# Sebring Lakes

Docket No. 060368-WS

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Application to Increase Rates and Charges For a "Class A" Utility	COM
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Florida	
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VOLUME 6	OPC
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Set 42 of 57	SGA
Containing	SEC
Additional Engineering Requirements	OTH

Monthly Operating Reports

Aqua Utilities Florida, Inc.

0000MENTINUMBER DATE 00872 JAN 26 5 FPSC-COMMISSION CLERK

# Aqua Utilities Florida, Inc. Monthly Operating Reports

Sebring Lakes

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Docket No. 060368-WS

Application to Increase Rates and Charges For a "Class A" Utility In

Florida

**Report Missing:** 

Monthly Operating Report

Sebring Lakes

January to December 2004

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

Application to Increase Rates and Charges For a "Class A" Utility In

Florida

**Report Missing:** 

Monthly Operating Report

Sebring Lakes

January to June 2005

Aqua Utilities Florida, Inc.



See page 4 for instructions

1. General Information	for the Month/Year of:	July-05										
A. Public Water System	n (PWS) Information		u									
PWS Name:	Sebring Lakes	, <u>, , , , , , , , , , , , , , , , , , </u>		PWS	Identification 1	Number:	5284137					
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-O	Community		Consecutive					
	nections at End of Month:	55		Total Population	Served at End o	f Month:	127					
PWS Owner:	Aqua Utilities Florida											
Contact Person:	Carolyn McFalls			Contact Person's	Title: Area M	Aanager - Flor						
Contact Person's Mailin		onal Parkway E. Suit		City: Sara	sota State:	FL	Zip Code: 3	4240				
Contact Person's Telep		1/907-7400	·	Contact Person Person's Fax Number: 941/907-7401								
Contact Person's E-Ma		ncfalls@aquaamerica.com										
B. Water Treatment Pla	ant Information											
Plant Name:	Sebring Lakes			Plan	Telephone Nu	nber:	941/907-740	)				
Plant Address:	5313 Knight Ave			City: Sebr	ing State:	FL	Zip Code: 3	3875				
Type of Water Treated			rchased Finished Wa	ter								
	Day Operating Capacity of Plan		280,000									
	bsection 62-699.310(4), F.A.C	C.): C-I		Plant Class (per s	ubsection 62-69							
Licensed Operators	1	Name	License Class	License Nun	iber	Day	y(s)/Shift(s) Worke	, bx				
Lead/Chief Operator:	Rob	ert Paver	С	12040			3 Days per week					
Other Operators:												
		·										
La de la companya de			l	L								

### II. Certification by Lead Chief Operator

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

Signature and Date

Robert Paver Printed or Typed Name C12040 License Number

DEP Form 62-555.900(3)Alternate

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											£\$8 <sup>°</sup> 76			
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	1.0								7		740,400	54 Pre	X	58
	6.0								61		005'55	54 PL2	X	LT
	2.0								5		15,100	54 Prs	X	- 97
	2.0								61		50'800	54 p.e	X	52
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	t <sup>*</sup> 0	T							51		23,000	54 PL2	X	53
	9.0								7		43'200	54 pr	X	. 77
	5.1	<u> </u>							8.6		000'87	54 prs	X	-12
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noiserado lo mO	System, mg/L	Sec/cm2	ຸ ກາງ	J/nim-gm	Applicable	<b>3</b>	Հ/ուտ- <u>Ց</u> տ	səmum	J/gm, wolf	Rate, gpd	Produced, gal	Operation	("X"	dinoM
Involves Taking Water System Components	- noundrusiQ	Wm 1	-Wm	Required,	Water, if	Water,	Peak Flow,	Peak Flow,	During Peak	Peak Flow	Water	Plant in	(Place	સ્થ
The succession in the second s		Required,	UV Dose,	വ	jo Hq	јо	anima	Point During	Fust Customer		bedrini To	smoH	Operator	Day of
Emergency or Abnormal Operating	at Remote	UV Dose	Sinerado,	mmmM		.dmoT	Customer	Measurement	(C) Before or at		Net Quanity		ĥ	l st
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. Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

