CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Lake Utility Services, Inc.
Exact Legal Name of Utility

VOLUME III (c)

FOR THE

Test Year Ended: 6/30/2007

VOLUME III (a) - (e)

FPSC-COMMISSION CLERK
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01246

LAKE UTILITY SERVICES, INC.

DOCKET NO.: 070693-WS

ADDITIONAL ENGINEERING INFORMATION

January - December 2006

25.30.440 (4)
OPERATIONS REPORTS

631

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH **(AMBER HILL)**			PWS Identification Number:	3354883-6
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	AMBER HILL			Plant Telephone Number:	
Plant Address:	End of Topaz St.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.6	0,000 Indicates no flow
2		24	0,000											Hydro Tank off line, ordering a new one
3	X	24	0,000										1.4	
4	X	24	0,000										1.1	
5	X	24	3,000										1.4	Flushing well for monthly sample
6	X	24	0,000										1.5	
7	X	24	0,000										2.0	
8	X	24	0,000										2.0	
9		24	0,000											
10	X	24	0,000										1.7	
11	X	24	0,000										1.3	
12	X	24	0,000										1.5	
13	X	24	0,000										1.5	
14	X	24	0,000										1.3	
15	X	24	0,000										1.3	
16		24	0,000											
17	X	24	0,000										1.0	
18	X	24	0,000										1.3	
19	X	24	0,000										1.5	
20	X	24	0,000										1.6	
21	X	24	0,000										1.7	
22	X	24	0,000										1.8	
23		24	0,000											
24	X	24	0,000										1.4	
25	X	24	0,000										1.6	
26	X	24	0,000										1.5	
27	X	24	0,000										1.5	
28	X	24	0,000										1.3	
29	X	24	0,000										1.3	
30		24	0,000											
31	X	24	0,000										1.2	
Total			3,000											
Average			96,77											
Maximum			3,000											

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR December 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1030	843332	0	285.5	0	41.5	0		1.6			RAP
2			0		0		0					
3	0720	843332	0	285.5	0	41.5	0		1.4			JC
4	1110	843332	0	285.5	0	41.5	0		1.1			JC
5	1220	843335	3	285.5	0	41.5	0		1.4			RAP
6	1100	843335	0	285.6	0	41.5	0		1.5			RAP
7	1045	843335	0	285.6	0	41.5	0		2.0			RAP
8	0740	843335	–	285.6	–	41.5	–		2.0			RAP
9			–		–		–					
10	1250	843335	–	285.6	–	41.5	–		1.7			JC
11	1035	843335	0	285.6	0	41.5	0		1.3			JC
12	1340	843335	0	285.6	0	41.5	0		1.5			RAP
13	0745	843335	0	285.6	0	41.5	0		1.5			RAP
14	1235	843335	0	285.6	0	41.5	0		1.3			RAP
15	1330	843335	–	285.6	–	41.5	–		1.3			RAP
16			–		–		–					
17	0440	843335		285.6	–	41.5	–		1.0			JC
18	1240	843336	0	285.6	0	41.5	0		1.3			JC
19	1115	843336	0	285.6	0	41.5	0		1.5			RAP
20	1115	843335	0	285.6	0	41.5	Delv.		1.6			RAP
21	0855	843335	0	285.6	0	45	0		1.7			RAP
22	1005	843335	–	285.6	–	45	–		1.8			RAP
23			–		–		–					
24	0700	843335	–	285.6	–	45	–		1.4			JC
25	0730	843335	0	285.6	0	45	0		1.6			JC
26	1120	843335	0	285.6	0	45	0		1.5			RAP
27	1050	843335	0	285.6	0	45	0		1.5			RAP
28	0955	843335	0	285.6	0	45	0		1.3			RAP
29	0940	843335	–	285.6	–	45	–		1.3			RAP
30					–		–					
31	0400	843335	–	285.6	–	45	–		1.2			JC
1	0415	843335		285.6		45			1.1			JC
TOTAL												
AVG												

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH **(AMBER HILL)**			PWS Identification Number:	3354883-6
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	AMBER HILL			Plant Telephone Number:	
Plant Address:	End of Topaz St.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 12/05/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: November , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.5	0,000 Indicates no flow
2	X	24	0,000										1.0	Hydro Tank off line, ordering a new one
3	X	24	0,000										1.5	
4	X	24	0,000										1.3	
5		24	0,000											
6	X	24	0,000										1.0	
7	X	24	0,000										1.2	
8	X	24	0,000										1.0	
9	X	24	0,000										1.0	
10	X	24	0,000										1.1	
11	X	24	0,000										1.0	
12		24	0,000											
13	X	24	0,000										1.1	
14	X	24	0,000										1.0	
15	X	24	0,000										1.0	
16	X	24	0,000										1.1	
17	X	24	0,000										1.3	
18		24	0,000											
19	X	24	0,000										1.1	
20	X	24	0,000										0.8	
21	X	24	0,000										0.8	
22	X	24	0,000										2.0	
23	X	24	0,000										1.7	
24	X	24	0,000										1.6	
25		24	0,000											
26	X	24	0,000										1.3	
27	X	24	0,000										1.1	
28	X	24	0,000										1.0	
29	X	24	0,000										1.1	
30	X	24	0,000										1.2	
Total			0,000											
Average			0,000											
Maximum			0,000											

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR November 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1000	843332		285.5		41.5			1.5			RAP
2	1005	843332		285.5		41.5			1.0			RAP
3	1010	843332		285.5		41.5			1.5			RAP
4	0625	843332		285.5		41.5			1.3			JC
5												
6	1030	843332		285.5		41.5			1.0			JC
7	1215	843332		285.5		41.5			1.2			RAP
8	1125	843332		285.5		41.5			1.0			RAP
9	8:10	843332		285.5		41.5			1.0			SP
10	7:10	843332		285.5		41.5			1.1			SP
11	1200	843332		285.5		41.5			1.0			JC
12												
13	7:10	843332		285.5		41.5			1.1			SP
14	7:10	843332		285.5		41.5			1.0			SP
15	1135	843332		285.5		41.5			1.0			RAP
16	7:10	843332		285.5		41.5			1.1			SP
17	1050	843332		285.5		41.5			1.3			RAP
18			-									
19	0740	843332	-	285.5		41.5			1.1			JC
20	1250	843332		285.5		41.5			0.8			JC
21	1030	843332		285.5		41.5			0.8			JC
22	0930	843332		285.5		41.5			2.0			RAP
23	1035	843332		285.5		41.5			1.7			RAP
24	1250	843332		285.5		41.5			1.6			RAP
25												
26	1030	843332		285.5		41.5			1.3			JC
27	1015	843332		285.5		41.5			1.1			JC
28	7:40	843332		285.5		41.5			1.0			SP
29	7:40	843332		285.5		41.5			1.1			SP
30	1310	843332		285.5		41.5			1.2			RAP
31	1030	843332		285.5		41.5			1.6			RAP
1												
TOTAL												
AVG												

631

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

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See page 4 for instructions.

I. General Information for the Month/Year of: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (AMBER HILL)		PWS Identification Number:	3354883-6
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	AMBER HILL	Plant Telephone Number:		
Plant Address:	End of Topaz St.	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

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	Raymond Parrish	C	12740	Days Tue-Sat

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Steve Pfouts 11/02/06

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.0	0,000 Indicates no flow
2	X	24	0,000										1.0	
3	X	24	0,000										1.0	
4	X	24	0,000										1.0	
5	X	24	0,000										0.6	
6	X	24	0,000										1.5	
7		24	0,000											
8	X	24	0,000										0.8	
9	X	24	0,000										1.0	
10	X	24	0,000										0.7	
11	X	24	0,000										2.5	
12	X	24	0,000										1.5	
13	X	24	0,000										1.3	
14		24	0,000											
15	X	24	0,000										1.1	
16	X	24	0,000										0.8	
17	X	24	0,000										2.0	
18	X	24	0,000										1.0	
19	X	24	0,000										1.5	
20	X	24	0,000										1.0	
21		24	0,000											
22	X	24	0,000										1.2	
23	X	24	0,000										1.1	
24	X	24	0,000										1.1	
25	X	24	0,000										1.3	
26	X	24	0,000										1.5	
27	X	24	0,000										1.2	
28	X	24	0,000										1.0	
29	X	24	0,000										1.1	
30		24	0,000											
31	X	24	0,000										1.0	
Total			0,000											
Average			0,000											
Maximum			0,000											

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR October 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	0950	843337	—	285.5	—	46	—		1.0	—		JC
2	1015	843332	—	285.5	—	46	—		1.0	—		JC
3	0910	843332	—	285.5	—	46	—		1.0	—		RAP
4	1005	843332	—	285.5	—	46	—		1.0	—		RAP *
5	1200	843332	—	285.5	—	44.5	—		0.6			DSA *
6	1259	843332	—	285.5	—	41.5	—		1.5			RAP
7			—									
8	1040	843332	—	285.5	—	41.5	—		0.5			JC
9	0945	843337	—	285.5	—	41.5	—		1.0			JC
10	1540	843332	—	285.5	—	41.5	—		0.7			RAP *
11	1245	843332	—	285.5	—	41.5	—		2.5			RAP
12	1040	843332	—	285.5	—	41.5	—		1.5			RAP
13	1220	843332		285.5	—	41.5	—		1.3			RAP
14			—				—					
15	0845	843332	—	285.5	—	41.5	—		1.1			JC
16	1100	843332	—	285.5		41.5			0.8			JC
17	1150	843332	—	285.5		41.5			2.0			RAP
18	1010	843332	—	285.5		41.5			1.0			RAP
19	1100	843332	—	285.5		41.5			1.5			RAP
20	1020	843332	—	285.5		41.5			1.0			RAP
21			—									
22	0730	843332	—	285.5		41.5			1.2			JC
23	1245	843332	—	285.5		41.5			1.1			JC
24	1005	843332	—	285.5		41.5			1.1			RAP
25	1110	843332	—	285.5		41.5			1.3			RAP
26	0755	843332	—	285.5		41.5			1.5			RAP
27	1000	843332	—	285.5		41.5			1.2			RAP
28	1150	843332	—	285.5		41.5			1.0			RAP
29	0945	843332	—	285.5		41.5			1.1			CG
30			—									
31	1005	843332	—	285.5		41.5			1.0			RAP
1	1000	843332		285.5		41.5			1.5			RAP
TOTAL			0.000									
AVG			0.000									

* 10 GAL Clz TO ORANGES — * 10 GAL TO ORANGES — * 5 GAL TO Element II
* 10 GAL " " " Jes —

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

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**AMBER HILL**)			PWS Identification Number:	3354883-6
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	AMBER HILL			Plant Telephone Number:	
Plant Address:	End of Topaz St.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts	10/04/06	Steve Pfouts	C-14204
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: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,000										1.1	0,000 Indicates no flow
2		24	0,000											
3	X	24	0,000										1.0	
4	X	24	1,000										1.5	
5	X	24	0,000										2.0	
6	X	24	0,000										2.0	
7	X	24	0,000										2.0	
8	X	24	0,000										1.4	
9		24	0,000											
10	X	24	0,000										1.1	
11	X	24	0,000										1.0	
12	X	24	0,000										0.8	
13	X	24	0,000										1.7	
14	X	24	0,000										2.0	
15	X	24	0,000										2.1	
16	X	24	0,000										1.5	
17		24	0,000											
18	X	24	0,000										1.0	
19	X	24	0,000										0.8	
20	X	24	0,000										1.0	
21	X	24	0,000										0.7	
22	X	24	0,000										0.6	
23	X	24	0,000										0.8	
24		24	0,000											
25	X	24	0,000										0.7	
26	X	24	0,000										1.5	
27	X	24	0,000										1.5	
28	X	24	0,000										1.6	
29	X	24	0,000										1.5	
30		24	0,000											
31														
Total			2,000											
Average			66,66											
Maximum			1,000											

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR Sept 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1100	893330	1	285.4	0.1	26.5	—		1.1			RAP
2		893331	—	285.5	—		—					
3	1600	893331	—	285.5	—	26.5"	—		1.0			BSA
4	1155	893331	1	285.5	—	26.5	—		1.5			RAP
5	1005	893332	—	285.5	—	26.5	—		2.0			RAP
6	1055	893332	—	285.5	—	26.5	—		2.0			RAP
7	1015	893332	—	285.5	—	26.5	—		2.0			RAP
8	0915	893332	Ø	285.5	Ø	26.5	Ø		1.4			RAP
9			Ø		Ø		Ø					
10	1615	893332	"	285.5	"	26.5	"		1.1			BSA
11	1015	893332	—	285.5	—	26.5	—		1.0			SP
12	0945	893332	—	285.5	—	26.5	—		0.8			RAP
13	0950	893332	—	285.5	—	26.5	—		1.7			RAP
14	0940	893332	—	285.5	—	26.5			2.0			RAP
15	1235	893332	—	285.5	—	26.5			2.1			RAP
16	1900	893332	—	285.5	—	26.5			1.5			JC
17			—		—							
18	1320	893332	—	285.5	—	26.5			1.0			JC
19	1135	893332	—	285.5	—	26.5			0.8			RAP
20	1030	893332	—	285.5	—	26.5			1.0			RAP
21	1010	893332	—	285.5	—	26.5			0.7			RAP
22	0940	893332	—	285.5	—	26.5			0.6			RAP
23	2045	893332	—	285.5		26.5			0.8			JC
24												
25	1745	893327	—	285.5		26.5			0.7			JC
26	0850	893332	—	285.5		26.5			1.5			RAP
27	0955	893332	—	285.5		26.5			1.5			RAP
28	0950	893332	—	285.5		46			1.6			RAP
29	0925	893332	—	285.5		46			1.5			RAP
30												
31												
1	0945	893332		285.5		46			1.0			JC
TOTAL			2.00									
AVG			66.66									

