

CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF
Utilities, Inc. of Florida - Seminole County

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 11 of 11

System(s):

Weathersfield

DOCUMENT NUMBER-DATE

09077 OCT-28

Weathersfield

Docket No.: 060253-WS

Seminole County

Test Year Ended December 31, 2005

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (2)
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

**UTILITIES, INC. OF FLORIDA
CHEMICAL USE DATA
TEST YEAR: 2006**

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
Seminole	Park Ridge	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Phillips	Chlorine Polyphosphate	2-3 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Crystal Lake	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
Seminole	Jansen	Chlorine Polyphosphate	12-15gpd 2-3 gpd	\$ 1.15/gal \$14.00/ gal

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
PINNELLAS COUNTY								
	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Ammonia	Yes	No	294	Gals	\$ 0.45	0.8 gal/day
PASCO COUNTY								
	Buena Vista Manor	None	Yes	No				
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	\$ 0.87	4.2 gal/day
	Summertree	Gas Chlorine	Yes	No	7.8	lbs	\$ 0.90	21.3lbs/day
	Orangewood	Liquid Chlorine	Yes	No	1774	Gals	\$ 0.87	4.8 gal/day

SEP-26-2006 15:02

4078696961

97%

P.03

09/26/2006 13:52

4078696961

UTILITIES INC OF FL

PAGE 03/05

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	<input checked="" type="checkbox"/> Yes / No	Yes / No	1,325 GAL	GALS	\$ 0.95 / GAL	4.9 gals/day
		Ammonia	Yes / No	Yes / No				
	CROWNWOOD	Stick Chlorine	Yes / No	<input checked="" type="checkbox"/> Yes / No	50 LBS	LBS	\$ 2.16 / LB	0.2 LBS/day
		Liquid Chlorine	Yes / No	<input checked="" type="checkbox"/> Yes / No	1,945 GAL	GALS	\$ 0.95 / GAL	7.2 gals/day
		Gas Chlorine	Yes / No	Yes / No				
		Liquid Chlorine	Yes / No	Yes / No				
		Granular Chlorine		<input checked="" type="checkbox"/> Yes / No	100 LBS	LBS	\$ 1.48 / LB	0.7 LBS/day

(so far)

(269 days so far)

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (3)
Chemical Analyses

Test Year Ended December 31, 2005

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

September 1, 2005

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

Re: Second Quarter Herbicides
Synthetic Organic Contaminants
Weathersfield Utilities, Inc.
PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results for samples taken on July 25, 2005 for the above referenced analysis and system. The Herbicides were resampled due to incorrect preservative causing matrix interference.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

WEDGEFIELD UTILITIES INC.



Kathy Sillitoe
Area Manager

EC: Patrick Flynn, Regional Director, UIOF
Scotty L. Haws, Assistant Operations Manager

602

**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: Weathersfield PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 196 WEATHERSFIELD AVE.

City: ALTAMONTE SPRINGS State: FLA. ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: S.L.HAWS@UTILITIES INC.-USA.COM

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052554 Location Code (if known): POE

Sample Date: 7/25/05 Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): POINT OF ENTRY

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: NIA

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, OPERATOR
(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 8/30/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 7/25/2005 12:40:00

Lab Assigned Report Number or Job ID A052554

Sample Number (From page 1) _____

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 |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input checked="" type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature: *Myrna Santiago* Date: 8-19-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____

Date Notified: _____

Comments

Date Reviewed: _____

DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052554
Date Sampled: 7/25/2005
Date Received: 7/25/05 12:40
Date Reported: 8/19/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By: _____

Myrna Santiago
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: POE

Sample Number: A052554-01

Report No.: A052554

Date/Time Sampled: 07/25/05 9:25

Date/Time Received: 7/25/05 12:40

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2031	Dalapon	200	ug/L	0.86	U	E515.3	0.86	1.0	8/2/2005	11:56	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	8/2/2005	11:56	E82574
2041	Dinoseb	7.0	ug/L	0.64	U	E515.3	0.64	0.20	8/2/2005	11:56	E82574
2105	2,4-D	70	ug/L	1.7	U	E515.3	1.7	0.10	8/2/2005	11:56	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.080	U	E515.3	0.080	0.20	8/2/2005	11:56	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	8/2/2005	11:56	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/25/05 12.40

Log-In request number: A052554

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input checked="" type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052554

CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052554-01	1	62-550 Herbicides (J)-515.3	Drinking Water	7/25/2005 9:25	7/25/05 12:40	8/8/2005	_____	40mL Vial

Orlando Relinquisher: _____

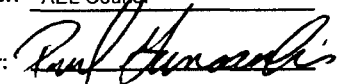


Shipping Receiver: AEL Courier

Date/Time: 7/25/05 1700

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: _____



Date/Time: 7/26/05 0630

2

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

September 7, 2005

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

Re: Resample of Odor
Synthetic Organic Contaminants
Weathersfield Utilities, Inc.
PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results for samples taken on July 25, July 26 and July 27, 2005 for the above referenced analysis and system. The odor was resampled due to the first sample taken was above the MCL.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES INC. OF FLORIDA



Kathy Sillitoe
Area Manager

EC: Patrick Flynn, Regional Director, UIOF
Scotty L. Haws, Assistant Operations Manager

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

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

System Name: WEATHERSFIELD PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 196 WEATHERSFIELD AVE.

City: ALT. SPRINGS State: FLA. ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: S.L. HAWS @ UTILITIES INC.

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052553-01 Location Code (if known): _____

Sample Date: 7/25/05 Sample Time: 9:20 AM PM (Circle One)

Sample Location (be specific): POE

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: ODOR TEST 1 OF 3

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: NIA

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, OPERATOR
(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 8/9/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 7/25/2005 12:40:00
 Lab Assigned Report Number or Job ID A052553 Sample Number (From page 1) A052553-01
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
 (Print Name)

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

Signature: *Myrna Santiago* Date: 7-28-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052553
Date Sampled: 7/25/2005
Date Received: 7/25/05 12:40
Date Reported: 7/28/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919
Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 7

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: POE

Sample Number: A052553-01

Report No.: A052553

Date/Time Sampled: 07/25/05 9:20

Date/Time Received: 7/25/05 12:40

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1920	Odor	3.0	TON	2.0		E140.1	1.0	7/26/2005	8:30	E53076

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/25/05 12.40

Log-In request number: A052553

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input checked="" type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

2.5



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

A052553

CLIENT NAME: <i>UTILITIES INC.</i>		PROJECT NAME: <i>WEATHERSFIELD</i>		BOTTLE SIZE & TYPE	LAB NUMBER
ADDRESS: <i>200 WEATHERSFIELD</i>		P.O. NUMBER / PROJECT NUMBER:			
PHONE: <i>407-869-1919</i> FAX:		PROJECT LOCATION: <i>P.O.E</i>			
CONTACT: <i>KATHY SILLITOE</i>		SAMPLED BY: <i>ALEXANDER LORENZO</i>			
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS: <i>ODOR</i>			

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv									
			DATE	TIME												
<i>1</i>	<i>POINT OF ENTRY</i>	<i>G</i>	<i>7/25/05</i>	<i>0920</i>	<i>DW</i>	<i>1</i>		<i>X</i>								<i>1</i>

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: _____ Date _____ Time _____ Received by: _____ Date _____ Time _____

Shipment Out: / /	Method Via: _____	Sample Kit _____	Cooler # _____	1	<i>Alexander Lorenzo</i>	<i>7/25/05 1240</i>	<i>RJ</i>									
		RB _____	D/T _____	2												
		AB _____	D/T _____	3												
		Trip Bl. _____		4												

Received on ice: yes no QC sent received

2.9

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E53076

EPA Lab Code: FL01220

(407) 869-1919

E53076

Advanced Environmental Laboratories, Inc. - Orlando
528 South Northlake Blvd., Suite 1016
Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	3/16/2005
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	3/16/2005
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	1/21/2005
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	1/21/2005

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

NON-TRANSFERABLE 06/29/2005-E53076

0.7

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: WEATHERSFIELD PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 196 WEATHERSFIELD AVE.

City: ALT. SPRINGS State: FLA. ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: S.L. HAWS @ UTILITIES INC.

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052575-01 Location Code (if known): _____

Sample Date: 7/26/05 Sample Time: 7:10 AM PM (Circle One)

Sample Location (be specific): POE

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: ODOR TEST 2 OF 3

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, OPERATOR
(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 8/9/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____
Lab Assigned Report Number or Job ID A052575

Date Sample(s) Received: 7/26/2005 12:00:00
Sample Number (From page 1) A052575-01

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

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature:  Date: _____

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052575
Date Sampled: 7/26/2005
Date Received: 7/26/05 12:00
Date Reported: 7/28/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919
Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 7

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:

Report No.: A052575
Date/Time Sampled: 07/26/05 7:10
Date/Time Received: 7/26/05 12:00

Client Sample ID: 1
Site: POE
Sample Number: A052575-01

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1920	Odor	3.0	TON	2.0		E140.1	1.0	7/26/2005	16:50	E53076

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

0.4



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/26/05 12.00

Log-In request number: A052575

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

P.S

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 2

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

State Laboratory ID: E53076

EPA Lab Code: FL01220

(407) 869-1919

E53076

Advanced Environmental Laboratories, Inc. - Orlando

528 South Northlake Blvd., Suite 1016

Altamonte Springs, FL 32701

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	3/16/2005
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	3/16/2005
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	1/21/2005
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	1/21/2005

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

NON-TRANSFERABLE 06/29/2005-E53076

P-7

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: Weathersfield PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 196 WEATHERSFIELD

City: Alt. Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: S.L.HAWS@Utilities Inc-USA.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052598 Location Code (if known): POE

Sample Date: 7/27/05 Sample Time: 1025 AM PM (Circle One)

Sample Location (be specific): POE

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) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: ODOR TEST 3 of 3

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: NIA

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, OPERATOR
(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 9/6/05

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

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

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

Florida Certification #: E53076
Certification Expiration Date: 8/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1):
Date Sample(s) Received: 7/27/2005 10:50:00
Lab Assigned Report Number or Job ID A052598
Sample Number (From page 1) A052598
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: Myrna Santiago Date: 8/30/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No
Sample Analysis Info Satisfactory: Yes No
Replacement Sample(s) Requested
Revised Report Requested
Additional Monitoring Required
Reason(s): MCL(s) Exceeded, Detection(s), Incomplete Report, Missing Analyte Sheet(s), Location Unsatisfactory, Analysis Unsatisfactory, Other

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



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052598
Date Sampled: 7/27/2005
Date Received: 7/27/05 10:50
Date Reported: 8/2/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 3

Site: POE

Sample Number: A052598-01

Report No.: A052598

Date/Time Sampled: 07/27/05 10:25

Date/Time Received: 7/27/05 10:50

Sampled By: Alexander Lorenz

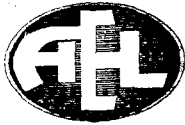
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1920	Odor	3.0	TON	2.0		E140.1	1.0	7/27/2005	16:20	E53076

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/27/2005 10.50

Log-In request number: A052598

Received by: BDM

Completed by: BDM

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	3				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:



Advanced Environmental Laboratories, Inc.

Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
 Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
 Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
 Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB #

A052598

CLIENT NAME: UTILITIES INC.		PROJECT NAME: WEATHERSFIELD		BOTTLE SIZE & TYPE	LAB NUMBER
ADDRESS: 200 WEATHERSFIELD AVE.		P.O. NUMBER / PROJECT NUMBER:			
PHONE: 407-809-1919 FAX:		PROJECT LOCATION: P.O.E			
CONTACT: KATHY SILLITOE		SAMPLED BY: ALEXANDER LORENZO			
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	REMARKS / SPECIAL INSTRUCTIONS: ODOR			PRESERV	

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	PRESERV	LAB NUMBER
			DATE	TIME				
3	POINT OF ENTRY	G	7/27/05	1025	DW	1	X	

I = Ice H = (HCl) S = (H₂SO₄) N = (HNO₃) T = (Sodium Thiosulfate) Relinquished by: Date Time Received by: Date Time

Shipment Out: / /	Method Via: _____	Sample Kit RB _____	Cooler # _____	1	Alexander Lorenzo	7/27/05	10 ⁵⁹	Brinn D. Melton	7/27/05	10 ⁵⁹
Ret: / /	Method Via: _____	Sample Kit AB _____	Cooler # _____	2						
		Sample Kit Trip Bl. _____	Cooler # _____	3						
				4						

Received on ice: yes no QC sent received

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

September 1, 2005

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

Re: Annual TTHM and HAA5s, 2005
Weathersfield Utilities, Inc.
PWS ID# 3591451

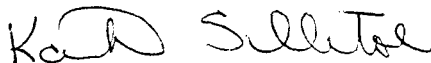
Dear Mr. Morrison:

Enclosed please find the results of samples taken July 13, 2005 and July 28, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe
Area Manager

EC: Patrick Flynn, Regional Director, UIOF
Scotty L. Haws, Assistant Operations Manager

**DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s])
EXAMPLE REPORTING FORMAT**

MONITORING FREQUENCY: <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> ANNUALLY	YEAR: 2005
QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	

SYSTEM INFORMATION	
PWS NAME: Weathersfield	
PWS ID NUMBER: 3591451	COUNTY: Seminole
CONTACT PERSON: Scotty Haws	PHONE NUMBER : 407-869-1919 EXT.234
E-MAIL ADDRESS (optional): S.L.Haws@Utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961

TTHM/HAA5 COMPLIANCE SUMMARY FOR PWSs MONITORING ON A QUARTERLY OR MORE FREQUENT BASIS									
TTHM COMPLIANCE SUMMARY					HAA5 COMPLIANCE SUMMARY				
Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4	Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4
Actual Quarter/Year					Actual Quarter/Year				
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*				
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters				
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)					Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)				
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)					Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)				

*Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	62.3	Calculate the arithmetic average all HAA5s samples taken over the last year	32.9
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

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: WEATHERSFIELD PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 196 WEATHERSFIELD AVE.

City: ALT. SPRINGS State: FLA. ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: S.L. HAWS@UTILITIES INC.

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052416-01 Location Code (if known): _____

Sample Date: 7/13/05 Sample Time: 8:35 AM PM (Circle One)

Sample Location (be specific): 794 HILLVIEW DR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: _____

<u>Sample Type (Check Only One)</u>	<u>Reason(s) for Sample (Check all that apply)</u>
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: NIA

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, OPERATOR
(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 8/15/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 7/13/2005 4:15:24
Lab Assigned Report Number or Job ID A052416 Sample Number (From page 1) A052416-01
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 7-22-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052416
Date Sampled: 7/13/2005
Date Received: 7/13/05 16:15
Date Reported: 7/21/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By: _____

Myrna Santiago
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 794 Hillview Dr
Sample Number: A052416-01

Report No.: A052416
Date/Time Sampled: 07/13/05 8:35
Date/Time Received: 7/13/05 16:15

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	39		E502.2	0.31	7/14/2005	16:12	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	7/14/2005	16:12	E82574
2943	Bromodichloromethane		ug/L	16		E502.2	0.38	7/14/2005	16:12	E82574
2944	Dibromochloromethane		ug/L	7.3		E502.2	0.28	7/14/2005	16:12	E82574

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/13/05 16.15

Log-In request number: A052416

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

P.S.
RPG

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052416

CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052416-01	1	THMs (DW)	Drinking Water	7/13/2005 8:35	7/13/05 16:15	7/27/2005	_____	40mL VOC vial

Orlando Relinquisher: _____



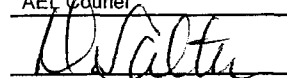
Shipping Receiver: AEL Courier

Date/Time: _____

7/13/05 1700

Shipping Relinquisher: AEL Courier

Jacksonville Receiver: _____



Date/Time: _____

7/14/05 0915

Handwritten initials

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 04/24/2005-E82574

P.8

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 7/28/2005 2:35:00
Lab Assigned Report Number or Job ID A052633 Sample Number (From page 1) A052633
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 |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 8/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052633
Date Sampled: 7/28/2005
Date Received: 7/28/05 14:35
Date Reported: 8/23/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By: _____

Myrna Santiago
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 794 Hillview Dr
Sample Number: A052633-01

Report No.: A052633
Date/Time Sampled: 07/28/05 8:35
Date/Time Received: 7/28/05 14:35
Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/5/2005	14:21	E82574
2451	Dichloroacetic Acid		ug/L	14		E552.2	0.56	8/5/2005	14:21	E82574
2452	Trichloroacetic Acid		ug/L	15		E552.2	0.60	8/5/2005	14:21	E82574
2453	Bromoacetic Acid		ug/L	1.2	i	E552.2	0.34	8/5/2005	14:21	E82574
2454	Dibromoacetic Acid		ug/L	2.7	132.9	E552.2	0.45	8/5/2005	14:21	E82574

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 7/28/05

14.35

Log-In request number: A052633

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

05

Chain-of-Custody for AEL Orlando to AEL Jax

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

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

Contact Person: Myrna Santiago



Project #: A052633


CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052633-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005 8:35	7/28/05 14:35	8/11/2005		40mL Vial Amber

Orlando Relinquisher: 
Shipping Relinquisher:  AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: 

Date/Time: 7/28/05 12w
Date/Time: 7/29/05 950



Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

LAB NUMBER:

A052633

CLIENT NAME: Utilities Inc.		PROJECT NAME: Weathersfield				BOTTLE SIZE & TYPE	40mL Vials							LAB NUMBER	
ADDRESS: 200 Weathersfield Ave		P.O. NUMBER/PROJECT NUMBER:				ANALYSIS REQUIRED	HAA								
Altamonte Springs, FL 32714		PROJECT LOCATION:													
PHONE: 407-448-1715		FAX:													
CONTACT: Kathy Sillitoe		SAMPLED BY: ALEXANDER LORENZO													
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:													
<input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH															
WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge															
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	NH4Cl							
			DATE	TIME											
1	794 HILLVIEW DR.	G	7/28/05	08:35	WW PW	3		X							
I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)						Relinquish by:		Date	Time	Received by:	Date	Time			
Shipment	Method	Sample Kit	Cooler #	1	Alexander Lorenzo	7/28/05	1935	[Signature]	7/28/05	1935					
Out	Via:	RB	D/T	2											
Ret	Via:	AB	D/T	3											
		Trip Bl.		4											