I. General Information for the Month/Year of: August-05	
A. Public Water System (PWS) Information	
PWS Name: Sebring Lakes	PWS Identification Number: 5284137
PWS Type:         X         Community         Image: Commu	Transient Non-Community Consecutive
Number of Service Connections at End of Month:         55	Total Population Served at End of Month: 127
PWS Owner: Aqua Utilities Florida	
Contact Person: Carolyn McFalls	Contact Person's Title: Area Manager - Florida
Contact Person's Mailing Address: 6960 Professional Parkway E. Suit	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941/907-7400	Contact Person Person's Fax Number: 941/907-7401
Contact Person's E-Mail Address: cfmcfalls@aquaamerica.com	
B. Water Treatment Plant Information	
Plant Name: Sebring Lakes	Plant Telephone Number: 941/907-7400
Plant Address: 5313 Knight Ave	City: Sebring State: FL Zip Code: 33875
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	ler
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 280,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): C-1	Plant Class (per subsection 62-699.310(4), F.A.C.): V
Licensed Operators Name License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator: Robert Paver C	12040 3 Days per week
Other Operators:	
· 1. "我这些是我们都知道我们就是你们的?"	

### II. Certification by Lead Chief Operator

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

Signature and Date

Robert Paver Printed or Typed Name <u>C12040</u>

License Number

DEP Form 62-555.900(3)Alternate

PWS Id	lentifica	tion Numbe	er:	5284137		Plant Name:	Sebring La	akes				·			
111 -12-	1. 1.	Con ala da d			A										·······
			th Year of:		August-05			<u></u>		<u></u>			<u></u>	0 1: 1011	(Chlere size -)
		-	Log Virus Inacti	viation/Rem			Free (	Chlorin	e 📋	Chlorine I	Dioxide		)zone	Combined Chlori	ne (Unioramines)
		et Radiatior			Other (Describe	<u>e):</u>						<del>,,</del>			
Type of	f Disinfe	ctant Resid	ual Maintained	in Distributio					Free Chl			the second se	hlorine (Chlor	amines)	Chlorine Dioxic
					CT Calculations,	or UV Dose, to I	Demonstrate 1	Four-Log	Virus Inactiv	vation, if Appl				<b>注:</b> 1997年1月	
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	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or	$\overset{(1,m)}{\underset{m}{\overset{(2,m)}}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}{\overset{(2,m)}}{\overset{(2,m)}{($					Disinfectant		
	Visited		an a	1.1	Concentration	(T) at C	at First	19,993,923 19,975,939 19,75,939			Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		bnormal Operating
Day of	Operator	Hours	of Finished	× 1 m	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in 🚍	Conditions, Repair o	Maintenance Work that
the Month	(Place "X")	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water, C	Water, if Applicable	Required,	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Out of	ter System Components
1	X	Operation 24 hrs	Produced, gal 359,300	Rate, gpd	Flow, mg/L	minutes	mg-min/L		Аррисане	mg-min/L	Sourcinz	SCITCHIZ	1.6	STRUCT OF THE SQUE OF	operation
2	$\frac{\Lambda}{X}$	24 hrs	230,400		2.7				ł		······		0.4		
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4-6	X	24 hrs	9,400		2.9			+		1			1.1		
5	X	24 hrs	9,800		2.1		<u> </u>	1	f	1	f		0.7		
6		24 hrs	5,700												
7	X	24 hrs	5,700		2.1					1		· · · · ·	0.8		
8	Х	24 hrs	7,200	1	2.3			1	1	1			0.5		
9	X	24 hrs	9,800		2								0.5		
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-25	X	24 hrs	126,400		3.5	<u> </u>		-	<u> </u>				1.1		
26	X	24 hrs	95,200		4			1		+		<u>†                                    </u>	1.2		
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		The new York	77,387												
Maximu	m		359,300	]											