1.00

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (AMBER HILL)	PWS Identification Number:	3354883-6
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	AMBER HILL	Plant Telephone Number:	
Plant Address:	End of Topaz St.	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										0.6	0,000 Indicates no flow
2	X	24	0,000										0.6	
3	X	24	0,000										1.0	
4	X	24	0,000										0.9	
5		24	0,000											
6	X	24	0,000										0.6	
7	X	24	0,000										0.5	
8	X	24	0,000										0.6	
9	X	24	0,000										0.7	
10	X	24	0,000										0.9	
11	X	24	0,000										0.8	
12		24	0,000											
13	X	24	0,000										0.7	
14	X	24	0,000										1.5	
15	X	24	0,000										0.9	
16	X	24	0,000										0.8	
17	X	24	0,000										1.0	
18	X	24	0,000										1.1	
19		24	0,000											
20	X	24	0,000										0.9	
21	X	24	2,000										1.3	Bact-t Sample Taken
22	X	24	0,000										1.3	
23	X	24	0,000										0.7	
24	X	24	0,000										0.6	
25	X	24	0,000										1.5	
26		24	0,000											
27	X	24	0,000										1.1	
28	X	24	0,000										1.0	
29	X	24	0,000										0.8	
30	X	24	0,000										0.8	
31	X	24	0,000										2.5	
Total			2,000											
Average			65											
Maximum			2,000											

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WATER LOSS RECORD

Amber Hill WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 0.000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

09/05/2006 14:41 3522420565 LK GROVES PAGE 21/21

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**AMBER HILL**)	PWS Identification Number:	3354883-6
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES	Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: JULY, 2006

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

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

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Revised
FILE COPY

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	111,000										0.7	0.000 Indicates no flow
2		24	112,000											
3	X	24	56,000										1.4	
4	X	24	161,000										0.7	
5	X	24	288,000										1.6	
6	X	24	12,000										1.7	
7	X	24	28,000										1.4	
8	X	24	130,000										1.1	
9		24	130,000											
10	X	24	67,000										1.3	
11	X	24	116,000										1.4	
12	X	24	166,000										1.3	
13	X	24	70,000										1.1	
14	X	24	229,000										1.7	
15		24	230,000											
16	X	24	274,000										1.3	
17	X	24	0,000										1.2	
18	X	24	191,000										1.4	
19	X	24	358,000										1.0	
20	X	24	257,000										1.0	
21	X	24	229,000										1.1	
22		24	230,000											
23	X	24	1,000										0.7	
24	X	24	0,000										0.5	
25	X	24	193,000										0.5	
26	X	24	294,000										0.9	
27	X	24	9,000										0.7	
28	X	24	0,000										0.8	
29	X	24	0,000										0.5	
30		24	0,000											
31	X	24	0,000										0.6	
Total			3,942,000											
Average			127,161											
Maximum			358,000											

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

Daily Data for the Month/Year of: JULY, 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	111,000										0.7	0.000 Indicates no flow
2		24	112,000											
3	X	24	56,000										1.4	
4	X	24	161,000										0.7	
5	X	24	288,000										1.6	
6	X	24	12,000										1.7	
7	X	24	28,000										1.4	
8	X	24	130,000										1.1	
9		24	130,000											
10	X	24	67,000										1.3	
11	X	24	116,000										1.4	
12	X	24	166,000										1.3	
13	X	24	70,000										1.1	
14	X	24	229,000										1.7	
15		24	230,000											
16	X	24	274,000										1.3	
17	X	24	0,000										1.2	
18	X	24	191,000										1.4	
19	X	24	358,000										1.0	
20	X	24	257,000										1.0	
21	X	24	229,000										1.1	
22		24	230,000											
23	X	24	1,000										0.7	
24	X	24	0,000										0.5	
25	X	24	193,000										0.5	
26	X	24	294,000										0.9	
27	X	24	9,000										0.7	
28	X	24	0,000										0.8	
29	X	24	0,000										0.5	
30		24	0,000											
31	X	24	0,000										0.6	
Total			3,942,000											
Average			157,680											
Maximum			358,000											

0.129

WATER LOSS RECORD

Amber Hill WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	Total 6,200
							200	

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**AMBER HILL**)			PWS Identification Number:	3354883-6
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	5,088	Total Population Served at End of Month:	17,808		
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City:	CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354883-6 | Plant Name: AMBER HILL

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant Staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	353,000										1.5	0,000 Indicates no flow
2	X	24	294,000										1.2	
3		24	308,000											
4	X	24	309,000										1.3	
5	X	24	153,000										1.7	
6	X	24	116,000										0.9	
7	X	24	324,000										0.3	
8	X	24	347,000										1.8	
9	X	24	100,000										0.9	
10		24	307,000											
11	X	24	307,000										1.0	
12	X	24	52,000										2.5	
13	X	24	0,000										1.8	
14	X	24	183,000										1.5	
15	X	24	311,000										1.6	
16	X	24	384,000										1.5	
17	X	24	234,000										1.7	
18		24	305,000											
19	X	24	306,000										2.2	
20	X	24	62,000										1.1	
21	X	24	239,000										1.2	
22	X	24	370,000										1.4	
23	X	24	94,000										1.5	
24		24	171,000											
25	X	24	172,000										1.0	
26	X	24	0,000										1.1	
27	X	24	0,000										1.0	
28	X	24	76,000										1.0	
29	X	24	92,000										1.1	
30	X	24	64,000										1.3	
31														
Total			6,033,000											
Average			201,100											
Maximum			384,000											

WATER LOSS RECORD

Amber Hill WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Amber Hill WTP							
								Total 6,000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

FILE COPY

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

See page 4 for instructions.

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I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. – NORTH (AMBER HILL)**		PWS Identification Number: **3354883-6**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont / 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: **AMBER HILL**		Plant Telephone Number: 407-869-1919
Plant Address: **End of Topaz St.**	City: **CLERMONT**	State: **Fl** / Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days(Sun)
	James Carroll	C	8494	Days-Sun,Mon,Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-5-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-6** | Plant Name: **AMBER HILL**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	264,000										2.4	0.000 Indicates No Flow
2	X	24	270,000										2.0	
3	X	24	375,000										2.4	
4	X	24	358,000										2.2	
5	X	24	173,000										1.0	
6		24	0.000											
7	X	24	0.000										1.4	
8	X	24	0.000										1.1	
9	X	24	0.000										0.9	
10	X	24	0.000										1.0	
11	X	24	340,000										1.9	
12	X	24	58,000										2.0	
13	X	24	199,000										1.6	
14		24	233,000											
15	X	24	233,000										1.8	
16	X	24	122,000										1.6	
17	X	24	129,000										1.7	
18	X	24	284,000										1.8	
19	X	24	62,000										1.6	
20		24	311,000											
21	X	24	311,000										1.4	
22	X	24	163,000										1.6	
23	X	24	197,000										2.0	
24	X	24	258,000										1.1	
25	X	24	349,000										1.0	
26	X	24	75,000										1.4	
27		24	264,000											
28	X	24	264,000										1.5	
29	X	24	201,000										1.3	
30	X	24	156,000										1.2	
31	X	24	382,000										1.2	
Total			6,031,000											
Average			194,548											
Maximum			382,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Amber Hill

MONTH/YEAR: May 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE DATA	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
		5			200	ORP METER
1		5			200	" "
2		5			200	" "
3		5			200	
4		5			200	
5		5			200	
6		5			200	
7		5			200	
8		5			200	
9		5			200	
10		5			200	
11		5			200	
12		5			200	
13		5			200	
14		5			200	
15		5			200	
16		5			200	
17		5			200	
18		5			200	
19		5			200	
20		5			200	
21		5			200	
22		5			200	
23		5			200	
24		5			200	
25		5			200	
26		5			200	
27		5			200	
28		5			200	
29		5			200	
30		5			200	
31		5			200	

Total 6,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other ORP meter

631

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. – NORTH**	**(AMBER HILL)**		PWS Identification Number: **3354883-6**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month: **18,126**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont	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: **AMBER HILL**		Plant Telephone Number: 407-869-1919	
Plant Address: **End of Topaz St.**	City: **CLERMONT**	State: **Fl**	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days(Sun)
	James Carroll	C	8494	Days-Sun,Mon,Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Charles G. Schwades	C-7368
	Printed or Typed Name	License Number

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

PWS Identification Number: **3354883-6** | Plant Name: **AMBER HILL**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	263,000											0.000 Indicates No Flow
2	X	24	236,000										1.6	
3	X	24	110,000										1.8	
4	X	24	176,000										1.9	
5	X	24	345,000										1.8	
6	X	24	284,000										1.7	
7	X	24	141,000										1.4	
8		24	345,000										1.4	
9	X	24	231,000											
10	X	24	232,000										0.8	
11	X	24	82,000										1.4	
12	X	24	242,000										1.2	
13	X	24	400,000										1.9	
14	X	24	268,000										1.6	
15		24	335,000											
16	X	24	335,000										1.0	
17	X	24	122,000										1.9	
18	X	24	185,000										2.1	
19	X	24	317,000										2.0	
20	X	24	329,000										2.0	
21	X	24	140,000										1.9	
22		24	266,000											
23	X	24	266,000										1.7	
24	X	24	103,000										2.0	
25	X	24	175,000										2.4	
26	X	24	312,000										2.3	
27	X	24	256,000										2.4	
28	X	24	360,000										1.9	
29	X	24	289,000										2.0	
30		24	263,000											
31														
Total			7,381,000											
Average			246,000											
Maximum			400,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Amber Hill

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6					9,200	Full bore Flush
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. – NORTH**	**(AMBER HILL)**	PWS Identification Number: **3354883-6**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont / 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: **AMBER HILL**		Plant Telephone Number: 407-869-1919	
Plant Address: **End of Topaz St.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days(Sun)
	James Carroll	C	8494	Days-Sun.Mon.Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Charles G. Schwades	C-7368
	Printed or Typed Name	License Number

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

PWS Identification Number: **3354883-6** | Plant Name: **AMBER HILL**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	174,000										1.3	0.000 Indicates No Flow
2	X	24	230,000										1.4	
3	X	24	94,000										1.3	
4		24	91,000											
5	X	24	91,000										1.1	
6	X	24	300,000										1.3	
7	X	24	67,000										1.4	
8	X	24	185,000										1.4	
9	X	24	271,000										1.3	
10	X	24	141,000										1.3	
11		24	212,000											
12	X	24	213,000										1.1	
13	X	24	229,000										1.3	
14	X	24	67,000										1.4	
15	X	24	195,000										0.9	
16	X	24	300,000										1.3	
17	X	24	87,000										1.2	
18		24	271,000											
19	X	24	272,000										1.2	
20	X	24	75,000										1.9	
21	X	24	160,000										1.5	
22	X	24	201,000										1.5	
23	X	24	309,000										1.7	
24	X	24	249,000										2.5	
25	X	24	80,000										2.0	
26		24	111,000											
27	X	24	112,000										1.6	
28	X	24	80,000										1.9	
29	X	24	262,000										1.5	
30	X	24	296,000										1.1	
31	X	24	73,000										1.5	
Total			5,498,000											
Average			177,355											
Maximum			309,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Amber Hill

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26					2,000 est	Air Release Valve Leaking
27						
28					2,000 est	Air Release Valve Leaking
29						
30						
31						

4,200 ORP = 200GPD only 21 days

8,200 Total G.L.