Received on Ice Yes No QC sent received

07

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Antimony	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Arsenic	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromodichloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

08

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

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

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

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

NON-TRANSFERABLE 06/29/2005-E82574

09

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 06/29/2005-E82574



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

24

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FILE COPY

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

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

May 5, 2005

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

Re: Annual Nitrate and Nitrite Analysis, 2005
Tri Annual Sampling, SOCs, VOCs,
Primary and Secondary Inorganic
Weathersfield Utilities, Inc.
PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results of samples taken March 15, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES Inc. Of Florida



Kathy Sillitoe
Area Manager

EC: Patrick Flynn, Regional Director, UIOF
Scotty L. Haws, Assistant Operations Manager

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 3/15/2005 8:38:00
Lab Assigned Report Number or Job ID A050871 Sample Number (From page 1) A050871-01
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 |
| <input checked="" type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | Secondaries |
| | | | <input checked="" type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574 E84589 E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 4/20/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:
Attention: Kathy Sillitoe
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Report No.: A050871
Date Sampled: 3/15/2005
Date Received: 3/15/05 8:38
Date Reported: 4/20/2005

Project Description

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

Project Name: Weathersfield

Approved By: _____

Myrna Santiago
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 21

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050871-01

Report No.: A050871

Date/Time Sampled: 03/15/05 8:15

Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle

Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Nitrate + Nitrite (as N)	10	mg/L	0.027	U	SM4500NO3-F	0.027	3/16/2005	17:42	E82574
1005	Arsenic	0.010	mg/L	0.0070	U	E200.7	0.0070	3/18/2005	10:31	E82574
1010	Barium	2.0	mg/L	0.0058	i	E200.7	0.0025	3/18/2005	10:31	E82574
1015	Cadmium	0.0050	mg/L	0.00021	U	E200.7	0.00021	3/18/2005	10:31	E82574
1020	Chromium	0.10	mg/L	0.00016	U	E200.7	0.00016	3/18/2005	10:31	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	3/22/2005	9:30	E84589
1025	Fluoride	4.0	mg/L	0.20	i	SM4500F-C	0.061	3/17/2005	13:00	E84589
1030	Lead	0.015	mg/L	0.0013	U	SM3113B	0.0013	3/18/2005	14:08	E82574
1035	Mercury	0.0020	mg/L	0.000020	U	E245.1	0.000020	3/17/2005	12:37	E82574
1036	Nickel	0.10	mg/L	0.0026	U	E200.7	0.0026	3/18/2005	10:31	E82574
1040	Nitrate (as N)	10	mg/L	0.014	U	SM4500NO3-F	0.014	3/16/2005	17:42	E82574
1040	Nitrate (as N)	10	mg/L	0.027	U	SM4500NO3-F	0.027	3/17/2005	8:40	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	3/17/2005	8:40	E84589
1041	Nitrite (as N)	1.0	mg/L	0.013	i	SM4500NO3-F	0.013	3/16/2005	17:42	E82574
1045	Selenium	0.050	mg/L	0.0016	U	SM3113B	0.0016	3/16/2005	11:15	E82574
1052	Sodium	160	mg/L	13		E200.7	0.0084	3/18/2005	10:31	E82574
1074	Antimony	0.0060	mg/L	0.0025	U	SM3113B	0.0025	3/17/2005	13:50	E82574
1075	Beryllium	0.0040	mg/L	0.000027	U	E200.7	0.000027	3/18/2005	10:31	E82574
1085	Thallium	0.0020	mg/L	0.0016	U	E200.9	0.0016	3/18/2005	16:43	E82574

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:

Report No.: A050871
Date/Time Sampled: 03/15/05 8:15
Date/Time Received: 3/15/05 8:38

Client Sample ID: 1
Site: Point of Entry
Sample Number: A050871-01

Sampled By: Roy Mericle
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.025	i	E200.7	0.017	3/18/2005	10:31	E82574
1017	Total Chlorides	250	mg/L	21		E325.3	1.3	3/21/2005	11:16	E84589
1022	Copper	1.0	mg/L	0.0046		E200.7	0.00096	3/18/2005	10:31	E82574
1025	Fluoride	2.0	mg/L	0.20	i	SM4500F-C	0.061	3/17/2005	13:00	E84589
1028	Iron	0.30	mg/L	0.016	U	E200.7	0.016	3/18/2005	10:31	E82574
1032	Manganese	0.050	mg/L	0.0020		E200.7	0.00022	3/18/2005	10:31	E82574
1050	Silver	0.10	mg/L	0.0019	U	E200.7	0.0019	3/18/2005	10:31	E82574
1055	Sulfate (as SO4)	250	mg/L	5.2	i	E375.4	1.4	3/29/2005	9:10	E84589
1095	Zinc	5.0	mg/L	0.0077	i	E200.7	0.0072	3/18/2005	10:31	E82574
1905	* Color	15	Color Uni	5.0	U	SM2120B	5.0	3/16/2005	16:30	E84589
1925	pH	6.5-8.5	pH Unite	7.95	Q	E150.1	1.0	3/16/2005	16:45	E84589
1930	Total Dissolved Solids	500	mg/L	200		E160.1	10	3/17/2005	16:00	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.035	U	E425.1	0.035	3/16/2005	15:30	E84589

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

15

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050871-01

Report No.: A050871

Date/Time Sampled: 03/15/05 8:15

Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle

Shipping Method: Client drop off

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/16/2005	19:26	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/16/2005	19:26	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	3/16/2005	19:26	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	3/16/2005	19:26	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	3/16/2005	19:26	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	3/16/2005	19:26	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	3/16/2005	19:26	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	3/16/2005	19:26	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	3/16/2005	19:26	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	3/16/2005	19:26	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	3/16/2005	19:26	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/16/2005	19:26	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	3/16/2005	19:26	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	3/16/2005	19:26	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	3/16/2005	19:26	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/16/2005	19:26	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	3/16/2005	19:26	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	3/16/2005	19:26	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	3/16/2005	19:26	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	3/16/2005	19:26	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	3/16/2005	19:26	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 BAYVIEW BOULEVARD, CLOSMAR, FL 31677 TEL: 255-1244 FAX: 255-2812

Advanced Environmental Laboratories, Inc.
528 S. North Lake Blvd. Suite 1016
Altamonte Springs, FL 32701-

March 25, 2005
Project No: 49354

Laboratory Report

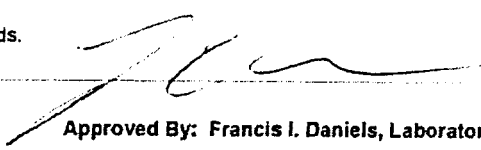
FDEP Report form attached for the following samples:

Client Project Description: A050871

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
49354.01	A050871-01	03/15/05 08:15	03/18/05 09:50

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited


Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories, Inc.

A050871

Sample ID: A050871-01

March 25, 2006

Sample No.: 49354.01

PWS ID: _____

Synthetic Organics 62-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	03/22/05	03/23/05	04:23	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	03/22/05	03/23/05	04:23	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	03/22/05	03/23/05	04:23	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	03/22/05	03/24/05	12:45	E84129
2031	Dalapon	200	µg/L	1	U	EPA 515.3	1	1	03/22/05	03/23/05	10:46	E84129
2032	Diquat	20	µg/L	1	U	EPA 549.2	1	0.4	03/21/05	03/22/05	17:26	E84129
2033	Endothall	100	µg/L	20	U	EPA 548.1	20	9	03/22/05	03/23/05	18:00	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		03/22/05	19:54	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.3	U	EPA 525.2	0.3	0.6	03/22/05	03/23/05	04:23	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		03/21/05	18:21	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	03/22/05	03/23/05	04:23	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	03/22/05	03/23/05	04:23	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	03/22/05	03/23/05	10:46	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 515.3	0.5	0.2	03/22/05	03/23/05	10:46	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 525.2	0.2	0.1	03/22/05	03/23/05	04:23	E84129
2046	Carbofuran	40	µg/L	0.5	U	EPA 531.1	0.5	0.9		03/21/05	18:21	E84129
2050	Atrazine	3	µg/L	0.06	U	EPA 525.2	0.06	0.1	03/22/05	03/23/05	04:23	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	03/22/05	03/23/05	04:23	E84129
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	03/22/05	03/23/05	04:23	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	03/22/05	03/23/05	04:23	E84129
2105	2,4-D	70	µg/L	1	U	EPA 515.3	1	0.1	03/22/05	03/23/05	10:46	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	03/22/05	03/23/05	10:46	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	03/22/05	03/23/05	04:23	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	03/22/05	03/23/05	04:23	E84129
2326	Pentachlorophenol	1	µg/L	0.1	U	EPA 515.3	0.1	0.04	03/22/05	03/23/05	10:46	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	03/22/05	03/24/05	12:45	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	03/21/05	03/22/05	03:45	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 504.1	0.005	0.01	03/21/05	03/22/05	03:45	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	03/22/05	03/24/05	12:45	E84129

* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 3/15/05 08.38

Log-In request number: A050871

Received by: ✓

Completed by: ✓

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Jeb Bush
 Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
 Southern Analytical Laboratories, Inc.
 110 Bayview Blvd
 Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1,2-Tetrachloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,1,2,2-Tetrachloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,1-Dichloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,1-Dichloropropene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,2,3-Trichlorobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
1,2,3-Trichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,2,4-Trimethylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	3/22/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	3/22/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,3,5-Trimethylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
1,3-Dichlorobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,3-Dichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
2,2-Dichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
2,4,6-Trichlorophenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
2,4,6-Trichlorophenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2,4-D	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
2,4-Dinitrotoluene (2,4-DNT)	EPA 525.2	Group III Unregulated Contaminants	NELAP	3/6/2003
2,4-Dinitrotoluene (2,4-DNT)	EPA 609	Group III Unregulated Contaminants	NELAP	3/22/2002
2,4-Dinitrotoluene (2,4-DNT)	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2,6-Dinitrotoluene (2,6-DNT)	EPA 525.2	Group III Unregulated Contaminants	NELAP	3/6/2003
2,6-Dinitrotoluene (2,6-DNT)	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Chlorophenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Chlorophenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Chlorotoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
2-Methyl-4,6-dinitrophenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Methyl-4,6-dinitrophenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
3-Hydroxycarbofuran	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129

**Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677**

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
4,4'-DDD	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
4,4'-DDD	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
4,4'-DDE	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
4,4'-DDE	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
4,4'-DDT	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
4,4'-DDT	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
4-Chlorotoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
4-Isopropyltoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Acetochlor	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/6/2003
Acifluorfen	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
Alachlor	EPA 507	Synthetic Organic Contaminants	NELAP	3/22/2002
Alachlor	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Aldicarb (Temik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldrin	EPA 508	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldrin	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Aldrin	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Alkalinity as CaCO ₃	SM 2320 B	Primary Inorganic Contaminants	NELAP	3/22/2002
alpha-BHC (alpha-Hexachlorocyclohexane)	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Ametryn	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Atrazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/22/2002
Atrazine	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Benzo(a)pyrene	EPA 550.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Beryllium	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
beta-BHC (beta-Hexachlorocyclohexane)	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 506	Synthetic Organic Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Bromacil	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
Bromate	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Bromoacetic acid	EPA 552.2	Synthetic Organic Contaminants, Group I Unregulated Contaminants	NELAP	3/22/2002
Bromobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	7/2/2002
Bromochloromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Bromodichloromethane	EPA 502.2	Group II Unregulated Contaminants, Other Regulated Contaminants	NELAP	3/22/2002
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	3/22/2002
Butachlor	EPA 507	Group I Unregulated Contaminants	NELAP	3/22/2002
Butachlor	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Butyl benzyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Butyl benzyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Cadmium	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Carbaryl (Sevin)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Chlordane (tech.)	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	3/22/2002
Chloride	EPA 325.2	Secondary Inorganic Contaminants	NELAP	3/22/2002
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/22/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Chloroacetic acid	EPA 552.2	Synthetic Organic Contaminants, Group I Unregulated Contaminants	NELAP	3/22/2002
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Chloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Chloroform	EPA 502.2	Group II Unregulated Contaminants, Other Regulated Contaminants	NELAP	3/22/2002
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
cis-1,3-Dichloropropene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	3/22/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	3/22/2002
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	3/22/2002
Dacthal (DCPA)	EPA 515.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Dacthal (DCPA)	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
Dalapon	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
DCPA di acid degradate	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
DCPA mono-acid	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
delta-BHC	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Di(2-ethylhexyl)adipate	EPA 506	Synthetic Organic Contaminants	NELAP	3/22/2002
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants, Synthetic Organic Contaminants	NELAP	3/22/2002
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	3/22/2002
Dibromomethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Dicamba	EPA 515.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants, Synthetic Organic Contaminants	NELAP	3/22/2002
Dichlorodifluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Dieldrin	EPA 508	Group I Unregulated Contaminants	NELAP	3/22/2002
Dieldrin	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Dieldrin	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Diethyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Diethyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Dimethyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Dimethyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Di-n-butyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Di-n-butyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Di-n-octyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129



Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
 Southern Analytical Laboratories, Inc.
 110 Bayview Blvd
 Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Di-n-octyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Endosulfan I	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Endosulfan II	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Endosulfan sulfate	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	7/19/2002
Endrin	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Endrin	EPA 525.2	Synthetic Organic Contaminants	NELAP	7/19/2002
Endrin aldehyde	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
EPTC (Eptam, s-ethyl-dipropyl thio carbamate)	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	3/22/2002
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Fluoride	SM 4500 F-C	Secondary Inorganic Contaminants, Primary Inorganic Contaminants	NELAP	3/22/2002
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	3/22/2002
Gross-alpha	EPA 00- 02	Radiochemistry	NELAP	4/1/2004
Gross-alpha	EPA 900	Radiochemistry	NELAP	4/1/2004
Gross-beta	EPA 900	Radiochemistry	NELAP	4/1/2004
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Heptachlor	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Heptachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Heptachlor epoxide	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Heptachlor epoxide	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorobenzene	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Hexachlorobenzene	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorobutadiene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003

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

NON-TRANSFERABLE 07/19/2004-E84129



Laboratory Scope of Accreditation

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

State Laboratory ID: E84129 EPA Lab Code: FL00237 (813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorocyclopentadiene	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Hexachlorocyclopentadiene	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexazinone (Velpar)	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Isophorone	EPA 525.2	Group III Unregulated Contaminants	NELAP	3/6/2003
Isophorone	EPA 609	Group III Unregulated Contaminants	NELAP	3/22/2002
Isophorone	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Isopropylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	3/22/2002
Methomyl (Lannate)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Methoxychlor	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Methoxychlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Methyl bromide (Bromomethane)	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Methyl chloride (Chloromethane)	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Methyl tert-butyl ether (MTBE)	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Metolachlor	EPA 507	Group I Unregulated Contaminants	NELAP	3/22/2002
Metolachlor	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Metribuzin	EPA 507	Group I Unregulated Contaminants	NELAP	3/22/2002
Metribuzin	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Molinate	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Naphthalene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Natural uranium	EPA 908	Radiochemistry	NELAP	4/1/2004
n-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrate	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrite	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Norflurazon	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
n-Propylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
 Governor



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

Laboratory Scope of Accreditation

Page 7 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
 Southern Analytical Laboratories, Inc.
 110 Bayview Blvd
 Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	3/22/2002
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
PCBs	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Pentachlorophenol	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Pentachlorophenol	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
Phenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
Phenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Picloram	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Propachlor (Ramrod)	EPA 508	Group I Unregulated Contaminants	NELAP	3/22/2002
Propachlor (Ramrod)	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Propachlor (Ramrod)	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Radium-226	EPA 903.1	Radiochemistry	NELAP	4/1/2004
Radium-228	EPA Ra-05	Radiochemistry	NELAP	4/1/2004
sec-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Selenium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Silver	SM 3113 B	Secondary Inorganic Contaminants	NELAP	3/22/2002
Silvex (2,4,5-TP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Simazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/22/2002
Simazine	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Sulfate	EPA 300.0	Secondary Inorganic Contaminants	NELAP	3/22/2002
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	3/22/2002
Terbacil	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
tert-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	3/22/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
Governor



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

Page 8 of 32

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	3/22/2002
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	3/22/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/22/2002
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Toxaphene (Chlorinated camphene)	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
trans-1,3-Dichloropropylene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Trichloroacetic acid	EPA 552.2	Synthetic Organic Contaminants, Group I Unregulated Contaminants	NELAP	3/22/2002
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Trichlorofluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	3/6/2003
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

47557

Chain-of-Custody for AEL Orlando to ~~Southern Analytical~~ ^{THE WATER PILOT}

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

Southern Analytical ~~THE WATER PILOT~~
110 Bayview Blvd. 5806 E. HWY 22
Oldsmar, FL 34677 PANAMA CITY, FL 3240
813-855-1844 850-871-1900
Contact Person: Sample Receiving - ~~Sample Receiver~~

Contact Person: Myrna Santiago

Project #: A050871

Department: SA

Check if Rush

01

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050871-01	1	62-550 549.2	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	3	1LG, ST
A050871-01	1	62-550 548	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	1	1LAP, ST
A050871-01	1	62-550 547	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	3	40mL AV, ST
A050871-01	1	62-550 531.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	1	40mL, MUA, ST
A050871-01	1	62-550 525.2	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	1	40mL, NH4Cl
A050871-01	1	62-550 515.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	4	40mL, ST
A050871-01	1	62-550 508.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005		
A050871-01	1	62-550 504.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005		

Orlando Relinquisher:

[Signature]
UPS

Shipping Relinquisher:

Shipping Receiver:

UPS

Date/Time: 3/15/2005 3:00:30 PM

Southern Analytical Receiver:

[Signature]

Date/Time: 3/18/05, 0952

pl8

Chain-of-Custody for AEL Orlando to AEL Jax

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


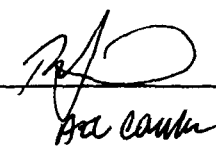
AEL Jax
6601 Southpoint Parkway
Jacksonville, FL 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde


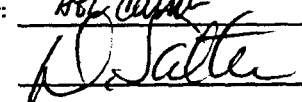
Contact Person: Myrna Santiago

Project #: A050871
CustomerName: Utilities, Inc.
Collector: Roy Mericle

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050871-01	1	-550 Metals ICP (Primary) C	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	1L Poly
A050871-01	1	i50 Metals ICP (Secondary)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	1L Poly
A050871-01	1	62-550 VOCs DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	40mL VOC Vial
A050871-01	1	Hg (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Nitrate (J)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Nitrate + Nitrite (J)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	Nitrite (J)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Pb (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Sb (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Se (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Tl (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)

 Orlando Relinquisher: _____
Shipping Relinquisher:  _____

Shipping Receiver:  _____
Jacksonville Receiver:  _____

Date/Time: 3/15/05 1700
Date/Time: 3/16/05 1000

Chain-of-Custody for AEL Orlando to AEL Tampa

AEL Orlando
528 South North Lake Blvd, Suite 1016
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A050871

CustomerName: Utilities, Inc.