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



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### 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: September-0	5			
A. Public Water System	1 (PWS) Information				
PWS Name:	Sebring Lakes		PWS Identif	ication Number:	5284137
	X Community Non-Transient Non	-Community	Transient Non-Commun	nity	Consecutive
	nections at End of Month: 55	Total Population Served	at End of Month:	127	
PWS Owner:	Aqua Utilities Florida				
	Carolyn McFalls	· · · · · · · · · · · · · · · · · · ·	Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailin			City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Teleph			Contact Person Person's	Fax Number:	941/907-7401
Contact Person's E-Mai		<u>om</u>			
B. Water Treatment Pla					
	Sebring Lakes	·····		one Number:	941/907-7400
	5313 Knight Ave		City: Sebring	State: FL	Zip Code: 33875
Type of Water Treated	by Plant: X Raw Ground Water A gallons per day:	Purchased Finished Wa 280.000	ter		
Plant Category (ner sub	psection 62-699.310(4), F.A.C.): C-I	280,000	Plant Class (per subsection	an 62 600 210(4) E A	
Licensed Operators	Name	License Class	License Number		(s)/Shift(s) Worked
Lead/Chief Operator:	Robert Paver	C	12040		
Other Operators:	Köbert i ävei		12040	· · · · · · · · · · · · · · · · · · ·	3 Days per week
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#### II. Certification by Lead Chief Operator

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

Signature and Date

Robert Paver

Printed or Typed Name

C12040 License Number

DEP Form 62-555.900(3)Alternate

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	£								1.8		105,100	24 pts	X	97
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Our of Operation	System, mg/La	Zm2/298	ZUUS/SOS	า/บณ-ชินเ	Applicable	CO	J'aim-2m	səturim	J'am ,woli	Rate, gpd	Produced, gal	Operation	X ("X."	I
Energency of Anomula Operating Conditions, Repair of Maintenance, Work that Involves ITating Water System Components	Distribution	Minimung VV Dose Required, M	Lowest Operating UV Dose, Wm-	Stedmed, CT Minimun	thq PH of Nater, if	Temp, of , Water,	Peak Flow, During Before of at Fust Customer Peak Flow, Puring	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak	Peak Flow	Net Quanty Vet Quanty Water	swoff ni insig	Plant Staffed or Visited by Operator Pace	To You Day of the Month
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A SAL STORE WATCH TO A SALE OF A SALE WATCH THE A SALE OF A	Na.					go.l-wo	emonstrate Fo	or UV Dose, to D	CT Calculations,					
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			201701	<i>а ани ани а</i>			· · · · · · · ·	;(	Other (Describe			t Radiation	ltraviole	1
Combined Chlorine (Chloramines)	auoz		ahixoi	Chlorine D		plorine	D aard				itzenl zuriV go.			
									September-05		ilo 1697 di	mole Mont	h nad d	ind .III
							Ó		1					
						kes	Sebring La	Plant Name:		2284132	:.	iəquinn uor	entificati	PLSMd