Type Code
1) Water breeks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

ORP = 200 GPD
Started 3/7/06

Form Modified 1/30/04

File: Flushing & Water Loss Record

631

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 , 2006

A. Public Water System (PWS) Information

PWS Name: ~~AMBER HILL~~ LAKE UTILITY SERVICES, INC. - NORTH			PWS Identification Number: 3354883-6
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 5,088	Total Population Served at End of Month: 17,808		
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont	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: **AMBER HILL**			Plant Telephone Number: 407-869-1919
Plant Address: **End of Topaz St.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days(Sun)
	James Carroll	C	8494	Days-Sun,Mon,Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date: 3/3/06

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: **3354883-6** | Plant Name: **AMBER HILL**

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	113,000										1.2	0.000 Indicates No Flow
2	X	24	120,000										1.5	
3	X	24	0,000										1.4	
4		24	55,000											
5	X	24	56,000										1.1	
6	X	24	0,000										1.3	
7	X	24	0,000										1.4	
8	X	24	133,000										1.3	
9	X	24	103,000										1.2	
10	X	24	0,000										1.1	
11		24	110,000											
12	X	24	110,000										1.1	
13	X	24	0,000										1.0	
14	X	24	0,000										1.3	
15	X	24	140,000										1.3	
16	X	24	205,000										1.3	
17	X	24	45,000										1.4	
18		24	66,000											
19	X	24	67,000										1.5	
20	X	24	179,000										1.3	
21	X	24	26,000										1.3	
22	X	24	163,000										1.3	
23	X	24	222,000										1.5	
24	X	24	125,000										1.5	
25		24	101,000											
26	X	24	101,000										1.3	
27	X	24	72,000										1.5	
28	X	24	0,000										1.3	
29														
30														
31														
Total			2,312,000											
Average			110,095											
Maximum			222,000											

82,501

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Amber Hill

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8					5,000	Tank Disinfection
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

5,000

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

631

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **AMBER HILL**			PWS Identification Number: **3354883-6**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: LAKE UTILITY SERVICES INC. – North			
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont	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: **AMBER HILL**			Plant Telephone Number: 407-869-1919
Plant Address: **End of Topaz St.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days(Sun)
	James Carroll	C	8494	Days-Sun,Mon,Tue
	Bill Coates	C	8333	Days, Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
2-3-6	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-6** | Plant Name: **AMBER HILL**

JANUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	88,000										1.2	0.000 Indicates No Flow
2	X	24	0,000										1.2	
3	X	24	0,000										1.2	
4	X	24	84,000										1.3	
5	X	24	104,000										1.3	
6	X	24	0,000										1.3	
7		24	72,000											
8	X	24	72,000										1.5	
9	X	24	0,000										1.3	
10	X	24	0,000										1.2	
11	X	24	137,000										0.9	
12	X	24	226,000										0.9	
13	X	24	0,000										0.8	
14		24	71,000											
15	X	24	71,000										1.0	
16	X	24	177,000										1.0	
17	X	24	23,000										1.1	
18	X	24	121,000										1.0	
19	X	24	174,000										1.1	
20	X	24	0,000										1.1	
21		24	167,000											
22	X	24	167,000										1.0	
23	X	24	0,000										1.0	
24	X	24	3,000										1.0	
25	X	24	161,000										0.8	
26	X	24	133,000										1.0	
27	X	24	0,000										1.1	
28		24	126,000											
29	X	24	127,000										1.5	
30	X	24	7,000										1.1	
31	X	24	0,000										1.4	
Total			2,311,000											
Average			74,548											
Maximum			226,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Amber H-26

MONTH/YEAR: JAN 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2					25	Plant cycwash
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20					25	Plant cycwash
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

028

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 1 - North**		PWS Identification Number: **3354883-7**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC. - North**		
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: **CLERMONT # 1**		Plant Telephone Number: 407-869-1919	
Plant Address: **13225 ANDERSON HILL RD.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue.
	Daniel S. Andeson	A	7141	Days- Sat
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2-3-06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: **335883-7** | Plant Name: **CLERMONT # 1**

III. Daily Data for the Month/Year **JANUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System0.5, mg/L1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	63,000										1.8	.000 Indicates No Flow
2	X	24	81,000										1.8	
3	X	24	19,000										1.9	
4	X	24	40,000										1.5	
5	X	24	68,000										1.4	
6	X	24	72,000										1.5	
7		24	56,000											
8	X	24	56,000										1.9	
9	X	24	87,000										1.3	
10	X	24	32,000										1.4	
11	X	24	49,000										1.4	
12	X	24	98,000										1.3	
13	X	24	85,000										1.4	
14		24	41,000											
15	X	24	42,000										1.6	
16	X	24	152,000										1.3	
17	X	24	17,000										1.4	
18	X	24	77,000										1.4	
19	X	24	131,000										1.3	
20	X	24	134,000										1.4	
21		24	108,000											
22	X	24	108,000										1.6	
23	X	24	119,000										1.3	
24	X	24	0,000										1.3	
25	X	24	66,000										1.4	
26	X	24	120,000										1.3	
27	X	24	65,000										1.4	
28		24	97,000											
29	X	24	97,000										1.4	
30	X	24	112,000										1.4	
31	X	24	6,000										1.4	
Total			2,298,000											
Average			74,129											
Maximum			152,000											

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont 1

MONTH/YEAR: JAN 06

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE GATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5					25	PE
6						
7						
8						
9						
10						
11						
12						
13					25	PE
14						
15						
16						
17					10,000	Flushed wells 1+2 on meter water
18						
19						
20					25	PE
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					25	PE

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

100 GAL

10,000 GAL est. For Flushing WELLS not meter

PE = Plant exercise

Form Modified 1/20/04

File: Flushing & Water Loss Record

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

028

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: FEBRUARY , 2006

A. Public Water System (PWS) Information

PWS Name: ~~CLERMONT #1~~ LAKE UTILITY SERVICES, INC. - NORTH			PWS Identification Number: 3354883-7
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 5,088	Total Population Served at End of Month 17,808		
PWS Owner: LAKE UTILITY SERVICES INC.			
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: CLERMONT # 1			Plant Telephone Number: 407-869-1919
Plant Address: 13225 ANDERSON HILL RD.	City: CLERMONT	State: Fl	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue.
	Daniel S. Andeson	A	7141	Days- Sat
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: **335883-7** | Plant Name: **CLERMONT # 1**

III. Daily Data for the Month/Year **FEBRUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System0.5, mg/L1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	61,000										1.4	.000 Indicates No Flow
2	X	24	136,000										1.0	
3	X	24	69,000										1.5	
4		24	73,000											
5	X	24	73,000										1.4	
6	X	24	13,000										1.4	
7	X	24	31,000										1.4	
8	X	24	75,000										1.3	
9	X	24	102,000										1.4	
10	X	24	73,000										1.3	
11		24	86,000											
12	X	24	87,000										1.3	
13	X	24	83,000										1.4	
14	X	24	44,000										1.4	
15	X	24	90,000										1.5	
16	X	24	196,000										1.3	
17	X	24	168,000										1.4	
18		24	98,000											
19	X	24	98,000										1.6	
20	X	24	252,000										1.5	
21	X	24	109,000										1.4	
22	X	24	143,000										1.5	
23	X	24	152,000										0.8	
24	X	24	147,000										1.1	
25		24	72,000											
26	X	24	73,000										1.1	
27	X	24	70,000										1.0	
28	X	24	77,000										1.2	
29														
30														
31														
Total			2,751,000											
Average			98,250											
Maximum			252,000											

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont I

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (Min)	ESTIMATE DATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9					4,000	Clean + Inspected Both Tanks (Flushed)
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

4,000 Total

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Form Modified 1/20/04

File: Flushing & Water Loss Record

FILE COPY

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 , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. -NORTH**	**(CLERMONT 1)**		PWS Identification Number: **3354883-7**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 1**		Plant Telephone Number: 407-869-1919	
Plant Address: **13225 ANDERSON HILL RD.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun.Mon.Tue.
	Daniel S. Andeson	A	7141	Days- Sat
	Steve Pfouts	C	14204	Days. Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 4/4/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: **335883-7** | Plant Name: **CLERMONT # 1**

III. Daily Data for the Month/Year: MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System0.5. mg/L1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	101,000										1.1	.000 Indicates No Flow
2	X	24	149,000										1.2	
3	X	24	138,000										1.0	
4		24	83,000											
5	X	24	84,000										1.0	
6	X	24	281,000										1.3	
7	X	24	52,000										1.6	
8	X	24	127,000										1.5	
9	X	24	142,000										1.5	
10	X	24	141,000										1.4	
11		24	145,000											
12	X	24	146,000										1.4	
13	X	24	197,000										2.2	
14	X	24	106,000										1.6	
15	X	24	136,000										2.0	
16	X	24	155,000										1.8	
17	X	24	130,000										1.8	
18		24	168,000											
19	X	24	168,000										1.6	
20	X	24	146,000										1.4	
21	X	24	128,000										1.3	
22	X	24	130,000										1.0	
23	X	24	144,000										2.6	
24	X	24	131,000										2.4	
25		24	135,000										2.1	
26	X	24	150,000											
27	X	24	151,000										1.9	
28	X	24	119,000										2.2	
29	X	24	139,000										1.0	
30	X	24	145,000										0.8	
31	X	24	130,000										1.3	
Total			4,297,000											
Average			138,613											
Maximum			281,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PE
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16					25	PE
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					25	PE

75 GAL

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

PE = PLANT EXPANSION

628

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. -NORTH**	**(CLERMONT 1)**		PWS Identification Number: **3354883-7**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month **18,126**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 1**		Plant Telephone Number: 407-869-1919	
Plant Address: **13225 ANDERSON HILL RD.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue.
	Daniel S. Andeson	A	7141	Days- Sat
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

5/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: **335883-7** | Plant Name: **CLERMONT # 1**

III. Daily Data for the Month/Year **APRIL , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System0.5, mg/L1.0	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	164,000											.000 Indicates No Flow
2	X	24	164,000										1.6	
3	X	24	215,000										2.9	
4	X	24	145,000										2.7	
5	X	24	149,000										2.8	
6	X	24	151,000										1.0	
7	X	24	158,000										1.3	
8	X	24	165,000										1.8	
9		24	132,000											
10	X	24	132,000										2.1	
11	X	24	116,000										1.2	
12	X	24	134,000										2.3	
13	X	24	137,000										2.1	
14	X	24	138,000										2.0	
15		24	141,000											
16	X	24	141,000										1.7	
17	X	24	145,000										1.7	
18	X	24	100,000										1.7	
19	X	24	149,000										1.2	
20	X	24	97,000										1.6	
21	X	24	153,000										1.5	
22		24	82,000											
23	X	24	83,000										1.3	
24	X	24	56,000										1.5	
25	X	24	130,000										1.1	
26	X	24	123,000										1.2	
27	X	24	96,000										1.2	
28	X	24	141,000										1.5	
29	X	24	122,000										1.1	
30		24	162,000											
31														
Total			4,021,000											
Average			134,000											
Maximum			215,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont 1

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code

1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

over permitted capacity (12 Days) FILE COPY

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

628

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. -NORTH**	**(CLERMONT 1)**		PWS Identification Number: **3354883-7**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 1**		Plant Telephone Number: 407-869-1919	
Plant Address: **13225 ANDERSON HILL RD.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue.
	Daniel S. Andeson	A	7141	Days- Sat
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 6-5-06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-License Number 7368

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

PWS Identification Number: **335883-7** | Plant Name: **CLERMONT # 1**

III. Daily Data for the Month/Year **MAY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System0.5, mg/L1.0	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	161,000										1.0	.000 Indicates No Flow
2	X	24	111,000										1.0	
3	X	24	117,000										0.8	
4	X	24	120,000										2.0	
5	X	24	125,000										0.7	
6		24	142,000											
7	X	24	143,000										1.4	
8	X	24	148,000										1.7	
9	X	24	75,000										1.0	
10	X	24	97,000										1.3	
11	X	24	101,000										1.4	
12	X	24	78,000										1.5	
13	X	24	74,000										1.4	
14	X	24	110,000											
15		24	111,000										2.8	
16	X	24	86,000										1.7	
17	X	24	38,000										1.6	
18	X	24	100,000										1.6	
19	X	24	84,000										1.6	
20	X	24	105,000											
21		24	105,000										1.7	
22	X	24	147,000										1.4	
23	X	24	94,000										2.6	
24	X	24	86,000										1.7	
25	X	24	117,000										1.9	
26	X	24	96,000										1.7	
27		24	112,000											
28	X	24	113,000										1.9	
29	X	24	123,000										1.7	
30	X	24	128,000										1.8	
31	X	24	130,000										1.7	
Total			3,377,000											
Average			108,935											
Maximum			161,000											

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: CLAREMONT I

MONTH/YEAR: MAY 2026

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					0	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					0	

TOTAL 0

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)		PWS Identification Number:	3354883-7	
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive		
Number of Service Connections at End of Month:	5,088	Total Population Served at End of Month:	17,808		
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES		Plant Telephone Number:		
Plant Address:	2425 US HWY 27	City:	CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06	Domenic Gentilucci	C-12562
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: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	107,000										0.5	0.000 Indicates no flow
2	X	24	94,000										1.3	
3		24	121,000											
4	X	24	121,000										1.4	
5	X	24	82,000										2.1	
6	X	24	69,000										1.3	
7	X	24	94,000										1.3	
8	X	24	111,000										1.4	
9	X	24	103,000										1.3	
10		24	124,000											
11	X	24	125,000										1.2	
12	X	24	91,000										2.2	
13	X	24	14,000										2.4	
14	X	24	48,000										1.8	
15	X	24	80,000										1.7	
16	X	24	81,000										1.3	
17	X	24	111,000										1.5	
18		24	117,000											
19	X	24	118,000										1.3	
20	X	24	31,000										2.1	
21	X	24	102,000										0.9	
22	X	24	111,000										1.2	
23	X	24	111,000										1.1	
24		24	106,000											
25	X	24	107,000										1.3	
26	X	24	65,000										1.0	
27	X	24	9,000										1.1	
28	X	24	38,000										0.7	
29	X	24	62,000										1.1	
30	X	24	86,000										0.7	
31														
Total			2,639,000											
Average			87,967											
Maximum			125,000											