Collector: Roy Mericle

AEL Tampa
5810-D Breckinridge Parkway
Tampa, FL 33610
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050871-01	1	Chlorides (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	Color (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Cyanide (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly
A050871-01	1	Fluoride (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	Fluorides (T)-DW Secondary	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	MBAS (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	500mL Poly
A050871-01	1	Nitrate (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Nitrite (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Odor (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/15/2005	_____	2oz. Glass Jar
A050871-01	1	pH (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/15/2005	_____	250mL Poly
A050871-01	1	Sulfate (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	TDS (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	_____	500mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: UPS

Shipping Receiver: 

Tampa Receiver: 

Date/Time: 3/15/05 1700

Date/Time: 3/16/05 1300

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

RECEIVED
MAR 28 2005

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

System Name: Weathersfield PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 200 Weathersfield Ave.

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1979 Fax #: 407-869-6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A050879-01 Location Code (if known): PDE

Sample Date: 3/15/05 Sample Time: 14:45 AM PM (Circle One)

Sample Location (be specific): PDE

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

Sample Type (Check Only One)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Quarter? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

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

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

Sampler's Name: Roy Mericle

Sampler's Phone #: 407-948-4219 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Roy J. Mericle, Operator
(Print Name) (Print Title)

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

Signature: [Signature] Date: 4-5-05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 3/15/2005 2:50:00
Lab Assigned Report Number or Job ID A050879 Sample Number (From page 1) A050879-01
Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply):

- | | | | |
|--|---|---|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input checked="" type="checkbox"/> Dioxin Only | <input checked="" type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 3/24/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A050879
Date Sampled: 3/15/2005
Date Received: 3/15/05 14:50
Date Reported: 3/24/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By:



Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050879-01

Report No.: A050879

Date/Time Sampled: 03/15/05 14:45

Date/Time Received: 3/15/05 14:50

Sampled By: Roy Mericle

Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1920	Odor	3.0	TON	4.0		SM2150B	1.0	3/16/2005	13:15	E82574

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 3/15/05 14.50

Log-In request number: A050871

Received by: ✓

Completed by: ✓

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

20

03/24/2005 12:01 #159 P.002/002

From: ADVANCED ENVIRONMENTAL LABS 904 363 9354

Chain-of-Custody for AEL Orlando to AEL Jax

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



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


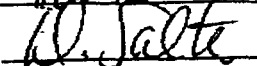
Contact Person: Myrna Santiago

Project #: A050879
CustomerName: Utilities, Inc.
Collector: Roy Mericle

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050879-01	1	Odor (J-DW)	Drinking Water	3/15/2005 14:45	3/15/05 14:50	3/15/2005	_____	250mL Poly

 Orlando Relinquisher: _____
 Shipping Relinquisher:  _____

Shipping Receiver:  _____
 Jacksonville Receiver:  _____

Date/Time: 3/15/05 1700
 Date/Time: 3/16/05 1100



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/30/2004-E82574

**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: Weatherfield PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: Weatherfield Ave.
Altamonte Springs, FL

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919 Fax #: 407-869-6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A050871 Location Code (if known): _____

Sample Date: 3/15/05 Sample Time: 8:15 AM PM (Circle One)

Sample Location (be specific): _____

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

<u>Sample Type (Check Only One)</u>	<u>Reason(s) for Sample (Check all that apply)</u>
<input type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

Sampler's Name: Roy Mericle

Sampler's Phone #: 407-948-4219 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Roy J. Mericle (Print Name), Operator (Print Title)

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

Signature: Roy J. Mericle Date: 5-3-05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 3/15/2005 8:38:00

Lab Assigned Report Number or Job ID A050871

Sample Number (From page 1) A050871-01

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

- | | | | |
|--|---|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input checked="" type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input checked="" type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574 E84589 E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 4/20/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A050871
Date Sampled: 3/15/2005
Date Received: 3/15/05 8:38
Date Reported: 4/20/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 21

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:

Report No.: A050871
Date/Time Sampled: 03/15/05 8:15
Date/Time Received: 3/15/05 8:38

Client Sample ID: 1
Site: Point of Entry
Sample Number: A050871-01

Sampled By: Roy Mericle
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Nitrate + Nitrite (as N)	10	mg/L	0.027	U	SM4500NO3-F	0.027	3/16/2005	17:42	E82574
1005	Arsenic	0.010	mg/L	0.0070	U	E200.7	0.0070	3/18/2005	10:31	E82574
1010	Barium	2.0	mg/L	0.0058	i	E200.7	0.0025	3/18/2005	10:31	E82574
1015	Cadmium	0.0050	mg/L	0.00021	U	E200.7	0.00021	3/18/2005	10:31	E82574
1020	Chromium	0.10	mg/L	0.00016	U	E200.7	0.00016	3/18/2005	10:31	E82574
1024	Cyanide	0.20	mg/L	0.0049	U	SM4500CN-E	0.0049	3/22/2005	9:30	E84589
1025	Fluoride	4.0	mg/L	0.20	i	SM4500F-C	0.061	3/17/2005	13:00	E84589
1030	Lead	0.015	mg/L	0.0013	U	SM3113B	0.0013	3/18/2005	14:08	E82574
1035	Mercury	0.0020	mg/L	0.000020	U	E245.1	0.000020	3/17/2005	12:37	E82574
1036	Nickel	0.10	mg/L	0.0026	U	E200.7	0.0026	3/18/2005	10:31	E82574
1040	Nitrate (as N)	10	mg/L	0.014	U	SM4500NO3-F	0.014	3/16/2005	17:42	E82574
1040	Nitrate (as N)	10	mg/L	0.027	U	SM4500NO3-F	0.027	3/17/2005	8:40	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	3/17/2005	8:40	E84589
1041	Nitrite (as N)	1.0	mg/L	0.013	i	SM4500NO3-F	0.013	3/16/2005	17:42	E82574
1045	Selenium	0.050	mg/L	0.0016	U	SM3113B	0.0016	3/16/2005	11:15	E82574
1052	Sodium	160	mg/L	13		E200.7	0.0084	3/18/2005	10:31	E82574
1074	Antimony	0.0060	mg/L	0.0025	U	SM3113B	0.0025	3/17/2005	13:50	E82574
1075	Beryllium	0.0040	mg/L	0.000027	U	E200.7	0.000027	3/18/2005	10:31	E82574
1085	Thallium	0.0020	mg/L	0.0016	U	E200.9	0.0016	3/18/2005	16:43	E82574

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an i, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.

Project Name: Weathersfield

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A050871-01

Report No.: A050871

Date/Time Sampled: 03/15/05 8:15

Date/Time Received: 3/15/05 8:38

Sampled By: Roy Mericle

Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1002	Aluminum	0.20	mg/L	0.025	i	E200.7	0.017	3/18/2005	10:31	E82574
1017	Total Chlorides	250	mg/L	21		E325.3	1.3	3/21/2005	11:16	E84589
1022	Copper	1.0	mg/L	0.0046		E200.7	0.00096	3/18/2005	10:31	E82574
1025	Fluoride	2.0	mg/L	0.20	i	SM4500F-C	0.061	3/17/2005	13:00	E84589
1028	Iron	0.30	mg/L	0.016	U	E200.7	0.016	3/18/2005	10:31	E82574
1032	Manganese	0.050	mg/L	0.0020		E200.7	0.00022	3/18/2005	10:31	E82574
1050	Silver	0.10	mg/L	0.0019	U	E200.7	0.0019	3/18/2005	10:31	E82574
1055	Sulfate (as SO4)	250	mg/L	5.2	i	E375.4	1.4	3/29/2005	9:10	E84589
1095	Zinc	5.0	mg/L	0.0077	i	E200.7	0.0072	3/18/2005	10:31	E82574
1905	Color	15	Color Uni	5.0	U	SM2120B	5.0	3/16/2005	16:30	E84589
1925	pH	6.5-8.5	pH Units	7.95	Q	E150.1	1.0	3/16/2005	16:45	E84589
1930	Total Dissolved Solids	500	mg/L	200		E160.1	10	3/17/2005	16:00	E84589
2905	MBAS, as LAS, mol. wt. 340	0.50	mg/L	0.035	U	E425.1	0.035	3/16/2005	15:30	E84589

i The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

Q Sample held beyond the acceptable hold time.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an i, the PQL is defined to be 4 times the MDL

f

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
 Project Name: Weathersfield
 Matrix: Drinking Water
 PWS ID#:

Report No.: A050871
 Date/Time Sampled: 03/15/05 8:15
 Date/Time Received: 3/15/05 8:38

Client Sample ID: 1
 Site: Point of Entry
 Sample Number: A050871-01

Sampled By: Roy Mericle
 Shipping Method: Client drop off

Volatile Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/16/2005	19:26	E82574
2380	Cis-1,2-dichloroethene	70	ug/L	0.20	U	E502.2	0.20	1.0	3/16/2005	19:26	E82574
2955	Xylenes (Total)	10000	ug/L	0.50	U	E502.2	0.50	1.0	3/16/2005	19:26	E82574
2964	Methylene Chloride	5.0	ug/L	0.44	U	E502.2	0.44	1.0	3/16/2005	19:26	E82574
2968	1,2-Dichlorobenzene	600	ug/L	0.26	U	E502.2	0.26	1.0	3/16/2005	19:26	E82574
2969	1,4-Dichlorobenzene	75	ug/L	0.11	U	E502.2	0.11	1.0	3/16/2005	19:26	E82574
2976	Vinyl Chloride	1.0	ug/L	0.29	U	E502.2	0.29	1.0	3/16/2005	19:26	E82574
2977	1,1-Dichloroethene	7.0	ug/L	0.21	U	E502.2	0.21	1.0	3/16/2005	19:26	E82574
2979	Trans-1,2-dichloroethene	100	ug/L	0.27	U	E502.2	0.27	1.0	3/16/2005	19:26	E82574
2980	1,2-Dichloroethane	3.0	ug/L	0.22	U	E502.2	0.22	1.0	3/16/2005	19:26	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.33	U	E502.2	0.33	1.0	3/16/2005	19:26	E82574
2982	Carbon Tetrachloride	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/16/2005	19:26	E82574
2983	1,2-Dichloropropane	5.0	ug/L	0.22	U	E502.2	0.22	1.0	3/16/2005	19:26	E82574
2984	Trichloroethene	3.0	ug/L	0.28	U	E502.2	0.28	1.0	3/16/2005	19:26	E82574
2985	1,1,2-Trichloroethane	5.0	ug/L	0.32	U	E502.2	0.32	1.0	3/16/2005	19:26	E82574
2987	Tetrachloroethene	3.0	ug/L	0.31	U	E502.2	0.31	1.0	3/16/2005	19:26	E82574
2989	Chlorobenzene	100	ug/L	0.18	U	E502.2	0.18	1.0	3/16/2005	19:26	E82574
2990	Benzene	1.0	ug/L	0.21	U	E502.2	0.21	1.0	3/16/2005	19:26	E82574
2991	Toluene	1000	ug/L	0.10	U	E502.2	0.10	1.0	3/16/2005	19:26	E82574
2992	Ethylbenzene	700	ug/L	0.15	U	E502.2	0.15	1.0	3/16/2005	19:26	E82574
2996	Styrene	100	ug/L	0.14	U	E502.2	0.14	1.0	3/16/2005	19:26	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 SAWVIEW BOULEVARD, OLDSMAR, FL 34677 813-955-1844 FAX 813-955-3110

Advanced Environmental Laboratories, Inc.
528 S. North Lake Blvd. Suite 1016
Altamonte Springs, FL 32701-

March 25, 2005
Project No: 49354

Laboratory Report


FDEP Report form attached for the following samples:

Client Project Description: A050871

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
49354.01	A050871-01	03/15/05 08:15	03/18/05 09:50

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited


Approved By: Francis J. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories, Inc.

A050871

Sample ID: A050871-01

March 25, 2005

Sample No.: 49354.01

PWS ID: _____

Synthetic Organics 62-550.310(4)(b)

Contaminant ID	Contaminant Name	MCL	Analysis		Analytical Method	Lab MDL	RDL **	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification#	
			Units	Result								Qualifier*
2005	Endrin	2	µg/L	0.1	U	EPA 525.2	0.1	0.01	03/22/05	03/23/05	04:23	E84129
2010	Lindane	0.2	µg/L	0.06	U	EPA 525.2	0.06	0.02	03/22/05	03/23/05	04:23	E84129
2015	Methoxychlor	40	µg/L	0.05	U	EPA 525.2	0.05	0.1	03/22/05	03/23/05	04:23	E84129
2020	Toxaphene	3	µg/L	0.5	U	EPA 508.1	0.5	1	03/22/05	03/24/05	12:45	E84129
2031	Dalapon	200	µg/L	1	U	EPA 515.3	1	1	03/22/05	03/23/05	10:46	E84129
2032	Diquat	20	µg/L	1	U	EPA 549.2	1	0.4	03/21/05	03/22/05	17:26	E84129
2033	Endothal	100	µg/L	20	U	EPA 548.1	20	9	03/22/05	03/23/05	18:00	E84129
2034	Glyphosate	700	µg/L	10	U	EPA 547	10	6		03/22/05	19:54	E84129
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.3	U	EPA 525.2	0.3	0.6	03/22/05	03/23/05	04:23	E84129
2036	Oxamyl (Vydate)	200	µg/L	0.5	U	EPA 531.1	0.5	2		03/21/05	18:21	E84129
2037	Simazine	4	µg/L	0.07	U	EPA 525.2	0.07	0.07	03/22/05	03/23/05	04:23	E84129
2039	Di(2-ethylhexyl)phthalate	6	µg/L	1.0	U	EPA 525.2	1.0	0.6	03/22/05	03/23/05	04:23	E84129
2040	Picloram	500	µg/L	0.75	U	EPA 515.3	0.75	0.1	03/22/05	03/23/05	10:46	E84129
2041	Dinoseb	7	µg/L	0.5	U	EPA 515.3	0.5	0.2	03/22/05	03/23/05	10:46	E84129
2042	Hexachlorocyclopentadiene	50	µg/L	0.2	U	EPA 525.2	0.2	0.1	03/22/05	03/23/05	04:23	E84129
2046	Carbofuran	40	µg/L	0.5	U	EPA 531.1	0.5	0.9		03/21/05	18:21	E84129
2050	Atrazine	3	µg/L	0.06	U	EPA 525.2	0.06	0.1	03/22/05	03/23/05	04:23	E84129
2051	Alachlor	2	µg/L	0.2	U	EPA 525.2	0.2	0.2	03/22/05	03/23/05	04:23	E84129
2065	Heptachlor	0.4	µg/L	0.08	U	EPA 525.2	0.08	0.04	03/22/05	03/23/05	04:23	E84129
2067	Heptachlor Epoxide	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	03/22/05	03/23/05	04:23	E84129
2105	2,4-D	70	µg/L	1	U	EPA 515.3	1	0.1	03/22/05	03/23/05	10:46	E84129
2110	2,4,5-TP (Silvex)	50	µg/L	0.25	U	EPA 515.3	0.25	0.2	03/22/05	03/23/05	10:46	E84129
2274	Hexachlorobenzene	1	µg/L	0.05	U	EPA 525.2	0.05	0.1	03/22/05	03/23/05	04:23	E84129
2306	Benzo(a)pyrene	0.2	µg/L	0.1	U	EPA 525.2	0.1	0.02	03/22/05	03/23/05	04:23	E84129
2326	Pentachlorophenol	1	µg/L	0.1	U	EPA 515.3	0.1	0.04	03/22/05	03/23/05	10:46	E84129
2383	(PCBs)	0.5	µg/L	0.2	U	EPA 508.1	0.2	0.1	03/22/05	03/24/05	12:45	E84129
2931	Dibromochloropropane	0.2	µg/L	0.005	U	EPA 504.1	0.005	0.02	03/21/05	03/22/05	03:45	E84129
2946	Ethylene Dibromide (EDB)	0.02	µg/L	0.005	U	EPA 504.1	0.005	0.01	03/21/05	03/22/05	03:45	E84129
2959	Chlordane	2	µg/L	0.05	U	EPA 508.1	0.05	0.2	03/22/05	03/24/05	12:45	E84129

* Qualifiers:

U

Analyte was undetected. Indicated concentration is method detection limit.