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

320,400

£21'011 002'506'E Average



See page 4 for instructions

1. General Information	for the Month Year of:	October-05									
A. Public Water System	n (PWS) Information										
PWS Name:	Sebring Lakes			PWS Ide	ntification Numbe	er: 5284137					
PWS Type:	X Community	Non-Transient Non-Comm	nunity	Transient Non-Com	munity	Consecutive					
Number of Service Con	nections at End of Month:	55		Total Population Service	ed at End of Mon	nth: 127					
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Carolyn McFalls			Contact Person's Title	: Area Manag	er - Florida					
Contact Person's Mailir		Parkway E. Suit		City: Sarasota State: FL Zip Code: 34240							
Contact Person's Teleph		7-7400		Contact Person Perso	n's Fax Number:	941/907-7401					
Contact Person's E-Mai	l Address: cfmcfa	lls@aquaamerica.com									
B. Water Treatment Pla	Int Information										
Plant Name:	Sebring Lakes			Plant Te	ephone Number:	941/907-7400					
Plant Address:	5313 Knight Ave			City: Sebring	State:	FL Zip Code: 33875					
Type of Water Treated			chased Finished Wa	ter							
	ay Operating Capacity of Plant, ga	llons per day:	280,000								
	osection 62-699.310(4), F.A.C.):	C-I		Plant Class (per subs							
Licensed Operators	Name		License Class	License Number		Day(s)/Shift(s) Worked					
Lead/Chief Operator:	Robert P	iver	С	12040		3 Days per week					
Other Operators:											
이 문제를 찾았는 것 같다.											
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中心的变动 网络马马马						· · · · · · · · · · · · · · · · · · ·					

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Signature and Date

Robert Paver Printed or Typed Name C12040 License Number

DEP Form 62-555.900(3)Alternate

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	5.2								1.2		000'801	24 PTS	X	- 56
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						səy	e. Lanində2	Plant Name:		2284131	::	iədmuN noi	teattiteat	PI SMd

. Refer to the instruction for this report to determine which plants must provide this information st



See page 4 for instructions

I. General Information	for the Month Year of:	I	November-05									
A. Public Water System	n (PWS) Information											
PWS Name:	Sebring Lakes					PWS Identi	fication Num	iber:	5284137			
PWS Type:	X Community	Nor	n-Transient Non-Com	munity	Transient	Non-Commu	inity		Consecutive			
	nections at End of Month:	5	55		Total Popu	lation Served	at End of M	onth:	127			
PWS Owner:	Aqua Utilities Florida											
Contact Person:	Carolyn McFalls				Contact Pe	rson's Title:	Area Man	ager - Flor				
Contact Person's Mailir		ssional Parkw	ay E. Suit		City: Sarasota State: FL Zip Code: 34240							
Contact Person's Teleph		<u>941/907-7400</u>			Contact Pe	erson Person's	Fax Number		941/907-74	01		
Contact Person's E-Mai	il Address:	cfmcfalls@a	quaamerica.com									
B. Water Treatment Pla	int Information			-								
Plant Name:	Sebring Lakes					Plant Telep	hone Numbe		941/907-74			
Plant Address:     5313 Knight Ave     City:     Sebring     State:     FL     Zip Code:     33875												
Type of Water Treated		Ground Wate		rchased Finished Wa	ter							
	ay Operating Capacity of P			280,000		<u> </u>						
	bsection 62-699.310(4), F.A	<u>4.C.):</u>	<u>C-I</u>			s (per subsect						
Licensed Operators		Name		License Class	Licen	se Number		Da	y(s)/Shift(s) Wor	ked		
Lead/Chief Operator:	R	obert Paver		C		2040			3 Days per week	<u> </u>		
Other Operators:												
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### II. Certification by Lead Chief Operator

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

Signature and Date

Robert Paver Printed or Typed Name <u>C12040</u>

License Number

DEP Form 62-555 900(3)Alternate

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	III. Daily Data for the Month Year of November-05													
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\* Refer to the instructions for this report to determine which plants must provide this information.