WATER LOSS RECORD

Clermont 1 WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Clermont 1 WTP							2,000
								Total 2,000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

6296

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)			PWS Identification Number:	3354883-7
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 | Domenic Gentilucci | C-12562

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: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: [redacted] JULY, 2006

628

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

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

Revised
FILE COPY

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	75,000										0.6	0,000 Indicates no flow
2		24	75,000											
3	X	24	24,000										0.5	
4	X	24	35,000										0.4	
5	X	24	106,000										1.4	
6	X	24	74,000										1.2	
7	X	24	44,000										0.9	
8	X	24	101,000										0.7	
9		24	100,000											
10	X	24	58,000										0.6	
11	X	24	60,000										0.7	
12	X	24	105,000										0.8	
13	X	24	95,000										0.8	
14	X	24	115,000										0.9	
15		24	115,000											
16	X	24	113,000										1.1	
17	X	24	0,000										1.1	
18	X	24	60,000										0.9	
19	X	24	133,000										1.0	
20	X	24	116,000										1.1	
21	X	24	113,000										0.8	
22		24	113,000											
23	X	24	41,000										0.9	
24	X	24	0,000										1.0	
25	X	24	74,000										0.6	
26	X	24	135,000										0.5	
27	X	24	18,000										1.7	
28	X	24	83,000										1.0	
29	X	24	106,000										1.0	
30		24	106,000											
31	X	24	2,000										0.8	
Total			2,395,000											
Average			77,258											
Maximum			135,000											

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

PWS Identification Number: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: JULY, 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	75,000										0.6	0,000 Indicates no flow
2		24	75,000											
3	X	24	24,000										0.5	
4	X	24	35,000										0.4	
5	X	24	106,000										1.4	
6	X	24	74,000										1.2	
7	X	24	44,000										0.9	
8	X	24	101,000										0.7	
9		24	100,000											
10	X	24	58,000										0.6	
11	X	24	60,000										0.7	
12	X	24	105,000										0.8	
13	X	24	95,000										0.8	
14	X	24	115,000										0.9	
15		24	115,000											
16	X	24	113,000										1.1	
17	X	24	0,000										1.1	
18	X	24	60,000										0.9	
19	X	24	133,000										1.0	
20	X	24	116,000										1.1	
21	X	24	113,000										0.8	
22		24	113,000											
23	X	24	41,000										0.9	
24	X	24	0,000										1.0	
25	X	24	74,000										0.6	
26	X	24	135,000										0.5	
27	X	24	18,000										1.7	
28	X	24	83,000										1.0	
29	X	24	106,000										1.0	
30		24	106,000											
31	X	24	2,000										0.8	
Total			2,395,000											
Average			159.667											
Maximum			2,395.000											

.077
0.135

WATER LOSS RECORD

Clermont 1 WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Clermont 2 Eye wash							
								Total 150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)			PWS Identification Number:	3354883-7
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CLERMONT I			Plant Telephone Number:	
Plant Address:	13225 Anderson Hill Rd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System. mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	98,000										0.8	0.000 Indicates no flow
2	X	24	140,000										0.9	
3	X	24	262,000										0.9	
4	X	24	167,000										1.1	
5		24	167,000											
6	X	24	224,000										1.0	
7	X	24	135,000										0.7	
8	X	24	95,000										0.8	
9	X	24	196,000										1.2	
10	X	24	165,000										1.2	
11	X	24	203,000										1.2	
12		24	203,000											
13	X	24	130,000										1.1	
14	X	24	125,000										0.8	
15	X	24	186,000										0.9	
16	X	24	140,000										1.0	
17	X	24	174,000										1.0	
18	X	24	186,000										1.5	
19		24	186,000											
20	X	24	141,000										1.8	
21	X	24	121,000										1.3	
22	X	24	177,000										1.4	
23	X	24	198,000										1.1	
24	X	24	127,000										0.7	
25	X	24	105,000										2.0	
26		24	106,000											
27	X	24	153,000										1.4	
28	X	24	105,000										1.2	
29	X	24	66,000										0.7	
30	X	24	64,000										0.6	
31	X	24	110,000										2.5	
Total			4,655,000											
Average			150,161											
Maximum			262,000											

628

WATER LOSS RECORD

Clermont 1 WTP Aug 2006

DATE	ADDRESS		RESIDUA	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 150 gal

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

09/05/2006 14:41 3522420565 LK GROVES PAGE 20/21

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

6028

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)	PWS Identification Number:	3354883-7
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	CLERMONT I	Plant Telephone Number:	
Plant Address:	13225 Anderson Hill Rd.	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 10/04/06

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	89,000										3.0	0,000 Indicates no flow
2		24	89,000											
3	X	24	104,000										2.0	
4	X	24	44,000										1.4	
5	X	24	88,000										1.5	
6	X	24	100,000										1.5	
7	X	24	107,000										2.0	
8	X	24	82,000										2.0	
9		24	82,000											
10	X	24	115,000										1.9	
11	X	24	96,000										1.7	
12	X	24	106,000										1.5	
13	X	24	110,000										1.5	
14	X	24	122,000										2.3	
15	X	24	76,000										2.0	
16	X	24	106,000										1.8	
17		24	107,000											
18	X	24	102,000										2.2	
19	X	24	101,000										1.8	
20	X	24	111,000										1.5	
21	X	24	78,000										1.5	
22	X	24	136,000										1.0	
23	X	24	107,000										1.0	
24		24	107,000											
25	X	24	96,000										1.6	
26	X	24	84,000										1.6	
27	X	24	121,000										1.5	
28	X	24	103,000										0.9	
29	X	24	140,000										1.6	
30		24	139,000											
31														
Total			3,048,000											
Average			101,600											
Maximum			140,000											

CLERMONT I

13225 Anderson Hill Rd. PWS # 3354883-7

MONTH AND YEAR Sept - 2006

	DATE	TIME	FLOW METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	INITI
	1	1205	43209	89	579.4	12.1	8791.7	12.2	35	5	3.0	3.0	RAP
	2			89		12.1		12.2		5			
	3	1615	43387	104	603.8	14.3	8816.1	14.3	25	4	2.5	2.0	DSA
	4	1130	43491	44	617.9	6.1	830.4	6.2	21	3	2.0	1.4	RAP
	5	0935	43535	88	624.6	13.8	836.6	10.6	18	3	3.0	1.5	RAP
	6	1020	43623	100	637.8	13.9	847.2	13.8	15	5	2.3	1.5	RAP
F—	7	0935	43723	107	651.7	13.7	861.0	13.7	10/55	4	2.5	2.0	RAP
	8	0845	43830	82	665.4	10.7	874.7	10.5	51	2.5	2.5	2.0	RAP
	9			82		10.7		10.5		2.5			
	10	1645	43994	115	686.8	14.6	895.7	15.0	46	6.0	2.5	1.9	DSA
	11	1440	44109	96	701.4	12.3	910.7	13.8	40	5.0	2.4	1.7	SP
	12	0925	44205	106	713.7	14.1	924.5	13.9	35	5.0	2.5	1.5	RAP
	13	0930	44311	110	727.8	16.7	938.4	13.8	30/55	4.0	2.5	1.5	RAP
	14	0920	44421	122	744.5	16.8	952.2	17.1	51	4.0	3.0	2.3	RAP
	15	1210	44543	76	761.3	10.7	969.3	10.7	47	4.0	2.2	2.0	RAP
	16	1840	44619	106	772.0	15.0	980.0	15.1	43	5.0	2.5	1.8	TC
	17			107		14.9		15.2		5.0			
	18	1340	44832	102	801.9	14.5	9010.3	14.5	33	5.0	3.0	2.2	//
	19	1205	44934	101	816.4	15.6	902.4.8	15.1	28	5.0	2.4	1.5	RAP
B—	20	0850	45035	111	832.0	16.1	39.9	16.2	23	3.0	3.0	1.5	RAP B/C
	21	0910	45146	78	848.1	7.8	56.1	14.9	20	4.0	2.5	1.5	RAP
	22	0900	45224	136	855.9	19.9	9071.0	19.9	16/55	1.0	1.1	1.0	RAP
	23	2100	45360	107	875.8	15.3	9090.9	15.4	54	6.0	1.4	1.0	TC
	24		45574	107		15.3		15.4		6.0			
F—	25	1015	45574	96	906.4	14.6	9121.3	14.2	42	5.0	2.1	1.6	CG
	26	0835	45670	84	921.0	13.9	9135.9	14.8	37	3.0	2.5	1.6	RAP
	27	0830	45754	121	934.9	15.8	9144.7	16.8	34	3.0	3.0	1.5	RAP
	28	1040	45875	103	950.7	15.0	9161.5	14.8	55/53	3.0	2.0	0.9	RAP
	29	0900	45978	140	965.7		9176.3	20.0	50	5.0	2.6	1.6	RAP
	30			139				19.9		5.0			
	31												
	1	1010	46057		5005.4		9216.5		40		2.8	1.5	TC
	TOTAL		3048										
	AVG		101.60										

WATER LOSS RECORD

628

Clermont 1 WTP Sept 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
9/30/2006	Eye Wash						5 gpd	
								Total 150 gals

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

6028

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: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)		PWS Identification Number:	3354883-7	
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175		
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CLERMONT I		Plant Telephone Number:		
Plant Address:	13225 Anderson Hill Rd.	City:	CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	137,000										1.5	0.000 Indicates no flow
2	X	24	116,000										1.1	
3	X	24	115,000										1.0	
4	X	24	129,000										0.8	
5	X	24	107,000										0.8	
6	X	24	137,000										1.3	
7		24	138,000											
8	X	24	128,000										1.4	
9	X	24	134,000										1.5	
10	X	24	137,000										0.9	
11	X	24	111,000										1.1	
12	X	24	75,000										1.5	
13	X	24	45,000										1.0	
14		24	45,000											
15	X	24	142,000										1.4	
16	X	24	45,000										2.0	
17	X	24	49,000										1.3	
18	X	24	86,000										1.4	
19	X	24	93,000										1.2	
20	X	24	59,000										1.0	
21		24	59,000											
22	X	24	186,000										1.4	
23	X	24	0,000										1.4	
24	X	24	79,000										1.0	
25	X	24	90,000										1.3	
26	X	24	87,000										1.5	
27	X	24	49,000										2.0	
28	X	24	76,000										1.5	
29		24	76,000											
30	X	24	35,000										1.7	
31	X	24	44,000										1.5	
Total			2,809,000											
Average			90,612											
Maximum			186,000											

CLERMONT I

13225 Anderson Hill Rd. PWS # 3354883-7

MONTH AND YEAR October - 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	25005.4 WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	GALS CL2 ~~MISSES~~	USED	CL2 POE	CL2 RT	INITI
1	1010	46257	137	5005.4	19.8	9216.2	20.4	40	4.0	2.8	1.5	AC
2	1035	46394	116	25.2	16.7	9236.6	18.5	36	6.0	1.6	1.1	AC
3	0840	46510	115	41.9	16.7	255.1	16.7	30	5.0	1.4	1.0	RAP
4	0925	46625	129	58.6	20.7	271.8	18.6	25	7.0	1.0	0.8	RAP
5	1030	46754	107	5079.3	17.8	9290.4	17.7	18	7.0	1.2	0.8	RST
6	1239	46861	137	97.1	21.0	308.1	22.6	11/55	~~8.0~~	2.4	1.3	RAP
7			138		20.5		22.6	0	7.0			
8	1015	47136	128	138.6	16.4	353.3	24.1	40	3.0	2.0	1.4	AC
9	1040	47264	134	155.5	23.0	377.4	23.2	37	13.0	3.0	1.5	AC
10	1110	47398	137	178.5	21.5	400.6	23.1	24	6.0	3.0	0.9	RAP
11	1205	47535	111	200.0	20.1	423.7	16.5	55/55	4.0	2.8	1.1	RAP
12	0920	47646	75	20.1	24.5	440.2	19.4	51	2.0	3.5	1.5	RAP
13	1110	47721	45	44.6	12.4	459.6	11.0	49	3.0	3.0	1.0	RAP A/C
14			45		12.3		10.7	~~0~~	5.0			
15	0850	47811	147	69.3		481.3		43	8.0	2.0	1.4	AC
16	1010	47953	45	30.2	23.1	517.2	11.4	35	4.0	3.0	2.0	AC
17	0935	47998	49	329.3	16.0	528.6	12.0	31	3.0	3.0	1.3	RAP
(*) 18	0600	48047	86	345.3	17.2	540.6	21.3	28	5.0	2.5	1.4	CS
19	0955	48133	93	17.2	17.9	561.9	13.3	23	3.0	3.5	1.2	RAP
20	0915	48226	59	35.1	9.4	75.2	8.3	20	2.0	2.4	1.0	RAP
21			59		9.4		8.2		2.0			
22	0415	48344	186	53.9	33.5	91.7	27.2	16	7.0	1.9	1.4	AC
23	1030	48530	0	87.4	0	618.9	0	9/50	0	2.5	1.4	CS
24	0910	48530	79	87.4	14.9	618.9	13.1	35	5.0	1.5	1.0	RAP
F 25	1005	48609	90	102.3	13.4	632.0	12.7	50/55	2.0	3.0	1.3	RAP
26	0650	48699	87	115.7	19.0	644.7	10.1	53	2.0	2.0	1.5	RAP
27	0855	48786	49	134.7	11.8	654.8	5.2	51	2.0	2.5	2.0	RAP
28	1220	48835	76	176.5	15.1	660.0	~~19.5~~	49	3.0	2.3	1.5	RAP
29			76		15.1	~~679.1~~	9.6		3.0			
30	0940	48907	35	176.7	7.5	679.1	4.5	43	1.0	2.5	1.7	CS
31	0900	49022	44	184.2		683.6		42		2.5	1.5	RAP
1		49066		191.0		689.7		41	4.0	2.4	1.6	CS
TOTAL			2809									
AVG			90.612									