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b)



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 3/15/05 08.38

Log-In request number: A050871

Received by: [Signature]

Completed by: [Signature]

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1,2-Tetrachloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,1,2,2-Tetrachloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,1-Dichloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,1-Dichloropropene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,2,3-Trichlorobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
1,2,3-Trichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,2,4-Trimethylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	3/22/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	3/22/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
1,3,5-Trimethylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
1,3-Dichlorobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,3-Dichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
2,2-Dichloropropane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
2,4,6-Trichlorophenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
2,4,6-Trichlorophenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2,4-D	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
2,4-Dinitrotoluene (2,4-DNT)	EPA 525.2	Group III Unregulated Contaminants	NELAP	3/6/2003
2,4-Dinitrotoluene (2,4-DNT)	EPA 609	Group III Unregulated Contaminants	NELAP	3/22/2002
2,4-Dinitrotoluene (2,4-DNT)	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2,6-Dinitrotoluene (2,6-DNT)	EPA 525.2	Group III Unregulated Contaminants	NELAP	3/6/2003
2,6-Dinitrotoluene (2,6-DNT)	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Chlorophenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Chlorophenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Chlorotoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
2-Methyl-4,6-dinitrophenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
2-Methyl-4,6-dinitrophenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
3-Hydroxycarbofuran	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

plc

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 2 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
4,4'-DDD	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
4,4'-DDD	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
4,4'-DDE	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
4,4'-DDE	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
4,4'-DDT	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
4,4'-DDT	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
4-Chlorotoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
4-Isopropyltoluene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Acetochlor	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/6/2003
Acifluorfen	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
Alachlor	EPA 507	Synthetic Organic Contaminants	NELAP	3/22/2002
Alachlor	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Aldicarb (Termik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldrin	EPA 508	Group I Unregulated Contaminants	NELAP	3/22/2002
Aldrin	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Aldrin	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	3/22/2002
alpha-BHC (alpha-Hexachlorocyclohexane)	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Ametryn	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Atrazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/22/2002
Atrazine	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Benzo(a)pyrene	EPA 550.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Beryllium	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
beta-BHC (beta-Hexachlorocyclohexane)	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 506	Synthetic Organic Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
 Governor



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

Laboratory Scope of Accreditation

Page 3 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
 Southern Analytical Laboratories, Inc.
 110 Bayview Blvd
 Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Bromacil	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
Bromate	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Bromoacetic acid	EPA 552.2	Synthetic Organic Contaminants, Group I Unregulated Contaminants	NELAP	3/22/2002
Bromobenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	7/2/2002
Bromochloromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Bromodichloromethane	EPA 502.2	Group II Unregulated Contaminants, Other Regulated Contaminants	NELAP	3/22/2002
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	3/22/2002
Butachlor	EPA 507	Group I Unregulated Contaminants	NELAP	3/22/2002
Butachlor	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Butyl benzyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Butyl benzyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Cadmium	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Carbaryl (Sevin)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Chlordane (tech.)	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	3/22/2002
Chloride	EPA 325.2	Secondary Inorganic Contaminants	NELAP	3/22/2002
Chlorine	SM 4500-Cl G	Primary Inorganic Contaminants	NELAP	3/22/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Chloroacetic acid	EPA 552.2	Synthetic Organic Contaminants, Group I Unregulated Contaminants	NELAP	3/22/2002
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Chloroethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Chloroform	EPA 502.2	Group II Unregulated Contaminants, Other Regulated Contaminants	NELAP	3/22/2002
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Job Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
cis-1,3-Dichloropropene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	3/22/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	3/22/2002
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	3/22/2002
Dacthal (DCPA)	EPA 515.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Dacthal (DCPA)	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
Dalapon	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
DCPA di acid degradate	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
DCPA mono-acid	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
delta-BHC	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Di(2-ethylhexyl)adipate	EPA 506	Synthetic Organic Contaminants	NELAP	3/22/2002
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants, Synthetic Organic Contaminants	NELAP	3/22/2002
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	3/22/2002
Dibromomethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Dicamba	EPA 515.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	3/22/2002
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants, Synthetic Organic Contaminants	NELAP	3/22/2002
Dichlorodifluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Dieldrin	EPA 508	Group I Unregulated Contaminants	NELAP	3/22/2002
Dieldrin	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Dieldrin	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Diethyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Diethyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Dimethyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Dimethyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Di-n-butyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002
Di-n-butyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Di-n-octyl phthalate	EPA 606	Group III Unregulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 5 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Di-n-octyl phthalate	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Endosulfan I	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Endosulfan II	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Endosulfan sulfate	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	7/19/2002
Endrin	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Endrin	EPA 525.2	Synthetic Organic Contaminants	NELAP	7/19/2002
Endrin aldehyde	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
EPTC (Eptam, s-ethyl-dipropyl thio carbamate)	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	3/22/2002
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Fluoride	SM 4500 F-C	Secondary Inorganic Contaminants, Primary Inorganic Contaminants	NELAP	3/22/2002
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	3/22/2002
Gross-alpha	EPA 00-02	Radiochemistry	NELAP	4/1/2004
Gross-alpha	EPA 900	Radiochemistry	NELAP	4/1/2004
Gross-beta	EPA 900	Radiochemistry	NELAP	4/1/2004
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Heptachlor	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Heptachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Heptachlor epoxide	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Heptachlor epoxide	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorobenzene	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Hexachlorobenzene	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorobutadiene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 6 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexachlorocyclopentadiene	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Hexachlorocyclopentadiene	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Hexazinone (Velpar)	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Isophorone	EPA 525.2	Group III Unregulated Contaminants	NELAP	3/6/2003
Isophorone	EPA 609	Group III Unregulated Contaminants	NELAP	3/22/2002
Isophorone	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Isopropylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	3/22/2002
Methomyl (Lannate)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/22/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Methoxychlor	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Methoxychlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Methyl bromide (Bromomethane)	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Methyl chloride (Chloromethane)	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Methyl tert-butyl ether (MTBE)	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Metolachlor	EPA 507	Group I Unregulated Contaminants	NELAP	3/22/2002
Metolachlor	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Metribuzin	EPA 507	Group I Unregulated Contaminants	NELAP	3/22/2002
Metribuzin	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Molinate	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Naphthalene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Natural uranium	EPA 908	Radiochemistry	NELAP	4/1/2004
n-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrate	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/22/2002
Nitrite	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Norflurazon	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/6/2003
n-Propylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 7 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	3/22/2002
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
PCBs	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Pentachlorophenol	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Pentachlorophenol	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
Phenol	EPA 604	Group III Unregulated Contaminants	NELAP	3/22/2002
Phenol	EPA 625	Group III Unregulated Contaminants	NELAP	3/22/2002
Picloram	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Propachlor (Ramrod)	EPA 508	Group I Unregulated Contaminants	NELAP	3/22/2002
Propachlor (Ramrod)	EPA 508.1	Group I Unregulated Contaminants	NELAP	7/19/2002
Propachlor (Ramrod)	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
Radium-226	EPA 903.1	Radiochemistry	NELAP	4/1/2004
Radium-228	EPA Ra-05	Radiochemistry	NELAP	4/1/2004
sec-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Selenium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	3/22/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002
Silver	SM 3113 B	Secondary Inorganic Contaminants	NELAP	3/22/2002
Silvex (2,4,5-TP)	EPA 515.1	Synthetic Organic Contaminants	NELAP	3/22/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	3/22/2002
Simazine	EPA 507	Synthetic Organic Contaminants	NELAP	3/22/2002
Simazine	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	3/22/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Sulfate	EPA 300.0	Secondary Inorganic Contaminants	NELAP	3/22/2002
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	3/22/2002
Terbacil	EPA 525.2	Group I Unregulated Contaminants	NELAP	3/22/2002
tert-Butylbenzene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/6/2003
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	3/22/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

pl

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 8 of 32

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

State Laboratory ID: E84129

EPA Lab Code: FL00237

(813) 855-1844

E84129
Southern Analytical Laboratories, Inc.
110 Bayview Blvd
Oldsmar, FL 34677

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Total coliforms	SM 9222 B	Microbiology	NELAP	3/22/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	3/22/2002
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	3/22/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	3/22/2002
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	3/22/2002
Total nitrate-nitrite	EPA 353.2	Primary Inorganic Contaminants	NELAP	3/22/2002
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/22/2002
Toxaphene (Chlorinated camphene)	EPA 508.1	Synthetic Organic Contaminants	NELAP	7/19/2002
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
trans-1,3-Dichloropropylene	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Trichloroacetic acid	EPA 552.2	Synthetic Organic Contaminants, Group I Unregulated Contaminants	NELAP	3/22/2002
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Trichlorofluoromethane	EPA 502.2	Group II Unregulated Contaminants	NELAP	3/22/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	3/22/2002
UV 254	SM 5910 B	Primary Inorganic Contaminants	NELAP	3/6/2003
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	3/22/2002
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	3/22/2002

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

NON-TRANSFERABLE 07/19/2004-E84129

47507

Chain-of-Custody for AEL Orlando to ~~Southern Analytical~~ THE WATER PILOT

AEL Orlando
528 South North Lake Blvd. S
Allamonte Springs FL 32701

Southern Analytical THE WATER PILOT
110 Bayview Blvd. 5806 E. HWY 22
Oldsmar, FL 34677 PANAMA CITY, FL 3240
813-856-1844 850-871-1900
Contact Person: Sample Receiving - sample receiver

Contact Person: Myrna Santiago

Project #: A050871

Department: SA

Check if Rush

01

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type	(Pres.)
A050871-01	1	62-550 549.2	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	3	1LG, ST	
A050871-01	1	62-550 548	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	1	1LAP, ST	
A050871-01	1	62-550 547	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	3	40mL AV ST	
A050871-01	1	62-550 531.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	1	40mL V, MCH, ST	
A050871-01	1	62-550 525.2	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	1	40mL V, NH4Cl	
A050871-01	1	62-550 515.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	4	40mL V, ST	
A050871-01	1	62-550 508.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005			
A050871-01	1	62-550 504.1	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005			

Orlando Relinquisher: [Signature]
Shipping Relinquisher: UPS

Shipping Receiver: UPS Date/Time: 3/15/2005 3:00:30 PM
Southern Analytical Receiver: [Signature] Date/Time: 3/18/05, 0752

PIX

Chain-of-Custody for AEL Orlando to AEL Jax

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

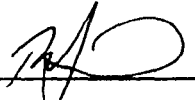

AEL Jax
6601 Southpoint Parkway
Jacksonville, FL 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

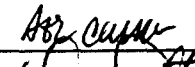

Contact Person: Myrna Santiago

Project #: A050871
CustomerName: Utilities, Inc.
Collector: Roy Mericle

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050871-01	1	-550 Metals ICP (Primary) C	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	1L Poly
A050871-01	1	550 Metals ICP (Secondary)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	1L Poly
A050871-01	1	62-550 VOCs DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	40mL VOC Vial
A050871-01	1	Hg (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Nitrate (J)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Nitrate + Nitrite (J)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	Nitrite (J)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Pb (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Sb (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	Se (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)
A050871-01	1	TI (DW)	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly (HNO3)

Orlando Relinquisher: 
Shipping Relinquisher: 

Shipping Receiver: 
Jacksonville Receiver: 

Date/Time: 3/15/05 170
Date/Time: 3/16/05 100

Chain-of-Custody for AEL Orlando to AEL Tampa

AEL Orlando
 528 South North Lake Blvd, Suite 1016
 Altamonte Springs FL 32701

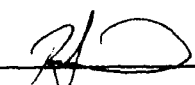
AEL Tampa
 5810-D Breckinridge Parkway
 Tampa, FL 33610
 813-630-9616 Fax 813-630-4327
 Contact Person: Michael Cammarata

Contact Person: Myrna Santiago

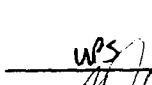
Project #: A050871
CustomerName: Utilities, Inc.
Collector: Roy Mericle

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050871-01	1	Chlorides (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	Color (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Cyanide (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	500mL Poly
A050871-01	1	Fluoride (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	Fluorides (T)-DW Secondary	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	MBAS (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	500mL Poly
A050871-01	1	Nitrate (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Nitrite (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/17/2005	_____	250mL Poly
A050871-01	1	Odor (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/15/2005	_____	2oz. Glass Jar
A050871-01	1	pH (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/15/2005	_____	250mL Poly
A050871-01	1	Sulfate (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/29/2005	_____	250mL Poly
A050871-01	1	TDS (T)-DW	Drinking Water	3/15/2005 8:15	3/15/05 8:38	3/22/2005	_____	500mL Poly

Orlando Relinquisher: 

Shipping Relinquisher: UPS

Shipping Receiver: 

Tampa Receiver: 

Date/Time: 3/15/05 1700

Date/Time: 3/16/05 1350



Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

A050871

CLIENT NAME: Utilities Inc.		PROJECT NAME: Weathersfield		BOTTLE SIZE & TYPE	Various	40 mL Vials	Various	40 l Via	50l	LAB NUMBER				
ADDRESS: 200 Weathersfield Ave		P.O. NUMBER/PROJECT NUMBER: RM602W		ANALYSIS REQUIRED	Primary Inorganics	Secondaries	VOCs	SOCs	NO ₂ , NO ₃ , NO _x (annual)					
Altamonte Springs, FL		PROJECT LOCATION: Weathersfield												
PHONE: 407-948-4219		FAX:												
CONTACT: Roy Mericle		SAMPLED BY: Roy J. Mericle												
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS/SPECIAL INSTRUCTIONS: ODOR IS LIMITED CLIENT IS RESAMPLING AS NEW PROJECT												
<small>WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge</small>														
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv							
			DATE	TIME										
1	POE	Grab	3/15/05	0815	DW	25		X	X	X	X	X		1

I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)	Relinquish by:	Date	Time	Received by:	Date	Time
	<i>[Signature]</i>	3/15/05	838	<i>[Signature]</i>	3/15/05	838
Shipment	Method	Sample Kit	Cooler #			
Out	Via:	RB	D/T			
Ret	Via:	AB	D/T			
		Trip Bl.				

Received on Ice Yes No QC sent received

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format MAR 28 2005

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

System Name: Weathersfield PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 200 Weathersfield Ave.

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1979 Fax #: 407-869-6961

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A050879-01 Location Code (if known): PDE

Sample Date: 3/15/05 Sample Time: 14:45 AM PM (Circle One)

Sample Location (be specific): PDE

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Roy Mericle


Sampler's Phone #: 407-948-4219 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Roy J. Mericle, Operator
(Print Name) (Print Title)

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

Signature:  Date: 4-5-05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 3/15/2005 2:50:00

Lab Assigned Report Number or Job ID A050879

Sample Number (From page 1) A050879-01

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

- | | | | |
|---|---|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input checked="" type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input checked="" type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 3/24/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____

Date Notified: _____

Comments _____

Date Reviewed: _____

DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.

Project Name: Weathersfield

Project Number:

PWS ID#:

Attention: Kathy Sillitoe

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A050879

Date Sampled: 3/15/2005

Date Received: 3/15/05 14:50

Date Reported: 3/24/2005

Project Description

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

Project Name: Weathersfield

Approved By:


Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:

Report No.: A050879
Date/Time Sampled: 03/15/05 14:45
Date/Time Received: 3/15/05 14:50

Client Sample ID: 1
Site: Point of Entry
Sample Number: A050879-01

Sampled By: Roy Mericle
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1920	Odor	3.0	TON	4.0		SM2150B	1.0	3/16/2005	13:15	E82574

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

D.4



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 3/15/05 14.50

Log-In request number: A050871

Received by: _____

Completed by: _____

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

2.5

03/24/2005 12:01 #159 P.002/002

From: ADVANCED ENVIRONMENTAL LABS 904 363 9354

Chain-of-Custody for AEL Orlando to AEL Jax

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

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

Contact Person: Myma Santiago

Project #: A050879
CustomerName: Utilities, Inc.
Collector: Roy Mericle

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A050879-01	1	Odor (J)-DW	Drinking Water	3/15/2005 14:45	3/15/06 14:50	3/15/2005		250mL Poly

AM Orlando Relinquisher: [Signature]
Shipping Relinquisher: AM cum

Shipping Receiver: [Signature]
Jacksonville Receiver: [Signature]

Date/Time: 3/15/05 1700
Date/Time: 3/15/05 1100

ne



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
pH	EPA 150.1	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/30/2004-E82574

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

July 13, 2005

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

Re: Synthetic Organic Contaminants June 2005
Weathersfield Utilities, Inc.
PWS ID# 3591451

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 14, 2005 for the above referenced analysis and system. This report excludes Herbicides due to incorrect preservative causing matrix interference. This parameter will be resampled the week of July 25, 2005

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES Inc. Of Florida



Kathy Sillitoe
Area Manager

EC: Patrick Flynn, Regional Director, UIOF
Scotty L. Haws, Assistant Operations Manager

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

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

System Name: WEATHERSFIELD PWS I.D. #:

3	5	9	1	4	5	1
---	---	---	---	---	---	---

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

Address: 196 WEATHERSFIELD AVE.

City: ACT. SPRINGS State: FLA. ZIP Code: 32714

Phone #: 407-869-1919 Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052032 Location Code (if known): _____

Sample Date: 6/14/05 Sample Time: 0730 AM PM (Circle One)

Sample Location (be specific): SAMPLE TAP AT WATER PLANT

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO, WATER OPERATOR
(Print Name) (Print Title)

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

Signature: Alexander Lorenzo Date: 7/13/05



Client/Project: A052032

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

A. Sample Preparation: All holding times were met.

B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: 515.3

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Spikes: All acceptance criteria were met.

Other: For this project, it was requested that sample A052032-01 be analyzed for herbicides by EPA method 515.3. AEL utilized containers for that parameter that were pre-preserved by the container supplier with Sodium Thiosulfate as per the method requirements. However the amount of preservative contained in the pre-preserved bottle caused a matrix interference that resulted in unacceptable detection levels. Therefore AEL has rejected the data and requested the client to re-sample for that parameter."

I certify that this data package is in compliance with the terms and conditions agreed to by **Advanced Environmental Laboratories, Inc.** and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Signed: _____

Myrna Santiago

Date: _____

7-11-05

Myrna Santiago, Laboratory Manager

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 6/14/2005 8:20:00

Lab Assigned Report Number or Job ID A052032

Sample Number (From page 1) _____

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

- | | | | |
|--|---|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input checked="" type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574 E86515

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature: *Myrna Santiago* Date: 7-14-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:
PWS ID#:

Report No.: A052032
Date Sampled: 6/14/2005
Date Received: 6/14/05 8:20
Date Reported: 7/11/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Weathersfield

Approved By: _____

Myrna Santiago
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:
Client Sample ID:
Site: Point of Entry
Sample Number: A052032-01

Report No.: A052032
Date/Time Sampled: 06/14/05 7:25
Date/Time Received: 6/14/05 8:20

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2274	Hexachlorbenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	6/22/2005	13:51	E82574
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	6/22/2005	13:51	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	6/22/2005	13:51	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	6/22/2005	13:51	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	6/22/2005	13:51	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0	6/16/2005	10:00	E82574
2033	Endothall	100	ug/L	7.2	U, J4	E548.1	7.2	9.0	6/20/2005	10:38	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	6/16/2005	17:23	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	0	6/20/2005	13:27	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	6/16/2005	17:23	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	6/16/2005	17:23	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	6/22/2005	13:51	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0	6/20/2005	13:27	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	6/16/2005	17:23	E82574
2051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	6/16/2005	17:23	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	6/22/2005	13:51	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	6/22/2005	13:51	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.16	U	E525.2	0.16	0.020	6/16/2005	17:23	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.31	U	E508	0.31	0.10	6/22/2005	13:51	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0	6/17/2005	17:04	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0	6/17/2005	17:04	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	6/22/2005	13:51	E82574

J4 The sample matrix interfered with the ability to make an accurate determination.

