherri

Due Date: 10/13/2011 8:00:00PM Resolution Date: 10/13/2011 11:25:00AM FA Status: Completed

Resolution: Reread meter and no leaks detected. Spoke with customer. No sure why high consumption. tc

Sub Division: 414 MR Route: F29 FA ID: 8616310332

Account #: 8616310000 Customer Name: MASON, JAMES Phone #: (727) 379-9840

Address: 11317 GOLF ROUND DR CSR: Sheri Demonbreun Operator: Keith Schneider

Entry Date: 4/13/2011 7:52:21AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called to complain about strong odor in water. Sheri

Date: 4/13/2011 8:00:00PM Resolution Date: 4/13/2011 9:00:00AM FA Status: Completed

Resolution: Checked cl2, it was 2.5 total 0.2 free 2.3 combined. No odor going into house. Spoke with customer And he does have a water softener.

Sub Division: 414 MR Route: F29 FA ID: 9355900472

Account #: 9355900000 Customer Name: LOTITO, ANTHONY Phone #: (727) 857-9985

Address: 11418 SINATRA CT CSR: Jennifer Elliot Operator: Keith Schneider

Entry Date: 8/9/2011 3:31:26PM SO Type: M-SIO Request Type: Mineral Amount in Water

Instructions: Customer called in to say that there is a sulfur smell to the water that has been going on for weeks and it has over powered his filter in the home. Jennifer

Due Date: 8/9/2011 8:00:00PM Resolution Date: 8/18/2011 9:00:00AM FA Status: Completed

Resolution: Flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 9355900742

Account #: 9355900000 Customer Name: LOTITO,ANTHONY Phone #: (727) 857-9985

Address: 11418 SINATRA CT CSR: Anthony Cardinal Operator: Anthony Cardinal

Entry Date: 10/18/2011 2:08:43PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer complaint of smelly water. tc

Due Date: 10/18/2011 1:50:00PM Resolution Date: 10/19/2011 2:00:00PM FA Status: Completed

Resolution: Odor was from hot water tank, explained to customer to bypass softener for a little while. tc

Account #: 9998800000 Customer Name: HAGEL, BEVERLY Phone #: (727) 856-8251
ress: 11910 LOBLOLLY PINE DR CSR: Jennifer Elliot Operator: Anthony Cardinal
Entry Date: 4/8/2011 12:50:36PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaint, odor from water.
Due Date: 4/8/2011 8:00:00PM Resolution Date: 4/8/2011 2:25:00PM FA Status: Completed
Resolution: Checked water before going into house , it is ok, suggested customer bypass softener for a day and she did, was already flushing street. tc

Sub Division: 414 MR Route: F29 FA ID: 9956210045
Account #: 9956210000 Customer Name: ROBINSON, NELLIE Phone #: (727) 857-0173
Address: 11514 BLOOMINGTON CT CSR: Deborah Volz Operator: Keith Schneider
Entry Date: 6/1/2011 9:54:54AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer complaint, odor from water. deb
Due Date: 6/1/2011 8:00:00PM Resolution Date: 6/1/2011 11:00:00AM FA Status: Completed
Resolution: Flushed street, cl2 2.3. Water clean and clear, no odor. Spoke with customer. KS

Sub Division: 414 MR Route: F29 FA ID: 1217410267
Account #: 3307329578 Customer Name: Dupree, Wayne Phone #: (727) 378-5707
Address: 11448 MERGANSER WAY CSR: Sheri Demonbreun Operator: Anthony Cardinal
y Date: 2/2/2011 1:16:36PM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer called to report quality of water is poor has odor.
Due Date: 2/2/2011 8:00:00PM Resolution Date: 2/2/2011 3:30:00PM FA Status: Completed
Resolution: Water on outside good/suggested to customer to bypass softener/flushed street. tc

Sub Division: 414 MR Route: F29 FA ID: 9536410329
Account #: 0740958617 Customer Name: BALLARD,MARCIA Phone #: (727) 457-7620
Address: 11216 GODWIT CT CSR: Matthew Chandler Operator: Anthony Cardinal
Entry Date: 9/2/2011 8:15:11AM SO Type: M-SIO Request Type: Taste or Odor in the Water
Instructions: Customer call to report odor coming from water.
Due Date: 9/2/2011 6:00:00PM Resolution Date: 9/2/2011 10:15:00AM FA Status: Completed
Resolution: Flushed street tc

Sub Division: 414 MR Route: F29 FA ID: 9565900055
Account #: 7740855894 Customer Name: DENNEHY, LOUANN Phone #: (727) 856-8315
Address: 11423 TURTLE DOVE PL CSR: Lisa Silva Operator: Stephen Habrey
Entry Date: 4/18/2011 11:28:12AM SO Type: M-SIO Request Type: Taste or Odor in the Water
uctions: Customer called to report that her water has a very strong sulfur smell.
Due Date: 8/14/2011 8:00:00PM Resolution Date: 8/16/2011 12:00:00AM FA Status: Completed
Resolution: Flushed in area

Sub Division: 414 MR Route: F29 FA ID: 3539676476
Account #: 8030613479 Customer Name: BENDTZEN, RICHARD Phone #: (727) 856-6501
Address: 11156 MERGANSER WAY CSR: Karen Thimmes Operator: Anthony Cardinal
Entry Date: 5/26/2011 12:20:18PM SO Type: M-SIO Request Type: General Investigation
Instructions: Per customer, water has a bad odor. Please check and tag door with results. Thanks, Karyn