(*) Well #1 Hour Meter Replaced - ETM's # 25353.0 RAP

Avg Flow - 1-7 - 126
5-14 - 96
15-21 - 76
22-28 -
29-1 -

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)	PWS Identification Number:	3354883-7
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,291	Total Population Served at End of Month:	18,518
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	CLERMONT I	Plant Telephone Number:	
Plant Address:	13225 Anderson Hill Rd.	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts	12/05/06	Steve Pfouts	C-14204
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: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: November , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	111,000										1.6	0.000 Indicates no flow
2	X	24	82,000										1.2	
3	X	24	49,000										1.4	
4	X	24	91,000										1.2	
5		24	91,000											
6	X	24	31,000										1.6	
7	X	24	35,000										1.5	
8	X	24	50,000										1.2	
9	X	24	42,000										1.1	
10	X	24	59,000										1.1	
11	X	24	79,000										1.3	
12		24	79,000											
13	X	24	33,000										1.2	
14	X	24	55,000										1.6	
15	X	24	77,000										1.2	
16	X	24	47,000										1.1	
17	X	24	35,000										1.3	
18		24	34,000											
19	X	24	172,000										1.2	
20	X	24	35,000										1.1	
21	X	24	53,000										1.3	
22	X	24	76,000										2.0	
23	X	24	115,000										1.6	
24	X	24	85,000										1.8	
25		24	85,000											
26	X	24	94,000										1.4	
27	X	24	33,000										1.3	
28	X	24	54,000										1.8	
29	X	24	56,000										1.6	
30	X	24	65,000										1.6	
Total			2,003,000											
Average			66,767											
Maximum			172,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

11-07-06 1155

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Report Number: 06-11250 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- ☐ Standard Coliform test
- ☐ HPC
- ☒ Other: MF

Lab Receipt Date & Time: 11.7.06 1700
Analysis Date & Time: 11.7.06 1715
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

System Name: Lake Utility System Inc. North PWS I.D. 3 3 5 4 8 8 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason For Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 11-7-06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
C1W1	Clermont 1 Well # 1	9:25am	R	0.0			A			1
C1W2	Clermont 1 Well # 2	9:25am	R	0.0			A			2

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

- ☒ A certified Operator (# CJ25542)
- ☐ Employed by a certified lab
- ☐ Supervised by a cert operator (# _____)
- ☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

CLERMONT I

13225 Anderson Hill Rd. PWS # 3354883-7

MONTH AND YEAR November 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	INITI
1	0555	49066	111	191.0	18.5	689.7	15.4	41	5.0	2.4	1.6	ES
2	0900	49177	82	209.5	14.7	705.1	12.3	36	2.0	2.4	1.2	RAP
3	0905	49259	49	224.2	9.3	717.4	6.9	34	1.0	2.5	1.4	RAP
4	0720	49308	41	231.5	17.0	724.1	12.3	33	3.5	2.0	1.2	TC
5			91		17.0		12.3		3.5			
6	1125	49440	31	265.5	7.2	748.7	3.8	26	2.0	2.2	1.6	TC
7	1110	49521	35	272.7	6.2	752.5	5.6	24	1.0	1.8	1.5	RAP
8	1020	49556	50	278.9	10.5	758.1	6.4	23	—	2.5	1.2	RAP
9	1:35	49606	42	289.4	13.2	764.5	3.2	5/54	2.0	2.2	1.1	SP
10	6:35	49648	54	302.7	10.7	767.7	7.8	52	3.0	2.1	1.1	SP
11	1240	49707	79	313.4	15.4	775.5	10.3	47	0.5	2.1	1.3	TC
12			79		15.3		10.2		0.5			
13	6:35	49865	33	349.1	6.9	796.0	4.3	46	1.0	2.1	1.2	SP
14	6:35	49898	55	351.0	9.4	800.3	7.3	45	2.0	2.5	1.6	SP
15	1025	49953	77	360.4	13.6	807.6	6.1	43	3.0	2.4	1.2	RAP
16	635	50030	47	374.0	13.4	813.7	⊙	40	1.0	2.2	1.1	SP
17	0945	50077	35	387.4	6.0	813.7	3.5	39	1.0	1.9	1.3	RAP
18			34		5.7		3.2		1.0			
19	0910	50146	172	399.1	27.7	820.4	20.4	37	6.0	1.7	1.2	TC
20	1255	50318	35	426.8	7.6	840.8	3.5	31	3.0	1.7	1.1	TC
21	1040	50353	53	434.4	8.1	844.3	6.8	28	1.0	2.5	1.3	TC
22	0825	50406	76	442.5	11.3	851.1	10.6	27	2.0	2.3	2.0	RAP
23	0430	50482	115	453.8	19.3	861.7	15.2	25	5.0	2.5	1.6	RAP
24	0730	50597	85	473.1	13.0	876.9		20	2.5	2.1	1.8	RAP
25			85		12.7		15	25	2.5			
26	1000	50716	94	488.0	14.9	889.4	13.1	15	2.0	2.0	1.4	TC
27	1100	50861	33	513.9	7.3	912.5	3.4	13	1.0	2.3	1.3	TC
28	7:05	50894	54	521.2	8.0	915.9	7.4	12	2.0	2.0	1.8	SP
29	7:05	50948	56	529.2	9.3	923.3	7.4	10	2.0	2.2	1.6	SP
30	1320	51004	65	538.5	13.3	930.7	4.1	7/55	3.0	2.0	1.6	RAP
31	1040	51069		551.8		934.8		53	2.0	1.7	1.5	RAP
1												
TOTAL		2003										
AVG		66.7										

F

F

*

*See Log

1-7 = 70

7-14 = 57

14-21 = 65

21-28 = 78

628

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CLERMONT I**)		PWS Identification Number:	3354883-7	
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CLERMONT I		Plant Telephone Number:		
Plant Address:	13225 Anderson Hill Rd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-7 | Plant Name: CLERMONT I

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	63,000										1.5	0,000 Indicates no flow
2		24	63,000											
3	X	24	84,000										1.5	
4	X	24	48,000										1.4	
5	X	24	71,000										1.4	
6	X	24	98,000										1.5	
7	X	24	73,000										1.6	
8	X	24	96,000										1.5	
9		24	96,000											
10	X	24	94,000										1.3	
11	X	24	50,000										1.5	
12	X	24	65,000										1.8	
13	X	24	137,000										1.5	
14	X	24	38,000										1.3	
15	X	24	42,000										1.3	
16		24	41,000											
17	X	24	144,000										1.0	
18	X	24	47,000										1.2	
19	X	24	71,000										1.6	
20	X	24	85,000										1.6	
21	X	24	107,000										1.8	
22	X	24	40,000										1.8	
23		24	39,000											
24	X	24	44,000										1.4	
25	X	24	10,000										1.1	
26	X	24	48,000										1.4	
27	X	24	74,000										1.3	
28	X	24	43,000										1.3	
29	X	24	47,000										1.0	
30		24	47,000											
31	X	24	32,000										1.0	
Total			2,037,000											
Average			65,710											
Maximum			144,000											

CLERMONT I

13225 Anderson Hill Rd. PWS # 3354883-7

MONTH AND YEAR December 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	INITI	
1	1040	51069	63	551.8	10.3	934.8	7.0	53	1.0	1.9	1.5	RAP	A/C
2			63		10.2		6.9		1.0				
3	0710	51145	84	572.3	16.1	948.7	16.3	51	3.0	1.8	1.5	TC	
4	1115	51279	48	588.4	9.1	960.0	6.6	38	2.0	2.3	1.4	TC	
5	1230	51327	71	597.5	15.2	965.6	8.1	46	2.0	2.2	1.4	RAP	A/C
6	0935	51398	98	612.7	16.6	973.7	13.5	44	2.0	2.3	1.5	RAP	
7	0935	51496	73	629.3	12.3	987.2	11.5	42/53	3.0	2.4	1.6	RAP	A/C
8	0635	51569	96	641.6	19.1	998.7	12.1	52	3.0	2.5	1.5	RAP	
9			96	679.8	19.1		12.1		3.0				
10	1330	51761	94	679.8	16.0	1002.9	14.2	46	3.0	2.0	1.3	TC	
11	1050	51855	50	695.8	12.8	37.1	5.8	43	3.0	2.4	1.5	TC	
12	0920	51905	65	708.6	10.5	42.9	5.6	46	1.0	2.2	1.8	RAP	F →
13	0605	51970	137	719.1	19.7	48.5	17.0	39	4.0	2.4	1.5	RAP	
14	1245	52107	38	738.8	12.3	65.5	0	35	1.0	1.6	1.3	RAP	
15	0940	52145	42	751.1	8.1	65.5	5.0	34	1.0	1.4	1.3	RAP	
16			41		8.0		4.4		1.0				
17	0220	52278	144	767.2	23.5	74.9	17.8	32	5.0	1.3	1.0	TC	
18	1250	52372	47	790.7	8.3	92.7	6.0	22	2.0	1.6	1.2	TC	
19	0955	52419	71	799.0	13.5	98.7	8.1	25	2.0	1.7	1.6	RAP	
20	1005	52490	85	812.5	12.7	106.8	12.4	24	1.0	1.6	1.6	RAP	well # Runs To 0.7s
21	0640	52575	107	825.2	18.5	119.2	15.0	20	2.0	2.5	1.8	RAP	
22	1015	52682	60	843.7	7.0	134.2	6.0	18	0.5	1.7	1.8	RAP	
23			39		6.6		5.3		0.5				
24	0600	52761	44	857.3	14.2	145.5	2.7	17	1.0	1.9	1.4	TC	
25	1735	52805	10	871.5	4.3	148.2	0	16	0.5	1.7	1.1	TC	
26	0940	52815	18	875.8	8.7	148.2	6.6	15.5	1.0	1.0	1.4	RAP	A/C
27	0945	52863	74	884.5	14.6	154.8	9.5	14.5	2.5	1.5	1.3	RAP	F *
28	0920	52937	43	899.1	8.9	164.3	5.5	12/56	0.5	1.2	1.3	RAP	*
29	0905	52980	47	908.0	8.1	169.8	7.0	55.5	1.0	1.0	1.0	RAP	
30			47		8.0		6.7		0.5				
31	0410	53074	32	924.1	7.8	183.5	3.3	54	0.5	1.1	1.0	RAP	
1	0705	53106		931.9		186.8		52.5		1.2	1.0	TC	
TOTAL		2,031											
AVG		65,710											

1-7 = 71
7-14 = 77
14-21 = 77

22-28 = 43

* See Log

(028

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)		PWS Identification Number:	3350153
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	CLERMONT II	Plant Telephone Number:		
Plant Address:	End of Sunset Ridge	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	11,000										1.5	0,000 Indicates no flow
2		24	11,000											
3	X	24	0,000										1.3	
4	X	24	0,000										1.9	
5	X	24	11,000										1.8	
6	X	24	13,000										1.5	
7	X	24	0,000										1.4	
8	X	24	12,000										1.2	
9		24	12,000											
10	X	24	0,000										1.4	
11	X	24	0,000										1.5	
12	X	24	8,000										1.6	
13	X	24	18,000										1.5	
14	X	24	0,000										1.8	
15	X	24	0,000										1.5	
16		24	0,000											
17	X	24	0,000										1.4	
18	X	24	0,000										1.0	
19	X	24	0,000										1.3	
20	X	24	0,000										2.0	
21	X	24	0,000										1.5	
22	X	24	0,000										1.7	
23		24	0,000											
24	X	24	0,000										1.1	
25	X	24	0,000										1.0	
26	X	24	0,000										1.0	
27	X	24	0,000										1.3	
28	X	24	0,000										1.3	
29	X	24	0,000										1.3	
30		24	0,000											
31	X	24	0,000										1.0	
Total			96,000											
Average			3,097											
Maximum			18,000											