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL



KAPPA LABORATORIES, INC.
 2577 N.W. 74th Avenue, Miami, Florida 33122
 Phone (305) 599-0199 • Fax (305) 592-1224

LABORATORY REPORT

CLIENT: Advanced Environmental Labs, Inc **REPORT DATE:** 6/27/2005
 528 S Northlake Blvd
 Altamonte Springs, Fl. 32701

SOURCE: Drinking Water
SAMPLE DATE: 0725 06/14/2005
SAMPLE RECEIVED: 1030 08/16/2005
SAMPLE BY: Client

JOB #: 220037-8
SAMPLE LOG #: F960
SAMPLE I.D.: A052032

PARAMETER	RESULT	UNITS	METHOD	DETECTION LIMIT	DATE EXT.	DATE ANALY.	ANALYST
Glyphosate	U	µg/l	547	40	08/16/05	08/16/05	IF

U: Undetected

Kappa Laboratories has been inspected and is currently certified by the U. S. Department of Agriculture (USDA Microbiology-#0093); The Florida Dept of Health, Drinking Water, including Microbiology, Pesticides and PCB's; Environmental certification as Basic Environmental Laboratory (DOH #E86515) (FDEP CompQAP #940109); Registered with the U.S. Food and Drug Administration (FDA-#1039389) and is an FDA Accepted Laboratory for Import Testing. Kappa Laboratory is currently a Contract Laboratory to the U.S. Centers for Disease Control (CDC), Atlanta, Georgia; Vessel Sanitation Program. Test results meet all requirements of NELAC requirements.

signed:

Denise Kinbeck

Manager, Kappa Laboratories, Inc.

Page 1 of 9



**Advanced
Environmental Laboratories, Inc.**

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

Laboratory Project No./SDG#: **A052032**

Analytical Batch ID: SV061605L

Client Name: **Utilities, Inc.**

Project ID: **Weathersfield**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: All holding times were met.

Analysis: All holding times were met.

III. METHOD

Analysis: E525.2

Preparation: METHOD

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Surrogates: The control criteria were exceeded for both surrogates in the LCS and MS. The associated matrix spike/laboratory control spike recoveries of target compounds were in control, indicating the analysis was in control. The surrogate outlier is flagged accordingly. No further corrective action was required. Also, J053955-03 had low surrogate recovery for p-Terphenyl-d14. The surrogate will be qualified with a J1.

D. Spikes: The matrix spike duplicate recoveries of Bis(2-ethylhexyl)adipate and Benzo(a)pyrene for J053955-03 were outside control criteria. Recovery in the Laboratory Control Sample (LCS) and MS were acceptable, which indicates the analytical batch was in control. No qualifier is needed

E. Internal Standard: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:

Myrna Santiago, Laboratory Manager



**Advanced
Environmental Laboratories, Inc.**

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

Laboratory Project No./SDG#: **A052032**

Analytical Batch ID: SV062005L

Client Name: **Utilities, Inc.**

Project ID: **Weathersfield**

I. RECEIPT

No Exceptions were encountered.

II. HOLDING TIMES

Preparation: All holding times were met.

Analysis: All holding times were met.

III. METHOD

Analysis: E548.1

Preparation: METHOD

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

A. Calibration: All acceptance criteria were met.

B. Blanks: All acceptance criteria were met.

C. Surrogates: NA

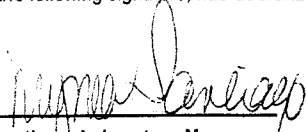
D. Spikes: The matrix spike recovery for A052032-01 was outside control criteria because of matrix interference. The chromatogram indicated the presence of non-target background components that prevented adequate resolution of the target analytes. As a result, accurate quantitation was not possible. The results are qualified to indicate matrix interference.

E. Internal Standard: All acceptance criteria were met.

F. Samples: Sample analyses proceeded normally.

G. Other:

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Quality Assurance Officer, or designee, as verified by the following signature, has authorized release of the data contained in this data package:



Myrna Santiago, Laboratory Manager



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEATHERSFIELD

Date/Time Rcvd: 6/14/2005 8.20

Log-In request number: A052032

Received by: BDM

Completed by: BDM

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	3				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:



Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
528 S. North Lake Blvd., Ste. 1018 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

CLIENT NAME: AEL - Orlando
PROJECT NAME: Glyphosate
ADDRESS: 528 S. Northlake Blvd
Altamonte Springs, FL 32701
PHONE: 407-937-1594
CONTACT: Myrna Santiago
TURN AROUND TIME:
STANDARD
RUSH

Table with columns: SAMPLE ID, SAMPLE DESCRIPTION, Grab Comp, SAMPLING DATE, TIME, MATRIX, NO. COUNT, ANALYSIS REQUIRED (EPA 547), BOTTLE SIZE & TYPE (40 mL Vials), LAB NUMBER.

Reinquinsh by: Date Time Received by: Date Time
Shipmet Method Sample Kit Cooler #
Via: RB D/T
Via: AB D/T
Via: Trip Bl.

Received on Ice Yes No QC sent received

Vertical text on the right edge of the page.



Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

A052032

CLIENT NAME: Utilities Inc.		PROJECT NAME: Weathersfield				BOTTLE SIZE & TYPE		1-L Amber	1-L Amber	40mL Vial	1-L Amber Poly	1-L Amber	40mL Vial	40 mL vials	LAB NUMBER
ADDRESS: 200 Weathersfield Ave.		P.O. NUMBER/PROJECT NUMBER:				ANALYSIS REQUIRED									
Altamonte Springs, FL 32833		PROJECT LOCATION:					525.2	548.1	531.1	549.2	508	547	515.3,504.1		
PHONE: 407-948-4207		FAX:													
CONTACT: A. LORENZO		SAMPLED BY: ALEXANDER LORENZO													
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:													
<input checked="" type="checkbox"/> STANDARD															
<input type="checkbox"/> RUSH															
WW=waste water SW=surface water GW=ground water DW=drinking water		OIL A=air SO=soil SL=sludge													
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	I,T	I,T	I,T	I,T	I,T	I,T	I,T	
			DATE	TIME											
1	POE	G	6/14/05	0725	DW	1		X							1
2	POE	G	6/14/05	0724	DW	1			X						2
3	POE	G	6/14/05	0730	DW	1				X					3
4	POE	G	6/14/05	0725	DW	1					X				4
5	POE	G	6/14/05	0724	DW	1						X			5
6	POE	G	6/14/05	0730	DW	1							X		6
7	POE	G	6/14/05	0726	DW	6								X	7

I-Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)		Relinquish by: Date Time Received by: Date Time	
Shipment	Method	Sample Kit	Cooler #
Out: _____	Via: _____	RB _____	D/T _____
Ret: _____	Via: _____	AB _____	D/T _____
		Trip Bl. _____	
1	<i>Alexander Lorenz</i>	6/14/05	8 ²⁰
2	<i>Brian D. Foster</i>	6/14/05	8 ²⁰
3			
4			

Received on Ic Yes No QC sent received

revised 8/01

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 2

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

State Laboratory ID: E86515

EPA Lab Code: FL00229

(305) 535-6125

E86515
Kappa Laboratories
4300 Alton Road
Miami, FL 33140

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
3-Hydroxycarbofuran	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/28/2002
Aldicarb (Temik)	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Aldicarb sulfone	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Aldicarb sulfoxide	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Carbaryl (Sevin)	EPA 531.1	Group I Unregulated Contaminants	NELAP	7/15/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	7/15/2002
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	9/15/2004
Endothal	EPA 548.1	Synthetic Organic Contaminants	NELAP	3/27/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	3/27/2002
Fecal coliforms	SM 9222 D	Microbiology	NELAP	3/28/2002
Glyphosate	EPA 547	Synthetic Organic Contaminants	NELAP	3/27/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	7/15/2002
Methomyl (Lannate)	EPA 531.1	Group I Unregulated Contaminants	NELAP	3/23/2002
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	7/15/2002
Total coliforms	SM 9221 B	Microbiology	NELAP	3/27/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	3/27/2002

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

NON-TRANSFERABLE 06/22/2005-E86515

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Antimony	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Arsenic	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromodichloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

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

NON-TRANSFERABLE 06/29/2005-E82574

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 06/29/2005-E82574

John Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc.

6601 Southpoint Parkway

Jacksonville, FL 32216

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 06/29/2005-E82574

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:

Report No.: A052032
Date/Time Sampled: 6/14/2005 7:25
Date/Time Received: 6/14/05 8:20

Client Sample ID:
Site: Point of Entry
Sample Number: A052032-01

**AMENDED
 REPORT**

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	6/22/2005	13:51	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	6/22/2005	13:51	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	6/22/2005	13:51	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	6/22/2005	13:51	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0.40	6/16/2005	10:00	E82574
2033	Endothall	100	ug/L	7.2	U, J4	E548.1	7.2	9.0	6/20/2005	10:38	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	6/16/2005	17:23	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	2.0	6/20/2005	13:27	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	6/16/2005	17:23	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	6/16/2005	17:23	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	6/22/2005	13:51	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0.90	6/20/2005	13:27	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	6/16/2005	17:23	E82574
2051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	6/16/2005	17:23	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	6/22/2005	13:51	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	6/22/2005	13:51	E82574
2274	Hexachlorobenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	6/22/2005	13:51	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.16	U	E525.2	0.16	0.020	6/16/2005	17:23	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.31	U	E508	0.31	0.10	6/22/2005	13:51	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0.020	6/17/2005	17:04	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0.010	6/17/2005	17:04	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	6/22/2005	13:51	E82574

J4 The sample matrix interfered with the ability to make an accurate determination.
 U The compound was analyzed for but not detected.
 MDL Method Reporting Limit
 For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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

SYNTHETIC ORGANICS
62-550.310(4)(b)

Report Number / Job ID: A052032

PWS ID (From Page 1):

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	µg/L					0.01				E
2010	Lindane	0.2	µg/L					0.02				E
2015	Methoxychlor	40	µg/L					0.1				E
2020	Toxaphene	3	µg/L					1				E
2031	Dalapon	200	µg/L					1				E
2032	Diquat	20	µg/L					0.4				E
2033	Endothall	100	µg/L					9				E
2034	Glyphosate	700	µg/L	40	U	547	40	6	6/16/05	6/16/05		E86515
2035	Di(2-ethylhexyl)adipate	400	µg/L					0.6				E
2036	Oxamyl (Vydate)	200	µg/L					2				E
2037	Simazine	4	µg/L					0.07				E
2039	Di(2-ethylhexyl)phthalate	6	µg/L					0.6				E
2040	Picloram	500	µg/L					0.1				E
2041	Dinoseb	7	µg/L					0.2				E
2042	Hexachlorocyclopentadiene	50	µg/L					0.1				E
2046	Carbofuran	40	µg/L					0.9				E
2050	Atrazine	3	µg/L					0.1				E
2051	Alachlor	2	µg/L					0.2				E
2063	2,3,7,8-TCDD (Dioxin)	0.03	ng/L					0.005				E
2065	Heptachlor	0.4	µg/L					0.04				E
2067	Heptachlor Epoxide	0.2	µg/L					0.02				E
2105	2,4-D	70	µg/L					0.1				E
2110	2,4,5-TP (Silvex)	50	µg/L					0.2				E
2274	Hexachlorobenzene	1	µg/L					0.1				E
2306	Benzo(a)pyrene	0.2	µg/L					0.02				E
2326	Pentachlorophenol	1	µg/L					0.04				E
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L					0.1				E
2931	Dibromochloropropane	0.2	µg/L					0.02				E
2946	Ethylene Dibromide (EDB)	0.02	µg/L					0.01				E
2959	Chlordane	2	µg/L					0.2				E

NOTE: Effective January 1, 2004, results indicating non-detection with a reported lab MDL > 50% of the MCL will not be accepted for compliance with 62-

Reporting Format 62-550.730
Effective January 1995. Revised January 2004

Page

*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.

10/26/2005 11:15 4079371597 AEL ORLANDO PAGE 03/03

Kathy Sillitoe

From: Karen Grim [kgrim@aellab.com]
Sent: Friday, November 11, 2005 2:09 PM
To: k.sillitoe@utilitiesinc-usa.com
Cc: Myrna Santiago
Subject: DEP Drinking Water corrections

Attachments: A052032 UTL.doc; A052035 UTL.doc; A052036 UTL.doc; A052042 UTL.doc; A052043 UTL.doc; A052032 UTL amended.pdf; A052035 UTL amended.pdf; A052036 UTL amended.pdf; A052042 UTL amended.pdf; A052043 UTL amended.pdf



A052032 UTL.doc
(71 KB)



A052035 UTL.doc
(71 KB)



A052036 UTL.doc
(71 KB)



A052042 UTL.doc
(71 KB)



A052043 UTL.doc
(71 KB)



A052032 UTL
nended.pdf (112 K.



A052035 UTL
nended.pdf (111 K.



A052036 UTL
nended.pdf (111 K.



A052042 UTL
nended.pdf (111 K.



A052043 UTL
nended.pdf (112 K.

Kathy,

Attached are the drinking water corrections that I sent to Barb at DEP.
Below is a list of the sites and their corresponding report number:

Weathersfield - A052032
Despinar - A052035
Knollwood - A052036
Wekiva - A052042
Wedgefield - A052043

The Glyphosate (2034) was subcontracted so it appears on a separate page.
These corrected reports were faxed to your office on 10/26. Please let me know if you
have any questions. Thanks.

Take care,

Karen Grim

528 S. Northlake Blvd., Suite 1016
Altamonte Springs, FL 32701
(407) 937-1594

This email and all attachments are for the specific purposes of the addressed recipient(s)
only. If you have received this transmission in error, please return it to the sender and
delete it.



Client: Utilities, Inc.
Project Name: Weathersfield
Project Number:

Report No.: A052032
Date Sampled: 6/14/2005
Date Received: 6/14/05 8:20
Date Reported: 07/11/05
Date Amended: 10/26/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

AMENDED REPORT

Project Description

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

Project Name: Weathersfield

Approved By: _____

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Weathersfield
Matrix: Drinking Water
PWS ID#:

Report No.: A052032
Date/Time Sampled: 6/14/2005 7:25
Date/Time Received: 6/14/05 8:20

Client Sample ID:
Site: Point of Entry
Sample Number: A052032-01

**AMENDED
REPORT**

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Synthetic Organics

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2005	Endrin	2.0	ug/L	0.0016	U	E508	0.0016	0.010	6/22/2005	13:51	E82574
2010	Lindane	0.20	ug/L	0.0033	U	E508	0.0033	0.020	6/22/2005	13:51	E82574
2015	Methoxychlor	40	ug/L	0.011	U	E508	0.011	0.10	6/22/2005	13:51	E82574
2020	Toxaphene	3.0	ug/L	0.091	U	E508	0.091	1.0	6/22/2005	13:51	E82574
2032	Diquat	20	ug/L	2.5	U	E549.2	2.5	0.40	6/16/2005	10:00	E82574
2033	Endothall	100	ug/L	7.2	U, J4	E548.1	7.2	9.0	6/20/2005	10:38	E82574
2035	Bis(2-ethylhexyl) Adipate	400	ug/L	0.27	U	E525.2	0.27	0.60	6/16/2005	17:23	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.61	U	E531.1	0.61	2.0	6/20/2005	13:27	E82574
2037	Simazine	4.0	ug/L	0.19	U	E525.2	0.19	0.070	6/16/2005	17:23	E82574
2039	Bis(2-ethylhexyl)phthalate	6.0	ug/L	0.77	U	E525.2	0.77	0.60	6/16/2005	17:23	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.015	U	E508	0.015	0.10	6/22/2005	13:51	E82574
2046	Carbofuran	40	ug/L	1.1	U	E531.1	1.1	0.90	6/20/2005	13:27	E82574
2050	Atrazine	3.0	ug/L	0.16	U	E525.2	0.16	0.10	6/16/2005	17:23	E82574
2051	Alachlor	2.0	ug/L	0.26	U	E525.2	0.26	0.20	6/16/2005	17:23	E82574
2065	Heptachlor	0.40	ug/L	0.0063	U	E508	0.0063	0.040	6/22/2005	13:51	E82574
2067	Heptachlor Epoxide	0.20	ug/L	0.0028	U	E508	0.0028	0.020	6/22/2005	13:51	E82574
2274	Hexachlorobenzene	1.0	ug/L	0.0027	U	E508	0.0027	0.10	6/22/2005	13:51	E82574
2306	Benzo(a)pyrene	0.20	ug/L	0.16	U	E525.2	0.16	0.020	6/16/2005	17:23	E82574
2383	PCB screen as Arochlors	0.50	ug/L	0.31	U	E508	0.31	0.10	6/22/2005	13:51	E82574
2931	1,2-Dibromo-3-chloropropan	0.20	ug/L	0.0034	U	E504.1	0.0034	0.020	6/17/2005	17:04	E82574
2946	Ethylene Dibromide	0.020	ug/L	0.0069	U	E504.1	0.0069	0.010	6/17/2005	17:04	E82574
2959	Chlordane	2.0	ug/L	0.048	U	E508	0.048	0.20	6/22/2005	13:51	E82574

J4 The sample matrix interfered with the ability to make an accurate determination.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (4)
Operations Reports

Test Year Ended December 31, 2005

602



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

<i>Michael J Gavaletz</i> 2/3/04	Michael J. Gavaletz	C5642
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida - WEATHERSFIELD