Due Date: 5/27/2011 8:00:00PM Resolution Date: 5/27/2011 10:55:00AM FA Status: Completed
Resolution: No odor at side if house/tagged tc

Sub Division: 414 MR Route: F29 FA ID: 9338700686
Account #: 0953491076 Customer Name: LABITA, DOLORES Phone #: (727) 378-8151
Address: 11737 BOYNTON LN CSR: Isabel Ceballos Operator: Stephen Habrey
Entry Date: 2/21/2011 8:56:12AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer says water is coming out cloudy and when she uses dishwasher dishes don't come out clean. ic
Due Date: 2/21/2011 6:00:00PM Resolution Date: 2/21/2011 11:29:00AM FA Status: Completed
Resolution: Spoke with customer. Her water is clear at hose bib. She just had a new water heater installed and she has not use jet dry in her dishwasher. She said she will try it and see if dishes come out not spotted.

Sub Division: 414 MR Route: F29 FA ID: 0256410201
Account #: 3209208357 Customer Name: Messick, John Phone #: (727) 807-5227
Address: 11226 PARADISE POINTE WAY CSR: Linda Jones Operator: Keith Schneider
Entry Date: 6/8/2011 2:04:12PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called to advise water has a very bad smell. Linda
Due Date: 6/8/2011 6:00:00PM Resolution Date: 6/9/2011 8:00:00AM FA Status: Completed
Resolution: Spoke with customer, flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 0748700702
Account #: 6580699509 Customer Name: BECKWITH, CAROLYN Phone #: (913) 704-7169
Address: 11713 BOYNTON LN CSR: Sheri Demonbreun Operator: Stephen Habrey
Entry Date: 5/20/2011 10:28:34AM SO Type: M-SIO Request Type: Discolored Water
Instructions: Customer called to complain about quality of water orange color. sheri
Due Date: 5/20/2011 8:00:00PM Resolution Date: 5/20/2011 12:05:00PM FA Status: Completed
Resolution: Spoke with customer and told we have started to treat for color in the water.

Sub Division: 414 MR Route: F29 FA ID: 5910800615
Account #: 5256560222 Customer Name: PURA, NANCY Phone #: (727) 389-7138
Address: 11645 BAYONET LN CSR: Karen Thimmes Operator: Anthony Cardinal
Entry Date: 9/7/2011 11:25:00AM SO Type: HIBILL

Instructions: Customer complaining of high bill. Karyn

Date: 9/8/2011 8:00:00PM Resolution Date: 9/8/2011 10:00:00AM FA Status: Completed
Resolution: Reread meter and checked for leaks. No leaks detected. Tagged door tc

Sub Division: 414 MR Route: F29 FA ID: 5910800526
Account #: 5256560222 Customer Name: PURA, NANCY Phone #: (727) 389-7138
Address: 11645 BAYONET LN CSR: Maxine Norris Operator: Anthony Cardinal
Entry Date: 9/9/2011 10:09:44AM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer is still upset about read and would like someone to meet up with her and verify meter read.
Due Date: 9/8/2011 6:30:00PM Resolution Date: 9/9/2011 12:40:00PM FA Status: Completed
Resolution: Spoke with customer/read meter with her and turned meter so it can be read easier. tc

Sub Division: 414 MR Route: F29 FA ID: 2650800911
Account #: 4345909816 Customer Name: Welch, Harry Phone #: (330) 465-0119
Address: 11637 BOYNTON LN CSR: Vicki Wilson Operator: Keith Schneider
Entry Date: 5/17/2011 7:26:53AM SO Type: M-SIO Request Type: Mineral Amount in Water
Instructions: Customer said water yellow tint, white particles floating in it. vicki
Due Date: 5/17/2011 8:00:00PM Resolution Date: 5/17/2011 11:00:00AM FA Status: Completed
Resolution: Spoke with customer, flushed street. KS

Sub Division: 414 MR Route: F29 FA ID: 3269700417
Account #: 3107550866 Customer Name: Crosswhite, Gregory Phone #: (850) 678-1625
Address: 11905 BAYONET LN CSR: Linette Orengo Operator: Anthony Cardinal
Entry Date: 2/1/2011 2:24:43PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer stated there is rust in her tub. LIO FL
Due Date: 2/1/2011 6:00:00PM Resolution Date: 2/2/2011 12:00:00AM FA Status: Completed
Resolution: Water good going onto house/customer said only have problem in one bathroom. tc

Sub Division: 414 MR Route: F29 FA ID: 5539800668
Account #: 5505026398 Customer Name: Metz, George Phone #: (631) 921-9379
Address: 11629 HOLLY ANN DR CSR: Jennifer Elliot Operator: Stephen Habrey
Entry Date: 7/22/2011 7:55:55AM SO Type: HIBILL
Instructions: Reread the meter and check it for leaks. Customer is complaining about an extremely high usage of over 40,000 gallons and he stated that the water was off at the home and they aren't even there. Jennifer
Due Date: 7/25/2011 8:00:00PM Resolution Date: 7/25/2011 1:30:00PM FA Status: Completed
Resolution: No leaks found.