CLERMONT II

END OF SUNSET RIDGE PWS # 3350153

MONTH AND YEAR December 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AQUA DEAN	LBS USED	AIR %	INITI
1	1130	1313	11	47.6	4.0	88.6	3.3	38.5	.75	3.5	1.5	36	6.0	40	RAP
2			11		3.6		3.2		.75				6.0		
3	0715	1325	-	55.2	-	95.1	-	37	-	2.0	1.5	24	-	40	JC
4	1140	1335	0	55.2	0	95.1	-	37	0	2.7	1.9	24	0	40	JC
5	0830	1335	11	55.2	4.4	95.1	3.1	37	1.0	2.5	1.8	24	7.0	40	RAP
6	0900	1346	13	59.6	4.0	98.2	4.5	36	2.0	3.0	1.5	17	7.0	40	RAP
7	0900	1359	0	63.6	0	102.7	0	34	0	2.5	1.4	10	0	40	RAP
8	0600	1359	12	63.6	3.9	102.7	3.4	34	1.0	2.5	1.2	10	3.0	40	RAP
9	6.00		12		3.9		3.4		1.0				3.0		
10	1350	1383		71.4	-	109.5	-	32		2.1	1.4	4	-	40	JC
11	1115	1383	0	71.4	0	109.5	0	32	0	2.2	1.5	4	0	40	JC
12	0845	1383	8	71.4	2.4	109.5	2.0	32	2.0	3.0	1.6	4/60	4.0	40	RAP
13	0530	1391	18	73.8	5.7	111.5	5.6	30	1.0	1.9	1.5	56	7.0	40	RAP
14	0900	1409	0	79.5	0	117.1	0	29	0	3.5	1.8	49	0	40	RAP
15	0905	1409	-	79.5	-	117.1	-	29	-	2.5	1.5	49	-	45	RAP
16			-		-		-		-				-		
17	0500	1409	-	79.5	-	117.1	-	29		1.9	1.4	49	-	45	JC
18		1409	0	79.5	0	117.1	0	29	0	1.0	1.0	49	0	45	JC
19	0920	1409	0	79.5	0	117.1	0	29	0	1.4	1.3	49	0	45	RAP
20	0930	1409	0	79.5	0	117.1	0	29	0	1.5	2.0	49	0	45	RAP
21	0605	1409	0	79.5	0	117.1	0	29	0	1.4	1.5	49	0	45	RAP
22	1050	1409	-	79.5	-	117.1	-	29	-	1.7	1.7	49	-	45	RAP
23			-		-		-		-				-		
24	0540	1409	-	79.5	-	117.1	-	29	-	1.4	1.1	49	-	40	JC
25	0715	1409	0	79.5	0	117.1	0	29	0	1.3	1.0	49	0	48	JC
26	0905	1409	0	79.5	0	117.1	0	29	0	1.3	1.0	49	0	45	RAP
27	0910	1409	0	79.5	0	117.1	0	29	0	1.3	1.3	49	0	45	RAP
28	0845	1409	0	79.5	0	117.1	0	29	0	1.5	1.3	49	0	45	RAP
29	0750	1409	-	79.5	-	117.1	-	29	-	1.4	1.3	49	-	45	RAP
30			-		-		-		-				-		
31	0720	1409	-	79.5	-	117.1	-	29	-	1.2	1.0	49	-	45	JC
1	0725	1409		79.5		117.1		29		1.1	1.0	49		45	JC
TOTAL		96,000													
AVG		3,097													

-7 = 7

-14 = 7

5-21 = 0

22-28 = "0"

Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

12-05-06 1400

Lab Receipt Date & Time: 12-6-6 900
Analysis Date & Time: 12-6-6 900
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06 12 0856 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)
- [ ] Standard Coliform test
- [ ] HPC
- [X] Other: MF

System Name: Utilities Inc of Fl Clermont 2 PWS I.D. 3 3 5 0 1 5 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Raymond Parrish Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
- [X] Community Water System
- [ ] Non-Transient Non-community Water System
- [ ] Transient Non-community Water System
- [ ] Limited Use System
- [ ] Bottled Water
- [ ] Private Well
- [ ] Swimming Pool
- [ ] Other:

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 12-5-06

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
C1	Clermont 2 Well # 1	850am	R	0.0			A			1
C2	Clermont 2 Well # 2	855am	R	0.0			A			2
C3	12809 Ridge Ave.	830am	D	1.8			A			3
C4	12826 Lakeshore Dr.	835am	D	1.8			A			4

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.8

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:

Person performing analysis is (Please see instructions on reverse):
- [X] A certified Operator (# C 12740
- [ ] Employed by a certified lab
- [ ] Supervised by a cert operator (#_____)
- [ ] Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH
DEP/DOH Reviewing Official

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw, N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)		PWS Identification Number:	3350153
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	CLERMONT II	Plant Telephone Number:		
Plant Address:	End of Sunset Ridge	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 12/05/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: November , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	16,000										1.4	0,000 Indicates no flow
2	X	24	0,000										1.0	
3	X	24	14,000										1.0	
4	X	24	12,000										1.6	
5	X	24	0,000										1.8	
6	X	24	0,000										1.3	
7		24	0,000											
8	X	24	0,000										1.0	
9	X	24	0,000										0.9	
10	X	24	5,000										0.9	
11	X	24	0,000										0.8	
12		24	0,000											
13	X	24	0,000										0.7	
14	X	24	12,000										0.7	
15	X	24	0,000										1.4	
16	X	24	0,000										1.3	
17	X	24	3,000										1.0	
18		24	3,000											
19	X	24	5,000										0.9	
20	X	24	0,000										2.1	
21	X	24	5,000										1.5	
22	X	24	2,000										1.0	
23	X	24	3,000										1.0	
24	X	24	8,000										1.0	
25		24	8,000											
26	X	24	0,000										1.3	
27	X	24	0,000										1.0	
28	X	24	0,000										1.0	
29	X	24	4,000										1.0	
30	X	24	0,000										1.5	
Total			100,000											
Average			3,333											
Maximum			16,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

11-07-06 1155

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Lab Receipt Date & Time: 11.7.06 1700
Analysis Date & Time: 11.7.06 1715
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: ab11249 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [ ] Standard Coliform test
- [ ] HPC
- [X] Other: MF

System Name: Utilities Inc of Fl Clermont 2 PWS I.D. 3 3 5 0 1 5 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

- [X] Community Water System
- [ ] Non-Transient Non-community Water System
- [ ] Transient Non-community Water System
- [ ] Limited Use System
- [ ] Bottled Water
- [ ] Private Well
- [ ] Swimming Pool
- [ ] Other: _____

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 11-7-06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Total Coliform Analysis Method: 9222B; Fecal or E.coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Date Qualifier[2]	Lab Sample Number
CL2W1	Clermont 2 Well # 1	8:50am	R	0.0			A			1
CL2W2	Clermont 2 Well # 2	8:50am	R	0.0			A			2

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [X] Other: _____

Person performing analysis is (Please see instructions on reverse):

- [X] A certified Operator (# C12562)
- [ ] Employed by a certified lab
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Lab Receipt Date & Time: 11-10-6 700
Analysis Date & Time: 11-10-6 800
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-11-365 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)
☐ Standard Coliform test
☐ HPC
☒ Other: MF

System Name: Utilities Inc of Fl Clermont 2 PWS I.D. 3 3 5 0 1 5 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other:

Reason For Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 11-9-06

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
C1	12948 Lakeveiw I Ave.	735am	D	1.0			A			1
C2	12812 Lakeshore Dr.	740am	D	1.0			A			2

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. 1.0

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is (Please see instructions on reverse):
☒ A certified Operator (# 012562) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#) ☐ Employed by DEP or DOH

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH
DEP/DOH Reviewing Official

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check; R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special (clearance, etc.)

CLERMONT II

END OF SUNSET RIDGE PWS # 3350153

MONTH AND YEAR NOVEMBER 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AQUA DEAN	LBS USED	AIR %	INIT
1	0855	1213	16	998.9	5.1	5070.1	4.8	53.5	0.5	3.0	1.4	53	7.0	30	
2	0825	1229	0	2000.0	0	74.9	0	53	0	3.5	1.0	45	0	30	
3	0830	1229	14	4.0	4.0	74.9	4.3	53	1.0	3.3	1.0	45	7.25	30	
4	0725	1243	12	8.0	4.3	79.2	3.2	52	2.0	2.7	1.6	37.75	5.75	30	
5	1030	1255	-	12.3	-	82.4	-	50	-	2.4	1.8	32.0	-	30	
6	DYSU	1255		12.3		82.4		50		2.1	1.3	32.0		30	
7			0		0		0		0				0		
8	0945	1255	"	12.3	"	82.4	"	50	"	2.2	1.0	32	"	30	
9	7:00A	1255	"	12.3	"	82.4	"	50	"	2.0	0.9	32	"	35	
10	6:00	1255	5	12.3	4.1	82.4	0.1	50	1.0	1.8	0.9	32		35	
11	1300	1260	"	16.4	"	82.5	"	49	"	1.0	0.8	25.25	"	35	
12		1260	-	16.4	—	82.5	—	49	—	~~1.0~~	~~0.8~~	25.25	"	35	
13	6:00	1260	0	16.4	0	82.5	0	49	0	1.0	0.7	25.25	"	35	
14	6:00	1260	12	16.4	4.4	82.5	3.0	49	3.0	0.8	0.7	25	7.0	35	
15	0950	1272	0	20.8	"	85.5	"	46	"	1.0	1.4	18	"	35	
16	6:00	1272	0	20.8	0	85.5	0	46	0	1.0	1.3	18	0	35	
17	0900	1272	3	20.8	2.2	85.5	-	46	.25	2.0	1.0	18	3.50	35	
18			3		2.2		-		.25				3.25		
19	0930	1278	5	25.2	3.9	85.5	-	45.5	.75	1.4	0.9	11.25	6.25	35	
20	1320	1283	-	29.1	-	85.5	-	44.75	-	3.0	2.1	5.0	-	30	
21	1200	1283	5	29.1	3.4	85.5	0	44.75	.75	2.6	1.5	5.0		30	
22	0750	1288	2	32.5	1.5	85.5	0	44	0.5	3.5	1.0	~~4.0~~ 3.8	2.0	40	
23	0900	1290	3	34.0	2.4	85.5	0	43.5	0.5	2.5	1.0	5.6	4.0	50	
24	0900	1293	8	36.4	4.2	85.5	1.6	43	2.0	3.5	1.0	5.2	6.0	50	
25			8		4.1		1.5		2.0				5.0		
26	1050	1305	-	44.7	-	88.6	0	39	0	2.3	1.5	41	-	50	
27	1100	1305	0	44.7	0	88.6	0	39	0	1.7	1.0	41	0	50	
28	6:00	1305	0	44.7	0	88.6	0	39	0	1.4	1.0	41	0	40	
29	6:30	1309	4	44.7	2.9	88.6	6	39	0.5	1.2	1.0	41	5.0	40	
30	1705	1313	0	47.6	0	88.6	0	38.5	0	3.5	1.5	36	0	40	
61	1130	1313		47.6		88.6		38.5		3.5	1.5	36		40	
1															
TOTAL		100.00													
AVG		3.379													

1-7 = 6

7-14 = 7

15-21 = 7

22-28 = 8

678

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: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)	PWS Identification Number:	3350153
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	39	Total Population Served at End of Month:	137
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	CLERMONT II	Plant Telephone Number:	
Plant Address:	End of Sunset Ridge	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4). F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	42,000										1.8	0,000 Indicates no flow
2	X	24	13,000										2.0	
3	X	24	28,000										0.8	
4	X	24	23,000										0.8	
5	X	24	5,000										2.0	
6	X	24	24,000										1.5	
7		24	24,000											
8	X	24	11,000										1.3	
9	X	24	0,000										2.0	
10	X	24	23,000										1.5	
11	X	24	28,000										1.5	
12	X	24	0,000										1.5	
13	X	24	15,000										1.0	
14		24	14,000											
15	X	24	29,000										1.5	
16	X	24	0,000										1.9	
17	X	24	20,000										1.3	
18	X	24	20,000										1.2	
19	X	24	0,000										1.3	
20	X	24	10,000										0.9	
21		24	10,000											
22	X	24	22,000										1.7	
23	X	24	0,000										0.9	
24	X	24	16,000										0.9	
25	X	24	10,000										1.5	
26	X	24	6,000										1.0	
27	X	24	0,000										1.2	
28	X	24	5,000										1.0	
29		24	5,000											
30	X	24	0,000										1.3	
31	X	24	9,000										1.0	
Total			412,000											
Average			13,290											
Maximum			42,000											