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations						UV Dose					Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
			Peak 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	242,000											0.9		
2	24	261,000											1.0		
3	24	234,000											1.0		
4	24	357,000											1.0		
5	24	358,000											1.0		
6	24	278,000											1.2		
7	24	281,000											0.9		
8	24	255,000											0.9		
9	24	281,000											1.0		
10	24	184,000											1.2		
11	24	334,000											1.0		
12	24	334,000											1.0		
13	24	284,100											1.1		
14	24	282,000											0.9		
15	24	301,000											0.8		
16	24	280,000											0.8		
17	24	204,000											0.7		
18	24	342,000											1.0		
19	24	343,000											1.0		
20	24	244,000											1.3		
21	24	246,000											1.0		
22	24	260,000											1.2		
23	24	288,000											1.3		
24	24	181,000											1.1		
25	24	304,000											1.3		
26	24	325,000											1.0		
27	24	266,000											1.0		
28	24	250,000											1.0		
29	24	263,000											1.0		
30	24	273,000											1.0		
31	24	204,000											0.8		
Total		8706,000													
Average		281,000													
Maximum		357,000													

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores WEATHERSFIELD *MP* PWS Identification Number: 3590912 3591451 *MP*

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,206 Total Population Served at End of Month: 545,422 *MP*

PWS Owner: Utilities, Inc. of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919

Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

<p><i>Michael J Gavaletz</i> <u>2/4/04</u></p> <p>Signature and Date</p>	<p>Michael J. Gavaletz</p> <p>Printed or Typed Name</p>	<p>C5642</p> <p>License Number</p>
--	---	------------------------------------

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

PWS Identification Number: 3590912 3591451 Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate 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	24	310,000												
2	24	310,000											1.0	
3	24	268,000											0.7	
4	24	271,000											1.2	
5	24	266,000											1.0	
6	24	277,000											0.8	
7	24	187,000											1.0	
8	24	338,000												
9	24	339,000											1.0	
10	24	279,000											1.1	
11	24	267,000											1.1	
12	24	258,000											1.0	
13	24	271,000											1.0	
14	24	182,000											0.8	
15	24	299,000												
16	24	299,000											1.0	
17	24	243,000											0.8	
18	24	262,000											1.0	
19	24	239,000											1.0	
20	24	278,000											0.8	
21	24	216,000											0.9	
22	24	350,000												
23	24	351,000											1.3	
24	24	257,000											1.1	
25	24	233,000											1.3	
26	24	251,000											0.9	
27	24	199,000											1.0	
28	24	187,000											0.9	
29	24	316,000												
30														
31														

Total	7,771,000
Average	269,000
Maximum	351,000

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

602



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Weathersfield</u>		PWS Identification Number: <u>3591451</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1,205</u>		Total Population Served at End of Month: <u>4,218</u>	
PWS Owner: <u>Utilities, Inc. of Florida</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407-869-1919</u>		Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Utilites, Inc. of Florida</u>		Plant Telephone Number: <u>407-869-1919</u>		
Plant Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>1.12 MGD</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mike Gavaletz</u>	<u>C</u>	<u>5642</u>	<u>Mon - Fri 8 a.m. - 4:30 p.m.</u>
Other Operators:	<u>Terry Sillitoe</u>	<u>C</u>	<u>12749</u>	<u>Sat. 8 A.M. - 4:30 P.M.</u>

II. Certification by Lead/Chief Operator

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

Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
--------------------	--	-------------------------

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	24	317,000											1.1	
2	24	246,000											1.3	
3	24	273,000											1.0	
4	24	282,000											1.0	
5	24	285,000											0.9	
6	24	207,000											0.9	
7	24	358,000											1.0	
8	24	358,000											1.0	
9	24	320,000											1.0	
10	24	290,000											0.8	
11	24	238,000											0.7	
12	24	273,000											1.0	
13	24	213,000											0.8	
14	24	366,000											1.0	
15	24	366,000											0.8	
16	24	233,000											0.8	
17	24	284,000											0.9	
18	24	225,000											0.8	
19	24	319,000											1.0	
20	24	284,000											0.8	
21	24	336,000											1.0	
22	24	337,000											0.8	
23	24	245,000											1.5	
24	24	324,000											1.2	
25	24	384,000											1.0	
26	24	263,000											0.9	
27	24	201,000											1.0	
28	24	403,000											1.0	
29	24	403,000											1.0	
30	24	269,000											0.9	
31	24	333,000											1.0	
Total		9245,000												
Average		298,000												
Maximum		403,000												

* 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

6/22

FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Mike Gavaletz	C	5642
Other Operators:	Terry Sillitoe	C	12749

II. Certification by Lead/Chief Operator

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

5/5/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
------------------------------	--	-------------------------

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate 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	24	347,000											1.0	
2	24	298,000											1.0	
3	24	235,000											0.8	
4	24	405,000												
5	24	406,000											1.0	
6	24	358,000											1.0	
7	24	322,000											1.0	
8	24	340,000											1.0	
9	24	311,000											1.0	
10	24	151,000											0.9	
11	24	470,000												
12	24	470,000											0.8	
13	24	274,000											0.7	
14	24	274,000											1.0	
15	24	264,000											1.0	
16	24	308,000											1.0	
17	24	192,000											0.8	
18	24	329,000												
19	24	320,000											0.7	
20	24	349,000											1.0	
21	24	344,000											1.0	
22	24	305,000											1.4	
23	24	362,000											1.0	
24	24	237,000											0.9	
25	24	465,000												
26	24	406,000											1.0	
27	24	280,000											0.9	
28	24	321,000											1.0	
29	24	363,000											1.0	
30	24	256,000											0.9	
31														
Total		8,950,000												
Average		282,000												
Maximum		470,000												

* 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

602
FILE COPY FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

<i>Michael J Gavaletz</i> 6/4/04	Michael J. Gavaletz	C5642
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	24	265,000									1.2	
2	24	365,000									1.0	
3	24	366,000									0.9	
4	24	220,000									1.0	
5	24	341,000									0.7	
6	24	323,000									1.0	
7	24	303,000									1.0	
8	24	262,000									1.1	
9	24	430,600									1.0	
10	24	430,000									1.0	
11	24	282,000									1.0	
12	24	320,000									1.1	
13	24	367,000									1.0	
14	24	327,000									1.0	
15	24	263,000									1.1	
16	24	372,000									1.0	
17	24	372,000									0.8	
18	24	293,000									1.1	
19	24	304,000									1.0	
20	24	347,000									0.8	
21	24	297,000									0.9	
22	24	247,000									1.0	
23	24	476,000									1.3	
24	24	476,000									1.0	
25	24	325,000									1.0	
26	24	412,000									1.2	
27	24	373,000									1.0	
28	24	418,000									1.0	
29	24	259,000									1.1	
30	24	481,000									1.0	
31	24	483,000									1.0	
Total		10,800,000										
Average		348,000										
Maximum		483,000										

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

602



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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE 04

A. Public Water System (PWS) Information

PWS Name: Weathersfield PWS Identification Number: 3591451
PWS Type: [X] Community [] Non-Transient Non-Community [] Transient Non-Community [] Consecutive
Number of Service Connections at End of Month: 4206 Total Population Served at End of Month: 4221
PWS Owner: Utilities, Inc. of Florida
Contact Person: Patrick Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714
Type of Water Treated by Plant: [X] Raw Ground Water [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators table with columns: Name, License Class, License Number, Day(s)/Shift(s) Worked

II. Certification by Lead/Chief Operator

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

Signature and Date: Michael J. Gavaletz 2/1/04
Printed or Typed Name: Michael J. Gavaletz
License Number: C5642

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of:

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	24	4116,000											1.0	
2	24	396,000											1.0	
3	24	378,000											1.2	
4	24	352,000											1.0	
5	24	184,000											1.1	
6	24	314,000												
7	24	320,000											0.7	
8	24	328,000											0.8	
9	24	253,000											1.0	
10	24	317,000											1.0	
11	24	217,000											1.0	
12	24	212,000											1.0	
13	24	303,000											1.0	
14	24	364,000											0.7	
15	24	249,000											1.0	
16	24	258,000											1.1	
17	24	294,000											1.0	
18	24	323,000											1.0	
19	24	181,000											1.1	
20	24	394,000											1.2	
21	24	394,000											1.0	
22	24	274,000											1.0	
23	24	291,000											1.0	
24	24	337,000											0.8	
25	24	299,000											1.0	
26	24	267,000											1.0	
27	24	387,000											1.0	
28	24	381,000											0.8	
29	24	261,000											1.0	
30	24	265,000											1.1	
31														
Total		9,200,000												
Average		304,000												
Maximum		4116,000												

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	San. 8 A.M. - 4:30 P.M.
	<i>RAYMOND A PARRISH</i>	<i>C</i>	<i>12740</i>	

II. Certification by Lead/Chief Operator

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

<i>Raymond A Parrish</i> 8-1-2004	Michael J. Gavaletz	C5642
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida - *WERNERFIELD*

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate 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	24	308,000											1.0	
2		254,000											0.9	
3		204,000											1.0	
4		327,000												
5		328,000											1.0	
6		346,000											0.9	
7		249,000											1.0	
8		374,000											1.0	
9		373,000											0.9	
10		254,000											1.0	
11		409,000												
12		410,000											1.0	
13		304,000											0.8	
14		309,000											0.8	
15	24	364,000											1.0	
16		278,000											1.1	
17		216,000											1.2	
18		409,000												
19		410,000											1.1	
20		270,000											1.0	
21		300,000											0.8	
22		331,000											1.0	
23		348,000											1.0	
24		223,000											1.1	
25		486,000												
26		486,000											1.0	
27		224,000											0.8	
28		296,000											1.0	
29		156,000											0.8	
30		388,000											1.0	
31	24	252,000											0.9	
Total		9,586,000												
Average		319,000												
Maximum		486,000												

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1,206</u>		Total Population Served at End of Month: <u>4,221</u>	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 8/13/04
Signature and Date

Michael J. Gavaletz
Printed or Typed Name

C5642
License Number

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

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Data to Demonstrate 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	24	331,000												
2	24	331,000											1.0	
3	24	279,000											1.0	
4	24	311,000											1.0	
5	24	332,000											1.5	
6	24	314,000											1.7	
7	24	275,000											1.2	
8	24	322,000												
9	24	323,000											1.0	
10	24	279,000											1.0	
11	24	290,000											1.1	
12	24	298,000											1.0	
13	24	325,000											0.8	
14	24	392,000											0.7	
15	24	230,000												
16	24	230,000											1.0	
17	24	262,000											0.8	
18	24	248,000											0.9	
19	24	254,000											1.0	
20	24	337,000											0.8	
21	24	236,000											0.9	
22	24	343,000												
23	24	343,000											1.0	
24	24	229,000											0.8	
25	24	235,000											1.0	
26	24	320,000											1.1	
27	24	294,000											1.0	
28	24	206,000											1.1	
29	24	375,000												
30	24	375,000											1.0	
31	24	270,000											1.0	
Total		9,188,000												
Average		296,000												
Maximum		375,000												

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1,206</u>		Total Population Served at End of Month: <u>4,221</u>	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operator	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
Signature and Date		

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

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida - *WINTERFIELD*

III. Daily Data for the Month Year of: *Sept 2004*

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Type of Disinfectant Residual Maintained in Distribution System										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
			Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	UV Dose	Other	Other	Other	Other				
1	24	288,000													1.0	
2	24	313,000													1.0	
3	24	313,000													1.1	
4	24	316,000													0.9	
5	24	278,000														
6	24	279,000														
7	24	296,000	246,000												1.0	
8	24	277,000	200,000												1.0	
9	24	279,000													0.8	
10	24	302,000													1.0	
11	24	285,000													1.0	
12	24	337,000														
13	24	338,000													1.0	
14	24	199,000													0.8	
15	24	287,000													1.0	
16	24	275,000													0.8	
17	24	295,000													1.0	
18	24	181,000													0.8	
19	24	349,000														
20	24	349,000													1.0	
21	24	349,000													0.8	
22	24	305,000													1.0	
23	24	250,000													1.0	
24	24	292,000													0.8	
25	24	227,000													1.3	
26	24	360,000														
27	24	360,000													1.0	
28	24	255,000													1.0	
29	24	321,000													0.8	
30	24	251,000													1.0	
31																
Total		8,758,000														
Average		292,000														
Maximum		360,000														

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1,206</u>		Total Population Served at End of Month: <u>4,221</u>	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoc	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

<u>Michael J Gavaletz</u> <u>11/4/08</u>	Michael J. Gavaletz	C5642
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilities, Inc. of Florida

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

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								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	
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak 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			Minimum UV Dose Required, mW-sec/cm
1	24	310,000										1.0	
2	24	190,000										0.9	
3	24	373,600										1.0	
4	24	373,000										1.0	
5	24	278,000										1.0	
6	24	278,600										1.0	
7	24	272,000										0.8	
8	24	297,000										1.0	
9	24	258,000										1.1	
10	24	330,000										1.0	
11	24	382,000										1.0	
12	24	280,000										1.0	
13	24	274,000										0.8	
14	24	293,000										1.0	
15	24	314,000										0.7	
16	24	202,000										0.9	
17	24	338,000										1.0	
18	24	339,000										1.0	
19	24	255,000										0.8	
20	24	314,000										1.0	
21	24	238,000										0.7	
22	24	244,000										0.9	
23	24	244,000										0.7	
24	24	346,000										1.0	
25	24	346,000										1.0	
26	24	231,000										1.0	
27	24	335,000										0.8	
28	24	299,000										1.0	
29	24	261,000										0.8	
30	24	228,000										1.0	
31	24	358,000										1.0	
Total		9,135,000											
Average		295,000											
Maximum		393,000											

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



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1,206</u>		Total Population Served at End of Month: <u>4,231</u>	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

<i>Michael J. Gavaletz</i> 12/2/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
--	--	-------------------------

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

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida

III. Data Data for the Month/Year of: NOV 2004

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

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

Day of the Month	Hours	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Below or Equal to Measurement Point	Disinfectant Provided Below or Equal to Measurement Point	Temp of Water at Measurement Point	pH of Water at Measurement Point	Minimum GFI Required, mg/L	Lowest UV Dose Required, mJ/L	Minimum UV Dose Required, mJ/L	Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Type of Disinfectant Residual Maintained in Distribution System:		
													<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide	
1	24	358,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
2	24	377,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
3	24	571,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
4	24	558,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
5	24	274,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
6	24	335,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
7	24	367,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
8	24	360,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
9	24	242,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
10	24	0												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
11	24	10,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
12	24	265,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
13	24	242,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
14	24	330,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
15	24	330,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
16	24	293,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
17	24	268,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
18	24	305,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
19	24	263,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
20	24	554,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
21	24	361,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
22	24	361,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
23	24	294,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
24	24	293,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
25	24	290,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
26	24	362,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
27	24	186,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
28	24	524,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
29	24	324,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
30	24	306,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
31	24	844,000												<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide
		Total	844,000												
		Average	280,000												
		Maximum	362,000												

PLANT ON INTERCONNECT.

* 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

602

See page 4 for instructions.

I. General Information for the Month/Year of: 01-2004

A. Public Water System (PWS) Information

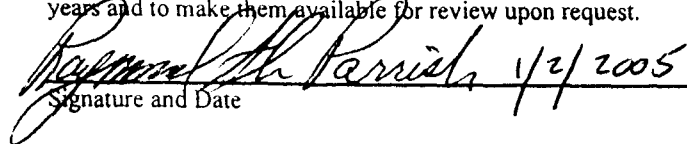
PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.12 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

 Signature and Date	1/2/2005 RAYMOND ALAN PARRISH Michael J. Gavaletz Printed or Typed Name	C-12740 C5642 License Number
---	--	------------------------------------

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

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida - W/STWAFIELD

02-2004

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day of the Month	Hours of Plant in Operation	Net Quantity of Finished Water	Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration	Disinfectant Contact Time	Before or After	Lowest CT	Before or After	Temp. of Water, °C	Water, if Applicable	ph of Water, if Applicable	CT Required, mg-min/L	UV Dose, sec/cm ²	Minimum Operating UV Dose, sec/cm ²	Lowest Residual Disinfectant Concentration	Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System Components Out of Operation	
1			333,000	24															
2			265,000																
3			304,000																
4			355,000																
5			385,000																
6			385,000																
7			275,000																
8			380,000																
9			269,000																
10			303,000																
11			274,000																
12			341,000																
13			341,000																
14			308,000	24															
15			301,000																
16			292,000																
17			295,000																
18			269,000																
19			356,000																
20			356,000																
21			300,000																
22			325,000																
23			307,000																
24			306,000																
25			286,000																
26			314,500																
27			314,500																
28			276,000																
29			307,000																
30			280,000																
31			332,000	24															
Total																			
Average																			
Maximum																			

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Weathersfield</u>		PWS Identification Number: <u>3591451</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1206</u>		Total Population Served at End of Month: <u>4221</u>	
PWS Owner: <u>Utilities, Inc. of Florida</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407-869-1919</u>		Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Utilites, Inc. of Florida</u>		Plant Telephone Number: <u>407-869-1919</u>		
Plant Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>864,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	<u>Roy Mericle</u>	<u>C</u>	<u>13808</u>	<u>Tue - Fri 8 a.m. - 4:30 p.m.</u>
Other Operators:	<u>Terry Sillitoe</u>	<u>C</u>	<u>12749</u>	<u>Sat. 8 A.M. - 4:30 P.M.</u>
	<u>Ray Parrish</u>	<u>C</u>	<u>12740</u>	<u>Mon 8 A.M. - 4:30 P.M.</u>

II. Certification by Lead Chief Operator

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

Signature and Date	<u>Roy J. Mericle</u> Printed or Typed Name	<u>C13808</u> License Number
--------------------	--	---------------------------------