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See page 4 for instruction								
I. General Information	for the Month Year of: December-05							
A. Public Water Syste	m (PWS) Information							
PWS Name:	Sebring Lakes		PWS Identi	fication Number:	5284137			
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Community Consecutive					
Number of Service Co	nnections at End of Month: 55	Total Population Served at End of Month: 127						
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Carolyn McFalls		Contact Person's Title: Area Manager - Florida					
Contact Person's Mail		City: Sarasota	State: FL	Zip Code: 34240				
Contact Person's Tele		Contact Person Person's	Fax Number:	941/907-7401				
Contact Person's E-M								
B. Water Treatment P								
Plant Name:	Sebring Lakes			hone Number:	941/907-7400			
Plant Address:	5313 Knight Ave	City: Sebring	State: FL	Zip Code: 33875				
Type of Water Treate		rchased Finished Wa	ter	······				
	Day Operating Capacity of Plant, gallons per day:	280,000		(0, (00, 010/4) F				
	ubsection 62-699.310(4), F.A.C.): C-I		Plant Class (per subsection 62-699.310(4), F.A.C.): V License Number (Day(s)/Shift(s) Worked					
Licensed Operators	Name	License Class	License Number			<u> en </u>		
Lead/Chief Operator:	Robert Paver	С	12040		3 Days per week	eek		
Other Operators:		<u> </u>						
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Signature and Date

Robert Paver Printed or Typed Name C12040 License Number

DEP Form 62-555.900(3)Alternate

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Days     CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation; it Applicable*       Days     CT Calculations       Particle     UV Dose       Particle     Lowest Residual
Prece Chlorine         Combined Chlorianines)         Chlorine Dioxic
Ultraviolet Radiation Other (Describe):
leans of Achieving Four-Log Virus Inactiviation/Removal: * Chlorine Chlorine Dioxide Ozone Combined Chloramines)
L. Daily Data for the Month Year of: December-05 December-05
WS Identification Number: 5284137 Plant Name: Sebring Lakes

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

	WO#0002156 SCHED-DATI PRINT-DATI SKYCREST	6052 E 1219 E 12/2	SKYCREST 906 PROMI 21/06 PRII	CY( SED NT-1	CLE 3300 ALL DAY FIME 11	5 7 C :07:16 C	RDER-I RDER-S	DES( STAT	C MY TUS RI	PRI VIN/Move EVISED	EM-COI In Cus	DE=637360 stomer	_
	CUST/PREM CUST-NAME SRV-ADDR SRV-CITY PHONE# M-NAME NONE M-ADDR M-CITY BILLED DUE-DTE OCCUPANT COMP# CRED-CDS BILL-FR=12	SHELT 2932 FRUIT H 352	SOUTH DI SOUTH DI CLAND PAR 2-504-565	R. R K FI 1 W	2 34731 <sub>:</sub>		SCAT SET-I SET-I SET-I SET-I SET-I SET-I SET-I SETI ERUUH SERII ROUTI MTR-(	MTR DATH RDG SIZH RMTH RMTH AL SIZH RMTH	E 01: E 5/2 H MR # U9: # 084	R 9152795 -JAN-1700 1560 8 999999 427 STOP			
	BILL-FR=12 FROZEN LAST-SIZE PREM-ID READ ONLY	5/8 I	JAST-DATE	01.		INSIDE EAD	MODEI MODEI	L-1	DD= 0	M= 1/DL=		· • • • • • • • • • • • • • • • • • • •	-
		TIME	S			REMOTE					EMP‡	<b>;</b>	
			EADING		METER	NUMBER	TEST	SZ	TYPE HEAT	CHECK X	SEAL	OCC DATE	
	SET									SEALED			
	CURB STOP	-   : ON	OFF	 SV	VIM POOI	L: YES	NO	EMI	 P#				
ERT#REMARKS:													
	R-DATE AC	I'N RE	SADING CO	JNSU	JM DYS	C A	MOUNT	CHO	G-DATI	E CAT RAT	re bii	L-CHG	

MTR-INST: WORK-ORDER-REMARKS: SETT 11-01-06 WATER IS ON/ALREADY GAVE INFO BUT NOT IN COMPUTER rv to 12/22/6 PLSE GET METER READ SO W/O CAN BE CLOSED. THANKS

APP-Time Start 18-DEC-2006 08:00:00 End 18-DEC-2006 20:00:00 Call-Ahead Ord# 2156052 Type Phone# Ext # Min-Before 0