AVG flow - 1-7 - 23
8-14 - 13
15-21 - 13
22-28 -
29-1 -

CLERMONT II

END OF SUNSET RIDGE PWS # 3350153

MONTH AND YEAR October - 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	19863.8 WELL 1 ETM'S	HR'S	24959.5 WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AQUA DEAN	LBS USED	AIR %	INITI
1	0900	801	142	863.8		959.5		25.5		2.5	1.8	55.5	—	25	MC *
2	1045	843	13	879.2	4.4	973.3	4.3	17.	3.0	3.5	2.0	55.5		20	MC
3	0815	856	28	883.6	7.7	977.6	7.1	14.0	3.0	1.0	0.8	0/5		30	RAP A*
4	0900	884	23	891.3	6.8	984.7	7.2	26/23	3.0	2.0	0.8	New 54		50	RAP *
5	1000	907	5	898.1	4.0	991.9	0	20	3.0	3.5+	2.0	59/48	6.0	40	RSA
6	1210	912	24	902.1	7.1	998.9	6.8	17/22	6.0	3.5	1.5	42	12.0	40	RAP *
7			24		7.3		6.8		6.0				11.25		
8	1100	960	11	916.2	4.5	5005.5	3.6	16	3.0	2.5	1.3	10.75	7.25	30	MC
9	0925	971	—	920.7	—	5009.1	—	13	—	3.0	2.0	11.50	—	30	MC
10	0940	971	23	920.7	6.7	5009.1	6.3	13	3.0	2.0	1.5	11.5	7.5	30	RAP
11	1140	994	28	927.4	10.2	15.4	6.6	55	3.0	3.0	1.5	4/69	16.0	30	RAP *
12	0845	1022	—	937.6	—	22.0	—	52	0	3.5	1.5	43	0	30	RAP
13	1035	1022	15	937.6	3.4	22.0	3.2	52	1.0	3.5	1.0	43	6		
14			14		3.3		3.2		1.0				5		
15	0910	1051	29	944.3	11.3	28.4	7.0	50	3.0	2.6	1.5	32	18	25	MC
16	1045	1080	0	955.6	0	35.4	0	47	0	3.3	1.5	14	0	25	MC
17	0900	1080	20	955.6	5.8	35.4	5.5	47	3.0	3.5	1.3	14	10	30	RAP
18	0850	1100	20	961.4	6.0	40.9	5.4	43	1.0	3.5	1.2	4/60	10	30	RAP
19	0855	1120	0	967.4	0	46.3	0	42	0	3.5	1.3	50	0	30	RAP
20	0840	1120	10	967.4	3.0	46.3	3.0	42	.5	2.5	0.9	50		30	RAP A*
21			10		3.0		2.5		.5						
22	0900	1140	22	973.4	8.5	51.8	5.4	41	3.0	2.0	1.7	40.5		30	MC
23	1310	1162	0	981.9	0	57.2	0	38	0	1.1	0.9	27	0	30	MC
24	0710	1162	16	981.9	4.8	57.2	4.4	38	1.0	1.0	0.9	27	8.0	30	RAP
25	0930	1178	10	986.7	3.1	61.6	2.3	37/55	1.0	3.0	1.5	19	4.0	30	RAP
26	0615	1188	6	989.8	1.7	63.9	1.7	54	0	2.4	1.0	15	3.0	30	RAP
27	0820	1194	0	991.5	0	65.6	0	54	0	2.3	1.2	12	0	30	RAP
28	1215	1194	5	991.5		65.6		54		2.0	1.0	12	2.5	30	RAP
29		1204	5										2.5		
30	900	1204	0	995.1	0	068.7	0	54	0	2.0	1.3	7/59	0.0	30	RAP
31	0825	1204	9	995.1		68.7		54	0.5	1.8	1.0	59		30	RAP
1	0855	1213		998.9		70.1		53.5		3.0	1.4	53		30	RAP
TOTAL		412.000													
AVG		13.290													

* 10-11-06 New Drum Aqua

* Added 12g.fl ccl to Drum - 10-3 - From Amber Hill - Weight = 59 LBS -

* Added 5 gal Cl2 to Drum - 10-6 - From Amber Hill -

* 10-4-06 New Aqua Dene Scope -

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

See page 4 for instructions.

1028 FILE COPY

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)			PWS Identification Number:	3350153
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	39		Total Population Served at End of Month:	137	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CLERMONT II			Plant Telephone Number:	
Plant Address:	End of Sunset Ridge		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 10/04/06 | Steve Pfouts | C-14204

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: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	3,000										1.0	0.000 Indicates no flow
2		24	3,000											
3	X	24	0,000										1.2	
4	X	24	0,000										1.3	
5	X	24	6,000										0.8	
6	X	24	6,000										1.5	
7	X	24	0,000										2.2	
8	X	24	4,000										1.5	
9		24	4,000											
10	X	24	0,000										1.2	
11	X	24	0,000										0.8	
12	X	24	15,000										0.8	
13	X	24	5,000										1.0	
14	X	24	0,000										2.0	
15	X	24	0,000										1.2	
16	X	24	6,000										1.0	
17		24	7,000											
18	X	24	0,000										0.8	
19	X	24	0,000										0.9	
20	X	24	7,000										0.9	
21	X	24	0,000										1.5	
22	X	24	23,000										1.0	
23	X	24	33,000										1.5	
24		24	33,000											
25	X	24	0,000										2.6	
26	X	24	20,000										1.2	
27	X	24	26,000										1.0	
28	X	24	15,000										0.7	
29	X	24	34,000										2.5	
30		24	34,000											
31														
Total			284,000											
Average			9,466											
Maximum			34,000											

~~SEPT 2006~~

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CLERMONT II

END OF SUNSET RIDGE PWS # 3350153

MONTH AND YEAR SEPT - 2006

DATE	TIME	FLOW METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AQUA DEAN	LBS USED	AIR %	INITI
1	1130	517	3	19742.3	2.2	24894.2	-	47	.25	3.0	1.0	50	-	40	RAP
2			3		2.2		-	47	.25				-		
3	1630	523	-	746.7	0.1	894.2	-	46.5	-	3.0	1.2	50	-	35	DSA
4	1115	523	-	746.8		894.2	-	46.5	-	3.0	1.3	50	-	35	RAP
5	0910	523	6		4.3		ø		2.0	3.0	0.8	50	1.0	35	RAP
6	0830	529	6	751.1	5.6	894.2	-	44.5	2.0	3.0	1.5	49	-	35	RAP
7	0900	535	-	756.7	-	894.2	-	42.5	-	3.0	2.2	49	-	35	RAP
8	0815	535	4	756.7	2.6	894.2	ø	42.5	ø	3.5	1.5	49/51	1.5	35	RAP
9			4		2.6		ø		ø				1.5		
10	1630	543	-	761.9	-	894.2	-	42.5	-	2.0	1.2	78	ø	35%	DSA
11	9:00	543	-	761.9	-	894.2	-	42.5	-	1.3	0.8	78	-	30%	SP
12	0850	543	15	761.9	5.15	894.2	4.3	42.5	1.5	1.0	0.8	78	4	30	RAP
13	0830	558	5	767.4	4.0	898.5	-	41	1.5	1.5	1.0	74	2	30	RAP
14	0845	563	-	771.4		898.5		39.5	-	3.2	2.0	72	-	30	RAP
15	1145	563	-	771.4	-	898.5	-	39.5	-	2.0	1.2	72	-	30	RAP
16	1820	563	6	771.4	3.0	898.5	2.0	39.5	.25	1.6	1.0	72		30	AC
17			7		2.3		1.6		.25				1.3		
18	1405	576	-	776.7	-	902.1	-	39.0	-	1.1	0.8	76	[redacted]	25	AC
19	1230	576	-	776.7	-	902.1	0.1	39.0	0.5	1.0	0.9	63	-	25	RAP
20	0925	576	7	776.7	5.2	902.2	-	38.5	1.5	2.0	0.9	63	3.0	25	RAP
21	0845	583	-	781.9	-	902.2	-	37	-	3.5	1.5	60	-	20	RAP
22	0835	583	23	781.9	7.7	902.2	6.8	37	3.0	3.5	1.0	60	10.0	20	RAP
23	1140	606	33	789.6		909.0	11.0	34	3.0	2.8	1.5	50		20	RAP
24			33				10.1		3.0						
25	1505	672	-	813.0	-	930.1	-	28	-	3.5	2.6	50	-	15	AC
26	0800	672	20	813.0	6.2	930.1	5.7	28	3.0	2.3	1.2	50	-	15	RAP
27	0810	692	26	819.2	8.6	935.8	7.2	25	5.0	1.5	1.0	50	10.0	15	RAP
28	1015	718	15	827.8	12.8	943.0	-0-	~~30~~	5.0	2.5	0.7	0/88	2.0	0	RAP
29	0810	733	34	840.6	11.9	943.0	8.5	26	4.0	3.5	2.5	78	12.0	20	RAP
30			34		11.9		8.0		1.5				11.5		
31															
1	0900	901		853.8		955.5		25.5		2.5	1.8	55.5		25	AC
TOTAL		284													
AVG		9.466													

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0.3 per 1000 GAL

WATER LOSS RECORD

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Clermont 2 WTP Sept 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
9/30/2006	Eye Wash						5 gpd	
								Total 150 gals

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)	PWS Identification Number:	3350153
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	39	Total Population Served at End of Month:	137
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	CLERMONT II	Plant Telephone Number:	
Plant Address:	End of Sunset Ridge	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06
Signature and Date

Steve Pfouts
Printed or Typed Name

C-14204
License Number

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	18,000										1.0	0,000 Indicates no flow
2	X	24	17,000										1.0	
3	X	24	13,000										0.9	
4	X	24	8,000										2.2	
5		24	8,000											
6	X	24	0,000										1.0	
7	X	24	0,000										0.6	
8	X	24	9,000										0.5	
9	X	24	21,000										1.2	
10	X	24	0,000										1.2	
11	X	24	27,000										0.8	
12		24	28,000											
13	X	24	0,000										0.8	
14	X	24	0,000										0.8	
15	X	24	16,000										0.8	
16	X	24	37,000										0.6	
17	X	24	8,000										0.8	
18	X	24	11,000										1.2	
19		24	11,000											
20	X	24	1,000										1.9	
21	X	24	0,000										1.5	
22	X	24	21,000										1.2	
23	X	24	23,000										0.6	
24	X	24	0,000										0.4	
25	X	24	0,000										0.6	
26		24	0,000											
27	X	24	0,000										0.7	
28	X	24	0,000										0.8	
29	X	24	6,000										0.7	
30	X	24	0,000										2.5	
31	X	24	1,000										2.0	
Total			284,000											
Average			9,161											
Maximum			37,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/21/06 1545

Analysis Date & Time: 8/21/06 16:20

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

System Name Clermont 2
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
System or Owner's Phone # 407-869-1919
Collector Domenic Gentilucci

PWS I.D # 3360163
Fax # 352-242-0565
Collector's Phone # 407-948-9838

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/21/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count** (MF)

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
						Total Coliform: ☐ SM 9222B-MF or ☐ COLITAG				
						Fecal or E. coli ☐ SM 9221E-MF or ☐ COLITAG				
C1	Clermont 2 Well # 1	1005AM	R	0.0		8648	0	A		
C2	Clermont 2 Well # 2	1010AM	R	0.0		8649	0	A		
C3	12809 Ridge Ave	1020AM	D	1.4		8650	0	A		
C4	12826 Lakeshore Dr.	1030AM	D	1.2		8651	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.3

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____

Person performing analysis is
☒ A certified operator (#C 12562)
☐ Supervised by a cert operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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WATER LOSS RECORD

Clermont 2 WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 150 gal

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED
FLDOH Lab Certification #E83018
481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 7/12/06 15:10
Analysis Date & Time: 7/12/06 (15:30)
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test
☒ HPC

MF

System Name Clermont II Lake Utilities Services Inc

System Address End of Sunset Ridge
City Clermont FL 34711
System or Owner's Phone # 407-869-1919
Collector Steve Pruitt

PWS I.D. 3350153
Fax # 352-242-0565
Collector's Phone # 321-389-0028

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 7/12/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

MF

To be completed by collector of sample						To be completed by lab				
						Total Coliform: ☐ SM 9222B-MF or ☐ SM 9223B-Colilert				
						Fecal or E. coli ☐ SM 9221E-MF or ☐ SM 9223B-Colilert				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Resid (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	Q[2]
C2	WELL #1 (Clermont II)	10:50	R	0.0		5899	0	A		
C3	WELL #2 (Clermont II)	10:55	R	0.0		5900	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.0

[1]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other _____
Person performing analysis is ☒ certified operator (# 14204) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

UTILITIES, INC. OF FLORIDA
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 3271[illegible]

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)			PWS Identification Number:	3350153
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	39		Total Population Served at End of Month:	137	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 8-4-06	Domenic Gentilucci	C-12562

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: JULY , 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										0.3	0,000 Indicates no flow
2		24	0,000											
3	X	24	0,000										0.7	
4	X	24	0,000										1.0	
5	X	24	11,000										0.8	
6	X	24	0,000										0.9	
7	X	24	0,000										0.7	
8	X	24	0,000										0.5	
9		24	0,000											
10	X	24	0,000										0.4	
11	X	24	0,000										0.4	
12	X	24	0,000										0.9	
13	X	24	0,000										1.1	
14	X	24	8,000										1.2	
15		24	8,000											
16	X	24	0,000										1.3	
17	X	24	0,000										1.6	
18	X	24	5,000										1.6	
19	X	24	14,000										1.1	
20	X	24	0,000										1.0	
21	X	24	9,000										0.8	
22		24	9,000											
23	X	24	0,000										0.9	
24	X	24	0,000										0.6	
25	X	24	11,000										0.6	
26	X	24	16,000										0.9	
27	X	24	0,000										1.6	
28	X	24	16,000										0.6	
29	X	24	10,000										1.0	
30		24	10,000											
31	X	24	0,000										0.9	
Total			127,000											
Average			4,096											
Maximum			16,000											