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

PWS Identification Number: 3591451

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: January/2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Hours the Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (T) at C	Disinfectant Contact Time Before or at First Customer Measurement (T) at C	Temp. of Water, °C	pH of Water, if Applicable	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose at Remote Point in Distribution System, mg/L	CT Calculations	
											UV Dose	UV Dose
1	24	310,000								1.4		
2	24	361,000										
3	24	362,000								1.2		
4	24	258,000								1.5		
5	24	294,000								1.5		
6	24	235,000								1.5		
7	24	265,000								1.5		
8	24	245,000								1.2		
9	24	360,000										
10	24	360,000								1.3		
11	24	260,000								1.2		
12	24	246,000								1.5		
13	24	265,000								1.5		
14	24	206,000								1.9		
15	24	236,000								1.5		
16	24	274,000										
17	24	275,000								1.5		
18	24	263,000								1.8		
19	24	279,000								2.0		
20	24	245,000								1.8		
21	24	239,000								1.5		
22	24	219,000								1.3		
23	24	311,000										
24	24	312,000								1.5		
25	24	261,000								1.4		
26	24	265,000								1.6		
27	24	225,000								1.5		
28	24	257,000								2.0		
29	24	225,000								1.4		
30	24	334,000										
31	24	334,000								1.30		
Total		8,581,000										
Average		276,806										
Maximum		362,000										

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

602



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

II. Certification by Lead Chief Operator

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

Roy J. Mericle 2-28-05 Roy J. Mericle C13808
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: **February/2005**

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations				UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	24	256,000									1.5		
2	24	255,000									1.7		
3	24	257,000									1.6		
4	24	294,000									1.5		
5	24	237,000									1.3		
6	24	274,000											
7	24	274,000									1.3		
8	24	270,000									1.4		
9	24	273,000									1.9		
10	24	275,000									2.2		
11	24	280,000									1.5		
12	24	229,000									1.3		
13	24	327,000											
14	24	327,000									2.5		
15	24	282,000									1.5		
16	24	339,000									1.5		
17	24	324,000									1.3		
18	24	305,000									1.5		
19	24	298,000									1.3		
20	24	337,000											
21	24	337,000									1.2		
22	24	316,000									1.0		
23	24	305,000									1.7		
24	24	289,000									1.9		
25	24	245,000									1.7		
26	24	245,000									1.6		
27	24	288,000											
28	24	288,000									1.5		
29	24												
30	24												
31	24												
Total		8,026,000											
Average		286,642											
Maximum		339,000											

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

<i>Roy J. Mericle</i> 3-31-05	Roy J. Mericle	C13808
Signature (and Date)	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **March/2005**

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate 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	24	281,000											1.4	
2	24	288,000											1.4	
3	24	250,000											1.3	
4	24	298,000											1.6	
5	24	207,000											0.8	
6	24	327,000												
7	24	328,000											1.5	
8	24	247,000											1.2	
9	24	275,000											1.6	
10	24	239,000											1.7	
11	24	267,000											1.6	
12	24	262,000											1.5	
13	24	342,000												
14	24	343,000											1.8	
15	24	250,000											1.3	
16	24	291,000											1.5	
17	24	256,000											1.3	
18	24	220,000											1.6	
19	24	222,000											1.7	
20	24	318,000												
21	24	318,000											1.2	
22	24	190,000											1.2	
23	24	247,000											1.6	
24	24	235,000											1.5	
25	24	244,000											1.6	
26	24	142,000											1.7	
27	24	274,000												
28	24	274,000											1.8	
29	24	278,000											1.6	
30	24	155,000											1.3	
31	24	275,000											1.30	
Total		8,143,000												
Average		262,677												
Maximum		343,000												

* 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

602

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4,221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			


B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

 5-3-05
 Signature and Date

Roy J. Mericle
 Printed or Typed Name

C13808
 License Number

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: April/2005

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
			Peak 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	275,000											0.9	Flow meter out of service
2	24	275,000											1.3	
3	24	275,000												
4	24	275,000											1.6	
5	24	275,000											1.5	
6	24	275,000											2.1	
7	24	275,000											2.0	
8	24	275,000											1.7	
9	24	275,000											2.0	
10	24	275,000												
11	24	275,000											1.6	
12	24	275,000											1.8	
13	24	275,000											1.5	
14	24	275,000											1.6	
15	24	275,000											1.5	
16	24	275,000											1.7	
17	24	275,000												
18	24	275,000											1.4	
19	24	275,000											1.3	
20	24	275,000											1.8	
21	24	275,000											2.2	
22	24	275,000											2.1	
23	24	275,000											2.5	
24	24	275,000												
25	24	275,000											1.4	
26	24	275,000											1.5	
27	24	275,000											1.6	
28	24	275,000											1.6	
29	24	275,000											1.5	
30	24	275,000											1.3	All flows estimated - Flow meter OOS
31														
Total		8,250,000												
Average		275,000												
Maximum		275,000												

* 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

602

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon.- Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thurs. Fri. Sat. Days
	Roy Mericle	C	13808	Tues- Fri Days From 5/1 Untill 5/17/05
	Alex Lorenzo	C	13756	Mon. Wed Days
	Roger Holsapple	C	7436	Tues. Days

II. Certification by Lead/Chief Operator

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

Kathy Sillitoe 6-2-05 Kathy Sillitoe C-13094
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: May/2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	24	275,000												
2	24	270,000											1.00	
3	24	275,000											1.60	
4	24	275,000											1.80	
5	24	275,000											1.80	
6	24	275,000											1.90	
7	24	275,000											1.60	
8	24	275,000												
9	24	275,000											1.40	
10	24	275,000											1.50	
11	24	275,000											1.50	
12	24	275,000											1.40	
13	24	275,000											1.40	
14	24	275,000											1.30	
15	24	275,000												
16	24	275,000											1.40	
17	24	275,000											1.80	
18	24	275,000											1.80	
19	24	275,000											1.50	
20	24	275,000											1.60	
21	24	275,000											1.60	
22	24	275,000												
23	24	275,000											1.60	
24	24	275,000											1.50	
25	24	275,000											1.20	
26	24	275,000											1.40	
27	24	275,000											1.10	
28	24	275,000											1.40	
29	24	275,000												
30	24	275,000											1.60	
31	24	275,000											1.50	
Total		8,520,000												
Average		274,838												
Maximum		275,000												

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

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

PWS Identification Number: 3591451 | Plant Name: Utilites, Inc. of Florida

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

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

Polymer Dose, ppm = | Acrylamide Level, %[†] =

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

Polymer Dose, ppm = | Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

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

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

FILE COPY

602



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon.-Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon.-Thur. Days
	Terry Sillitoe	B	12749	Thur. Fri & Sat. Days

II. Certification by Lead/Chief Operator

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

<u>Kathy Sillitoe</u> <u>7-28-05</u>	Kathy Sillitoe	C - 13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **June/2005**

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate 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	24	275,000											0.60	est. flow
2	24	275,000											1.40	est. flow
3	24	255,000											1.70	
4	24	234,000											1.60	
5	24	340,500												
6	24	340,500											1.40	
7	24	278,000											1.20	
8	24	232,000											1.00	
9	24	272,000											1.20	Collected bacts
10	24	236,000											1.20	
11	24	292,000											1.40	
12	24	304,500												
13	24	304,500											1.00	
14	24	176,000											1.00	
15	24	290,000											1.40	
16	24	270,000											1.20	
17	24	284,000											1.30	
18	24	280,000											1.30	
19	24	366,500												
20	24	366,500											1.00	
21	24	258,000											0.80	
22	24	250,000											0.80	
23	24	204,000											0.80	
24	24	270,000											0.90	
25	24	196,000											1.10	
26	24	355,000												
27	24	355,000											1.00	
28	24	202,000											0.80	
29	24	272,000											0.60	
30	24	180,000											1.30	
31	24													
Total		8,214,000												
Average		273,800												
Maximum		366,500												

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

602



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. - Sat. Days

II. Certification by Lead/Chief Operator

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

	8-3-05	Kathy Sillitoe	C-13094
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: July/2005

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate 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	24	258,000											1.0	
2	24	282,000											1.2	
3	24	366,000												
4	24	366,000											1.4	
5	24	358,000											1.2	Hickory Ct boil water bacts
6	24	326,000											1.0	Hickory Ct boil water bacts
7	24	260,000											1.0	Bacts
8	24	295,000											0.8	
9	24	278,000											1.1	
10	24	277,000												
11	24	277,000											0.6	
12	24	286,000											0.6	
13	24	269,000											0.8	
14	24	340,000											1.6	
15	24	190,000											1.2	Plant Equipment Malfunction Bacts
16	24	214,000											1.3	Plant Equipment Malfunction Bacts
17	24	328,000												
18	24	328,000											1.4	
19	24	158,000											0.8	
20	24	284,000											1.0	
21	24	267,000											0.9	
22	24	246,000											0.8	
23	24	265,000											1.1	
24	24	309,000												
25	24	309,000											0.8	
26	24	272,000											0.60	
27	24	362,000											2.00	
28	24	302,000											1.00	
29	24	314,000											0.90	
30	24	298,000											0.90	
31	24													
Total		8,684,000												
Average		289,466												
Maximum		366,000												

* 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

602

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C		Mon. - Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. - Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

II. Certification by Lead/Chief Operator

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

<u>Kathy Sillitoe</u> 9-2-05	Kathy Sillitoe	C13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose							
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	24	582,000											0.80		
2	24	306,000											0.40	Bacts collected	
3	24	292,000											0.70		
4	24	249,000											0.60		
5	24	232,000											0.80		
6	24	238,000											1.20		
7	24	373,500													
8	24	373,500											0.80		
9	24	284,000											0.80		
10	24	180,000											0.90		
11	24	277,000											0.90		
12	24	266,000											1.00		
13	24	326,000											1.4		
14	24	314,500													
15	24	314,500											1.0		
16	24	294,000											0.8		
17	24	302,000											0.8		
18	24	327,000											0.7		
19	24	327,000											0.50		
20	24	298,000											0.4		
21	24	325,500													
22	24	325,500											0.50		
23	24	253,000											0.5		
24	24	374,000											1.6		
25	24	340,000											1.40		
26	24	215,000											1.0		
27	24	226,000											1.2		
28	24	361,000													
29	24	361,000											0.7		
30	24	247,000											0.60		
31	24	305,000											0.6		
Total		9,489,000													
Average		306,096													
Maximum		582,000													

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

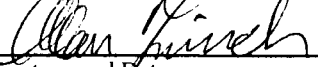
PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur. - Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	Weekend Checks

II. Certification by Lead/Chief Operator

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

	10-3-05	Allan Finch	C- 7808
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **SEPTEMBER /2005**

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	24	284,000											0.7	
2	24	267,000											0.6	
3	24	263,000											0.6	
4	24	317,000												
5	24	317,000											0.7	
6	24	309,000											0.7	
7	24	243,000											1.1	
8	24	303,000											1.0	
9	24	251,000											0.9	
10	24	196,000											1.0	
11	24	377,500												
12	24	377,500											1.1	
13	24	260,000											0.8	
14	24	326,000											0.9	
15	24	288,000											0.7	
16	24	339,000											0.7	
17	24	228,000											1.3	
18	24	424,500												
19	24	424,500											0.8	
20	24	291,000											0.8	
21	24	279,000											0.9	
22	24	253,000											1.1	
23	24	279,000											0.8	
24	24	213,000											0.6	
25	24	341,000												
26	24	341,000											0.8	
27	24	214,000											0.8	
28	24	357,000											0.7	
29	24	232,000											0.7	
30	24	310,000											0.7	
31	24													

Total	0	8,851,000
Average	0	295,000
Maximum	0	377,500 424,500

* 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

602

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1206		Total Population Served at End of Month: 4221	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave. 196 Weathersfield Ave		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur. - Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	Weekend Checks

II. Certification by Lead/Chief Operator

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

<i>Allan Finch</i> 10-1-05	Allan Finch	C- 7808
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **October /2005**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe): **FORMTEXT**

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	24	232,000											1.0	
2	24	282,000												
3	24	282,000											0.9	
4	24	311,000											0.7	
5	24	242,000											1.2	
6	24	265,000											0.9	
7	24	260,000											0.7	
8	24	218,000											1.0	
9	24	295,000												
10	24	295,000											0.8	
11	24	277,800											0.8	
12	24	293,000											0.8	collected 7 Boet's
13	24	277,000											0.7	
14	24	266,000											0.6	
15	24	251,000											0.7	
16	24	368,000												
17	24	369,000											0.7	
18	24	262,000											0.6	
19	24	294,000											0.6	
20	24	265,000											0.9	
21	24	277,000											0.8	
22	24	276,000											0.8	
23	24	306,000												
24	24	306,000											0.7	
25	24	219,000											0.5	
26	24	294,000											0.6	
27	24	230,000											0.6	
28	24	272,000											0.6	
29	24	247,000											0.6	
30	24	300,000												
31	24	300,000											0.6	
Total		8630,000												
Average		278,451												
Maximum		368,000												

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



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

FILE COPY

602

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Weathersfield		PWS Identification Number: 3591451	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,203		Total Population Served at End of Month: 4,211	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 196 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur. - Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days

II. Certification by Lead/Chief Operator

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

<u>Kathy Sillitoe</u> 12-1-05	Kathy Sillitoe	C-13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November /2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe): !! FORMTEXT _r [±]

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	24	240,000										0.50	
2	24	265,000										0.60	#2 HSP check valve replaced
3	24	205,000										0.60	Collected 7 bacts
4	24	264,000										0.50	
5	24	199,000										0.80	
6	24	321,500											
7	24	321,500											
8	24	233,000										0.70	Air compressor maint. completed
9	24	288,000										0.60	
10	24	267,000										0.70	
11	24	293,000										0.70	
12	24	193,000										0.60	
13	24	350,000										0.80	
14	24	350,000											
15	24	225,000										0.70	
16	24	296,000										0.60	
17	24	287,000										0.70	
18	24	198,000										0.70	Repairing line break est of 200,000g flush and leak
19	24	240,000										0.60	
20	24	319,000										0.80	
21	24	319,000											
22	24	177,000										0.70	
23	24	301,000										0.70	
24	24	296,000										0.80	
25	24	220,000										1.00	
26	24	268,000										1.40	
27	24	276,000										1.00	
28	24	276,000											
29	24	264,000										0.80	
30	24	268,000										1.20	
31	24											1.20	
Total		8,020,000											
Average		267,333											
Maximum		350,000											

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

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: December/2005

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe): !! FORMTEXT r¹

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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 Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak 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	24	202,000											1.3		
2	24	194,000											1.4		
3	24	223,000											1.0		
4	24	284,500											1.0		
5	24	284,500											0.8		
6	24	270,000											0.8		
7	24	223,000											1.0		
8	24	218,000											0.8		
9	24	232,000											0.8		
10	24	172,000											0.9		
11	24	291,000											0.7		
12	24	291,000											0.7		
13	24	209,000											0.8		
14	24	255,000											0.9		
15	24	234,000											0.8		
16	24	184,000											1.3		
17	24	204,000											0.8		
18	24	277,000											0.8		
19	24	277,000											0.8		
20	24	175,000											0.8		
21	24	272,000											0.9	BACT samples pulled	
22	24	220,000											0.7		
23	24	209,000											0.7		
24	24	280,000											0.9		
25	24	253,500											0.8		
26	24	253,500											0.8		
27	24	231,000											0.9		
28	24	260,000											0.9		
29	24	208,000											0.9		
30	24	244,000											0.8		
31	24	261,000											0.9		
Total		7,392,000													
Average		238,450													
Maximum		291,000													

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

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

PWS Identification Number: 3591451

Plant Name: Utilites, Inc. of Florida

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

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

Polymer Dose, ppm = _____ Acrylamide Level, %[†] = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %[†] = _____

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

Type of Sequestrant (polyphosphate or sodium silicate): _____

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = _____

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ = _____

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

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

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (5)
Inspection Reports

Test Year Ended December 31, 2005

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WEATHERSFIELD County Seminole PWS ID # 3591451
Plant Location 200 Weathersfield Avenue, Altamonte Springs, FL Phone 407.869.1919
Owner Name Utilities, Inc. of Florida Phone 407.869.1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick Flynn/Kathy Sillitoe Title Reg. Director/Mgr. Phone 407.869.1919/407.869.8588 x229
This Survey Date 10/27/05 Last Survey Date 10/29/05 Last C.I. Date 4/3/03

PWS TYPE & CLASS

- Community (4C)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
Serial #3330 dated 5/7/59, Serial #3330C 12/21/61
Serial #3330E 2/29/68, WC59-2001 12/16/76.WC59
-2001A 3/24/78 clrd 8/11/98, WC59-2001B 8/6/80
 Unapproved system

SERVICE AREA CHARACTERISTICS

Single family home subdivisions and business
offices
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Allan Finch C-7806, Terry Sillitoe B-12749
Alexander Lorenzo C-13756
O & M Log: Yes No Not required
Operator Visitation Frequency
Hrs/day: Required --- Actual ---
Days/wk: Required 5+1 Actual 5+1
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Incomplete certified operator information.
Total, average & max flows sometimes incorrect.
Incorrect design capacity reported on MORs.
Number of Service Connections 1206 (MOR)
Population Served 4221 Basis 3.5/svc. cx.
Average Day (from MORs) 0.292 MGD
Max. Day (from MORs) 0.582 MGD 08/05
Max-day Design Capacity 0.864 MGD
Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
 Emergency Water Source City of Altamonte
Emergency Water Capacity 8" manual interconnect

AUXILIARY POWER SOURCE

- Yes None Not Required
Source Magnetek Diesel generator
Capacity of Standby (kW) 125
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load *4 hrs/mo.
What equipment does it operate?
 Well pumps #1
 High Service Pumps 1&2
 Treatment Equipment all
Satisfy 1/2 max-day demand? Yes No Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination; Aeration

What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 10" Water Specialties
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: *Yes
Coliform Sampling Plan: Yes No N/A
Comments _____

GROUND WATER SOURCE

Well Number	1	2	
Year Drilled	1958	1976	
Depth Drilled	412'	500'	
Drilling Method	Cable tool	Cable tool	
Type of Grout	Neat cement	Unknown	
Static Water Level	37'(1958)/35' (1987)	42'	
Pumping Water Level	Unknown	52'	
Design Well Yield	Unknown	1000 gpm	
Test Yield	Unknown	1600 gpm	
Actual Yield (if different than rated capacity)	Unknown	Unknown	
Strainer	Unknown	Open hole	
Length (outside casing)	105'/220'	174' 8"	
Diameter (outside casing)	12"/8"	12"	
Material (outside casing)	Steel	Black steel	
Well Contamination History	None	None	
Is inundation of well possible?	No	No	
6' X 6' X 4" Concrete Pad	Yes	Yes	
SET BACKS	Septic Tank	N/A	>200'
	Reuse Water	N/A	N/A
	WW Plumbing	w/in 100' (homes)	>100'
	Other Sanitary Hazard	*	*
PUMP	Type	Submersible	Vertical turbine
	Manufacturer Name	Deming	Johnston
	Model Number	Unknown	17628-12CS
	Rated Capacity (gpm)	550	1000
	Motor Horsepower	15	40
Well casing 12" above grade?	Yes	Yes	
Well Casing Sanitary Seal	See Comments	Yes	
Raw Water Sampling Tap	**Yes	Yes	
Above Ground Check Valve	Yes	Yes	
Fence/Housing	Yes	Yes	
Well Vent Protection	Yes	N/A	

COMMENTS *Previously accepted by the Department. *Vehicles stored on private property w/in 100'. **Raw water sampling tap is down stream of check valve, but prior to aeration & chlorination - previously accepted by the Department. Inspect and repair the well seal. Note: wells alternate automatically. Well 1 AAH2581, Well 2 AAH2582

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 85x2 gpd
 Chlorine Feed Rate 7.5
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.5 Remote 1.2
 Remote tap location 516 Northwestern
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Into aerator basin
 Booster Pump Info N/A
 Comments Bleach tank outflow line partially submerged in the secondary containment vessel. Have chlorine ORP meter also.

STORAGE FACILITIES

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

Tank Type/Number	G	H	
Capacity (gal)	100,000	10,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	----	65/75	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	----	----	
Height to Max. Water Level	----	----	

Comments GST level alarm malfunctioning. Replace. Exterior of H tank is turbercular. Sand and paint.

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

AERATION (Gases, Fe, & Mn Removal)

Type Cascade Capacity 1500 gpm
 Aerator Condition Unknown
 Bloodworm Presence Unknown
 Visible Algae Growth Yes
 Protective Screen Condition Good
 Comments Per operator. inspected weekly & cleaned 2x/month.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Pacific	Peerless	
Model	H30M-KPG	AOP-3	
Capacity (gpm)	500	700	
Motor HP	40	30	
Date Installed	1961	1968	
Maintenance	Weekly	Weekly	

Comments HSP#2 check valve failed. Replace. Unused gasoline powered HSP should be removed.

DEFICIENCIES:

1. Monthly Operation Reports (MORs) not entirely and/or correctly filled out. The "Days Plant Staffed or Visited" column is regularly not indicated. The MORs are frequently messy and difficult to read. A new form should be used whenever a mistake is made in data entry. No entries should be scratched out. The indicated max day flow is frequently incorrect based on the data provided in the daily flow.
2. Provide information, if available, for spaces throughout the report marked "Unknown".
3. The Interconnect was found to be full of stagnant and discolored water. Please provide an Interconnect flushing schedule.
4. The well seal on well number 1 must be inspected and replaced.
5. The bleach tank outflow line is partially submerged in the secondary containment vessel.
6. The level alarm on the ground storage tank is malfunctioning and must be repaired/replaced.
7. The exterior of the hydropneumatic tank is turburcular in spots and should be scraped, sanded, and painted.
8. The unused, auxiliary gasoline high service pump should be removed form the plant.
9. The check valve on high service pump number two is not holding and must be replaced.

MONITORING AND REPORTING:

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2008
- Lead and Copper Tap Sampling due 06/2008-09/2008
- SOCs (Two quarters) due 2008
- Radiologicals due 2008
- VOCs due 2008
- Secondaries due 2008
- Disinfection Byproducts due 07/2006-09/2006

Please be advised that the following items must be completed **no later than December 31, 2005:**

Emergency Response Plan - Develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C. Update and implement the plan as necessary thereafter.


Operations and Maintenance Manual - Provide an operation and maintenance manual for each drinking water treatment plant, and update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection.

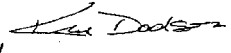
PWS ID # 3591061
Date 10/27/05

MONITORING AND REPORTING (Continued...)

Drinking Water Distribution System Map - Develop and maintain an up-to-date map of the drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems.

Audio-Visual Alarm System for Standby Power - At each site where standby power is required an audio-visual alarm system that is activated in the event any power source fails must be provided. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water.

Inspector  Title Env. Specialist III Date 10/27/05

Approved by  Title Environmental Manager Date 12/1/05

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

VIA: E-mail and United States Mail

Mr. Reggie Phillips
Department of Environmental Protection
Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

Re: Seminole County - PW
Ravenna Park PWS ID No. 3591061
Crystal Lake PWS ID No. 3590258
Bear Lake PWS ID No. 3590069
Weathersfield PWS ID No. 3591451
Oakland Shores PWS ID No. 3590912
Jansen PWS ID No. 3590615

Dear Mr. Phillips:

Enclosed please find the responses to the deficiencies noted during your inspection of the above-referenced facilities on October 18 and October 27, 2005.

These responses have also been transmitted to you via email. If you have any questions or need anything further, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,



Kathy Sillitoe
Area Manager

cc Kim Dodson, Environmental Manager, FDEP
Patrick C. Flynn, Regional Director, UIF
Scotty L. Haws, Assistant Operations Manager, UIF

FILE COPY

RESPONSE:

Please indicate changes to the following:

PWS ID Number: 3591451

Business Name: Utilities, Inc. of Florida

PWS Name: Weathersfield

Owner(s) Name: Utilities, Inc. of Florida

Attn: Patrick Flynn, Utilities, Inc. of Florida

Mailing Address: 200 Weathersfield Avenue

Mailing Address: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

Altamonte Springs, FL 32714

Date: December 13, 2005

Phone Number(s): 407-869-1919

**Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

Attention: Reggie Phillips, Environmental Specialist

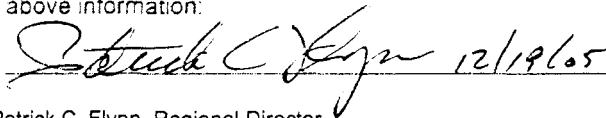
In response to the Department's **Sanitary Survey Report** for the subject public water system dated **October 27, 2005**, the following actions were done to correct the listed deficiencies:

<u>Deficiency Item No.</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
<u>1</u>	<u>The monthly operations report contained corrections for the month of November 2005. All future MORs will be legible and completed accurately.</u>	<u>December 2005</u>
<u>2</u>	<u>Unable to locate any additional information for the spaces marked "unknown."</u>	
<u>3</u>	<u>The interconnect with the City of Altamonte Springs was added to a bi-weekly flushing rotation.</u>	
<u>4</u>	<u>The well #1 casing was inspected and sealed on December 1, 2005.</u>	<u>December 1, 2005</u>
<u>5</u>	<u>The chlorine tank will be inspected on a daily basis and secondary containment to be drained as necessary to maintain the level of rain water below the outfall pipe.</u>	
<u>6</u>	<u>Our electrician is diagnosing the problem so corrections can be made.</u>	
<u>7</u>	<u>A tank inspection is scheduled for the first quarter of 2006. This will be helpful in identifying tank integrity and any necessary interior and exterior maintenance needed.</u>	

****Continued on next page****

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature:  12/19/05

Name of PWS Owner/Representative: Patrick C. Flynn, Regional Director

(Please Type or Print)

Weathersfield
PWS #3591451

<u>Deficiency Item No.</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
<u>8</u>	<u>The auxiliary gasoline motor was removed from site on November 2, 2005.</u>	<u>November 2, 2005</u>
<u>9</u>	<u>The check valve on High Service Pump #2 was replaced on November 2, 2005.</u>	<u>November 2, 2005</u>

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (6)
Permits

Test Year Ended December 31, 2005



POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429
TELEPHONE 904-329-4500 SUNCOM 904-860-4500
TDD 904-329-4450 TDD SUNCOM 904-860-4500
FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-43100 (Administration/Finance) 329-4508
SERVICE CENTERS
618 E. South Street 7775 Baymeadows Way PERMITTING: OPERATIONS:
Orlando, Florida 32801 Suite 102 305 East Drive 8123 N. Wickham Road
407-897-4300 Jacksonville, Florida 32256 Melbourne, Florida 32904 Melbourne, Florida 32935-8109
TDD 407-897-5960 904-730-6270 407-984-4940 407-752-3100
TDD 904-448-7900 TDD 407-722-5368 TDD 407-752-3102

November 22, 2000

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

SUBJECT: Consumptive Use Permit Number 8346
Weathersfield

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on November 22, 2000.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Sincerely,

Gloria Lewis
Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: THE COLINAS GROUP INC
515 N. VIRGINIA AVENUE
Winter Park, FL 32789

William Kerr, CHAIRMAN
MELBOURNE BEACH

Ometrias D. Long, VICE CHAIRMAN
APOPKA

Jeff K. Jennings, SECRETARY
MAITLAND

Duane Ottenstroer, TREASURER
SWITZERLAND

Dan Roach
FERNANDINA BEACH

William M. Segal
MAITLAND

Otis Mason
ST. AUGUSTINE

Clay Albright
EAST LAKE WEIR

Reid Hughes
DAYTONA BEACH

DO
DO - UIF
DEC

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8346
UTILITIES INC OF FLORIDA
DATED NOVEMBER 22, 2000

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. The permittee must ensure that all service connections are metered.
11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
12. All submittals made to demonstrate compliance with this permit must include the

permit number 8346 plainly labeled on the submittals.

13. This permit will expire on November 22, 2005.
14. Maximum annual ground water withdrawals must not exceed 135.18 million gallons.
15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
16. The permittee must assure that all service connections are metered.
17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
18. Wells no. 1 and 2 must continue to be monitored with totalizing flowmeters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
19. Total withdrawals from wells no. 1 and 2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31
20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

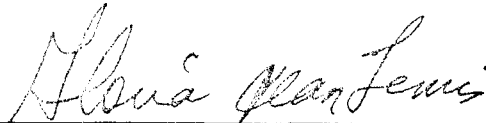
Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

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

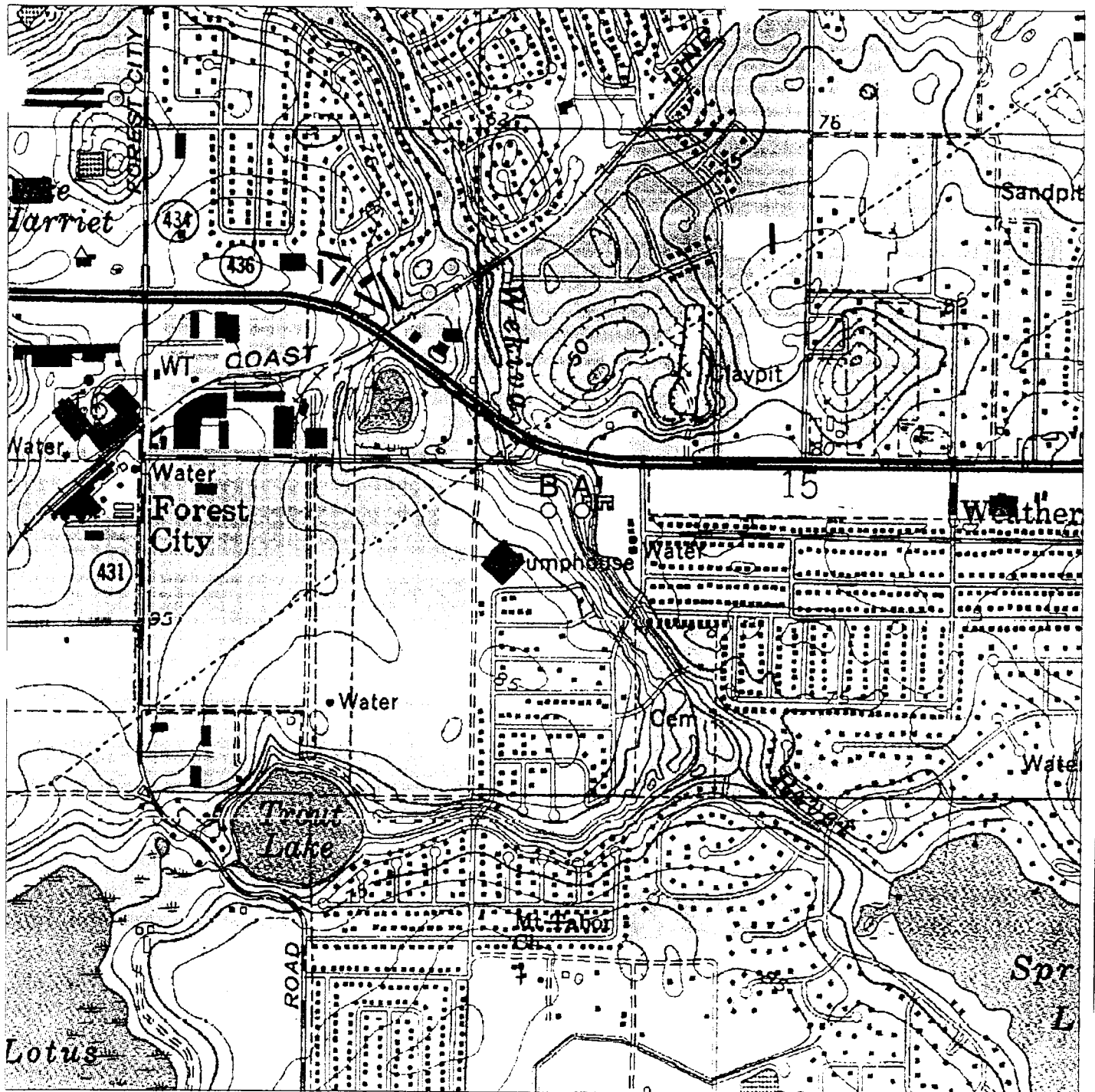
at 4:00 p.m. this ^{5th}~~2nd~~ day of ^{December}~~November~~, 2000.



Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(904) 329-4152

Permit Number: 8346



8346



0.08 0 0.08 Miles

Scale 1:13178

- Area of Interest
- Quad Index 100K NAD83
- CUP Boundaries
- CUP Wells
- CUP Pumps

The St. Johns River Water Management District prepares and uses this information for its own purposes and this information may not be suitable for other purposes. This information is provided "as is". Further documentation of this data can be obtained by contacting: St. Johns River Water Management District, Geographic Information Systems, Program Management, P.O. Box 1429, Palatka, Florida 32178-1429. (904) 329-4176.

3 JRMKD
DEPARTMENT OF FLORIDA
1686-022-107-2003
FLORIDAN AQUIFER
HOUSEHOLD
WEATHERSFIELD
WEATHERSFIELD
1
6.000 INCHES

3 JRMKD
DEPARTMENT OF FLORIDA
1686-022-107-2003
FLORIDAN AQUIFER
HOUSEHOLD
WEATHERSFIELD
WEATHERSFIELD
2
12.000 INCHES

FLOW METER WATER CALIBRATION RECORD - EN51
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8346** - WEATHERS FIELD

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 22, 2000** Station Name: **1**

Pump Capacity: **550 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: 8346 - WEATHERS FIELD

Permittee Name: Utilities Inc of Florida

Date of Permit Issuance: November 22, 2000 Station Name: 2

Pump Capacity: 1000 GPM

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records



36204



St. Johns River Water Management District
P. O. Box 1425
Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8346**

PERMIT ISSUE DATE **22-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **Weathersfield**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL CAPPED
- WELL ABANDONED (40C-3, FAC)
- PROPERTY SOLD
- COMMENTS: (PLEASE PRINT): _____

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JAN 01																			
FEB 01																			
MAR 01																			
APR 01																			
MAY 01																			
JUN 01																			

Step 3. CONTACT NAME _____
PHONE NUMBER _____



15586



36204



St. Johns River Water Management District
P. O. Box 1425
Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8346**

PERMIT ISSUE DATE **22-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **Weathersfield**

WELL NAME **2**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL CAPPED
- WELL ABANDONED (40C-3, FAC)
- PROPERTY SOLD
- COMMENTS: (PLEASE PRINT): _____

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JAN 01																				
FEB 01																				
MAR 01																				
APR 01																				
MAY 01																				
JUN 01																				

Step 3. CONTACT NAME _____
PHONE NUMBER _____



15587



St. Johns River Water Management District
 P. O. Box 1429
 Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# **8346**

PERMIT ISSUE DATE **22-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **Weathersfield**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

	GALLONS						OR METER READINGS					
JUL 00												
AUG 00												
SEP 00												
OCT 00												
NOV 00												
DEC 00												

Step 3. CONTACT NAME _____
 PHONE NUMBER _____



15586

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (8)
Field Employees

Test Year Ended December 31, 2005

**Employees Involved in Utilities, Inc. of Florida Operations
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

Pasco and Pinellas Counties:

Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License)

Jack Adkins, Operator ("C" Water License)

Marion County:

Daniel Anderson, Operator ("A" Water License and "A" Wastewater License)

Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader
Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech
James Roger Adlay, Operator
Robert K Cooper, Field Tech
Robb Douglas Crow, Operator
Michael John Gavaletz, Operator
Jimmie H. Hollister, Field Tech
Alexander Lorenzo, Operator
Roy Mericle, Operator
Raymond Alan Parrish, Operator
Jeffrey Pinder, Field Supervisor
Frederick E Quinlan II, Field Tech
Roberto Remigio, Meter Reader
Mickey A Shue, Field Tech
Ronald D. White, Field Supervisor
William B Willingham, Field Tech
James Dennis Yingling, PT Field Tech
James Howard Pendarvis, Field Tech
Preston S Boardway, PT Field Tech
James Edward Carroll, Operator
Leonard E Ledwell, Operator
David Ryniak, Operator

Facilities:

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	JAMES ESKEW	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249182	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

105 01 CHEV S10
314 03 CHEV C15 FULL
511 05 CHEV C15 REG CAB

1GCCS14WX18159350 JAMES YINGLING
1GCEC14X43Z114271 STEVEN PFOUTS
1GCEC14X75Z230180 DAN ANDERSON

\$15,998.46 Utilities, Inc. of Pennbrooke
\$19,053.10 Utilities, Inc. of Pennbrooke
\$18,064.18 Utilities, Inc. of Pennbrooke

Weathersfield

Docket No. 060253-WS

Seminole County

25.30.440 (10)
Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

Please refer to the CD provided to the
Commission Clerk with the filing.