Revised

FILE COPY

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: JULY , 2006

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

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										0.3	0,000 Indicates no flow
2		24	0,000											
3	X	24	0,000										0.7	
4	X	24	0,000										1.0	
5	X	24	11,000										0.8	
6	X	24	0,000										0.9	
7	X	24	0,000										0.7	
8	X	24	0,000										0.5	
9		24	0,000											
10	X	24	0,000										0.4	
11	X	24	0,000										0.4	
12	X	24	0,000										0.9	
13	X	24	0,000										1.1	
14	X	24	8,000										1.2	
15		24	8,000											
16	X	24	0,000										1.3	
17	X	24	0,000										1.6	
18	X	24	5,000										1.6	
19	X	24	14,000										1.1	
20	X	24	0,000										1.0	
21	X	24	9,000										0.8	
22		24	9,000											
23	X	24	0.000										0.9	
24	X	24	0.000										0.6	
25	X	24	11,000										0.6	
26	X	24	16,000										0.9	
27	X	24	0.000										1.6	
28	X	24	16,000										0.6	
29	X	24	10,000										1.0	
30		24	10,000											
31	X	24	0,000										0.9	
Total			127,000											
Average			10.583											
Maximum			16,000											

CC-1

WATER LOSS RECORD

Clermont II WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Clermont 1 Eye wash							
								Total 150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION

MF

FLOWERS CHEMICAL LABORATORIES

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5964
P.O. Box 150997, Altamonte Springs, FL 32715-0997 407-260-6110 fax

Lab Receipt Date & Time: 6/7/06 1800
Analysis Date & Time: 6/8/06 10:15
Sample Acceptance Criteria: Preservation ☑ On Ice ☐ Not On Ice ☐ ____ °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test MF
☐ HPC

System Name Clermont II PWS I.D.# 3350153

System Address End of Sunset Fax # 352-242-0565
City Clermont Collector's Phone # 321-388-7695
System or Owner's Phone # 407-869-1919
Collector Domenic Schenk

Type of Supply (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other ____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other M

Sample Collection Date: 6-7-06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

To be completed by collector of sample					To be completed by lab			
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect. Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total Coliform	Confirm Fecal or E. coli
		745	R			3678	0	A	
	Well 1	750	R			3679	0	A	
	Well 2	1115	D	1.0		3680	0	A	
CL3	12825 Ridge	1130	D	0.9		3681	0	A	
CL4	12748 Lake Shore								

Total Coliform: ☐ SM 9222B-MF ☐ SM9223-Colilert
Fecal or E. coli: ☐ SM 9221E-MF ☐ SM9223-Colilert

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

[1]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other ____
Person performing analysis is ☑ A certified operator (ID # CT360) ☐ Employed by a certified lab
☐ Supervised by a certified operator (ID # ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____
Date PWS notified by lab of positive results: ____
Lab Signature: ____
Title: ____

Name and Mailing Address of Person to Receive Report

[redacted] Inc. of Florida
[redacted] Westmoreland Ave.
[redacted] Springs, FL 32714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: ____
DEP/DOH Reviewing Official: ____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; M = Entry to Distribution; P = Plant Tap; S = Special (clearance

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. -NORTH (**CLERMONT II**)			PWS Identification Number:	3350153
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	39		Total Population Served at End of Month:	137	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	71,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06

Signature and Date

Domenic Gentilucci

Printed or Typed Name

C-12562

License Number

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

PWS Identification Number: 3350153 | Plant Name: CLERMONT II

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	5,000										1.2	0.000 Indicates no flow
2	X	24	0,000										1.3	
3		24	9,000											
4	X	24	9,000										1.0	
5	X	24	0,000										1.0	
6	X	24	0,000										0.9	
7	X	24	10,000										0.8	
8	X	24	11,000										0.9	
9	X	24	0,000										0.8	
10		24	18,000											
11	X	24	18,000										0.7	
12	X	24	0,000										0.6	
13	X	24	0,000										0.6	
14	X	24	0,000										0.4	
15	X	24	0,000										0.4	
16	X	24	0,000										0.5	
17	X	24	6,000										0.5	
18		24	6,000											
19	X	24	6,000										0.4	
20	X	24	0.000										0.5	
21	X	24	11,000										1.3	
22	X	24	12,000										1.4	
23	X	24	0,000										1.4	
24		24	6,000											
25	X	24	6,000										1.3	
26	X	24	0,000										0.8	
27	X	24	0,000										0.7	
28	X	24	0,000										0.6	
29	X	24	0,000										0.6	
30	X	24	0.000										0.7	
31														
Total			133,000											
Average			4,433											
Maximum			18,000											

WATER LOSS RECORD

Clermont 2 WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Clermont 2 WTP							0
								Total 0.000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

628

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 2**			PWS Identification Number: **3350153**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **39**	Total Population Served at End of Month: **137**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 2**			Plant Telephone Number: 407-869-1919
Plant Address: **END OF SUNSET RIDGE**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000			
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:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun.Mon.Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)
	Steve Pfouts	C	14204	Days. Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
Charles G. Schwades 6-5-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3350153** | Plant Name: **CLERMONT # 2**

III. Daily Data for the Month/Year **MAY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	9,000										1.2	0.000 Indicates No Flow
2	X	24	0,000										1.1	
3	X	24	17,000										1.5	
4	X	24	17,000										1.7	
5	X	24	0,000										1.1	
6		24	27,000											
7	X	24	28,000										1.1	
8	X	24	34,000										2.6	
9	X	24	0,000										2.9	
10	X	24	18,000										2.0	
11	X	24	16,000										1.8	
12	X	24	0,000										1.8	
13	X	24	0,000										1.6	
14		24	8,000											
15	X	24	9,000										1.1	
16	X	24	0,000										0.8	
17	X	24	0,000										0.7	
18	X	24	15,000										0.9	
19	X	24	0,000										0.8	
20		24	16,000											
21	X	24	17,000										1.1	
22	X	24	0,000										0.9	
23	X	24	0,000										1.1	
24	X	24	18,000										1.0	
25	X	24	15,000										1.2	
26	X	24	0,000										1.1	
27		24	9,000											
28	X	24	10,000										1.0	
29	X	24	0,000										1.0	
30	X	24	0,000										0.9	
31	X	24	16,000										0.8	
Total			299,000											
Average			9,645											
Maximum			34,000											

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Glenwood II

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	PLUMBING/ BREAK TIME (hrs)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
					0	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					0	

Total 0

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

MF

FLOWERS CHEMICAL LABORATORIES

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Analysis Requested:
☐ Present / Absent Standard Coliform Test MF
☐ HPC

Lab Receipt Date & Time: 5/17/06 1345
Analysis Date & Time:
Sample Acceptance Criteria: 5/17/06 1530
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

System Name CLERMONT II

System Address 200 WEATHERSFIELD AVE
City ALTAMONTE SPRINGS FL
System or Owner's Phone # 407-869-1919
Collector STEVE PFOUTS

PWS I.D. # 3350153
Fax # 352-242-0565
Collector's Phone # 321-388-7028

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 5/17/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count MF

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)	pH	Total Coliform: ☐ SM 9222B MF or ☐ SM9223B-Colilert Fecal or E. coli ☐ SM 9222G MF or ☐ SM9223B-Colilert Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	Q*
	CLERMONT II WELL #1	7:45AM	R	0.0		2423	0	A		
	CLERMONT II WELL #2	7:50AM	R	0.0		2424	0	A		
	12748 LAKE SHORE	8:30AM	DW	1.1		2425	0	A		
	12825 RIDGE	8:35AM	DW	1.2		2426	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average.) 1.1

*Defined in Florida Administrative Code Rule 62-160, Table I
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other _____
Person performing analysis is
☐ a certified operator (# 14204) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

UTILITIES, INC. OF FLORIDA
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

1009

628

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 2**			PWS Identification Number: **3350153**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **39**	Total Population Served at End of Month: **137**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 2**			Plant Telephone Number: 407-869-1919
Plant Address: **END OF SUNSET RIDGE**	City: **CLERMONT**	State: **Fl**	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000			
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:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/3/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3350153** | Plant Name: **CLERMONT # 2**

III. Daily Data for the Month/Year: APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	8,000											0.000 Indicates No Flow
2	X	24	9,000										1.0	
3	X	24	5,000										1.2	
4	X	24	0,000										1.0	
5	X	24	14,000										0.9	
6	X	24	14,000										1.0	
7	X	24	0,000										0.9	
8	X	24	19,000										1.0	
9		24	0,000											
10	X	24	0,000										1.0	
11	X	24	0,000										1.0	
12	X	24	18,000										0.9	
13	X	24	7,000										1.0	
14	X	24	0,000										0.9	
15		24	7,000											
16	X	24	8,000										1.0	
17	X	24	0,000										1.1	
18	X	24	0,000										1.0	
19	X	24	9,000										0.9	
20	X	24	6,000										1.3	
21	X	24	0,000										1.2	
22		24	0,000											
23	X	24	0,000										1.2	
24	X	24	0,000										1.4	
25	X	24	0,000										1.0	
26	X	24	15,000										1.0	
27	X	24	0,000										1.0	
28	X	24	8,000										0.9	
29	X	24	8,000										1.1	
30		24												
31														
Total			155,000											
Average			5,200											
Maximum			19,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont II

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	2"	5	10	50	500	2" Tank Drain Flush
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

628

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 2**			PWS Identification Number: **3350153**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **39**	Total Population Served at End of Month: **137**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 2**			Plant Telephone Number: 407-869-1919
Plant Address: **END OF SUNSET RIDGE**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000			
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:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)
	Steve Pfouts	C	14204	Days, Tue Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/4/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3350153** | Plant Name: **CLERMONT # 2**

III. Daily Data for the Month/Year **MARCH , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	0,000										1.0	0.000 Indicates No Flow
2	X	24	0,000										1.1	
3	X	24	0,000										0.9	
4		24	0,000											
5	X	24	0,000										0.7	
6	X	24	0,000										0.9	
7	X	24	0,000										0.8	
8	X	24	0,000										0.9	
9	X	24	0,000										1.0	
10	X	24	0,000										1.0	
11		24	0,000										0.9	
12	X	24	0,000											
13	X	24	0,000										0.6	
14	X	24	0,000										0.9	
15	X	24	1,000										0.9	
16	X	24	12,000										1.2	
17	X	24	0,000										1.2	
18		24	0,000											
19	X	24	0,000										0.8	
20	X	24	2,000										0.9	
21	X	24	0,000										1.1	
22	X	24	0,000										0.8	
23	X	24	0,000										0.9	
24	X	24	0,000										0.8	
25	X	24	0,000										0.7	
26		24	5,000											
27	X	24	6,000										0.4	
28	X	24	0,000										0.3	
29	X	24	1,000										0.5	
30	X	24	16,000										0.5	
31	X	24	0,000										0.9	
Total			43,000											
Average			1,387											
Maximum			16,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont IV

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

-0-

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

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

128

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: FEBRUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 2**			PWS Identification Number: **3350153**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **39**	Total Population Served at End of Month: **137**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 2**			Plant Telephone Number: 407-869-1919
Plant Address: **END OF SUNSET RIDGE**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000			
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:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)
	Steve Pfouts	C	14204	Days, Tue Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **3350153**	Plant Name: **CLERMONT # 2**

III. Daily Data for the Month/Year **FEBRUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	0,000										0.9	0.000 Indicates No Flow
2	X	24	0,000										1.0	
3	X	24	0,000										1.2	
4		24	0,000											
5	X	24	0,000										1.1	
6	X	24	0,000										1.0	
7	X	24	0,000										1.1	
8	X	24	0,000										1.1	
9	X	24	0,000										1.1	
10	X	24	0,000										1.2	
11		24	0,000											
12	X	24	0,000										1.0	
13	X	24	0,000										1.3	
14	X	24	0,000										1.3	
15	X	24	0,000										1.2	
16	X	24	0,000										1.3	
17	X	24	0,000										1.2	
18		24	0,000											
19	X	24	0,000										1.1	
20	X	24	0,000										1.0	
21	X	24	0,000										0.9	
22	X	24	0,000										0.9	
23	X	24	0,000										1.0	
24	X	24	0,000										1.1	
25		24	0,000											
26	X	24	0,000										1.0	
27	X	24	0,000										1.0	
28	X	24	0,000										1.0	
29														
30														
31														
Total			0,000											
Average			0,000											
Maximum			0,000											

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont II

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE# (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE GATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2					25	PE
3					25	PE
4						
5						
6						
7						
8						
9					5000	TANK INSPECTION
10						
11						
12						
13						
14						
15						
16						
17						
18					—	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

5,050

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

PE = plant employee

Form Modified 1/30/04

File: Flushing & Water Loss Record

FILE COPY

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

628

See page 4 for instructions.

I. General Information for the Month/Year of: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **CLERMONT # 2**			PWS Identification Number: **3350153**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **39**	Total Population Served at End of Month: **137**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CLERMONT # 2**			Plant Telephone Number: 407-869-1919
Plant Address: **END OF SUNSET RIDGE**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 71,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

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Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days-Sun,Mon,Tue
	Daniel A. Anderson	A	7141	DAYS (Sat)
	Steve Pfouts	C	14204	Days, Tue - Sat

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Signature and Date	Printed or Typed Name	License Number
Charles G. Schwades 2-3-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3350153** | Plant Name: **CLERMONT # 2**

III. Daily Data for the Month/Year **JANUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	0,000										1.1	0.000 Indicates No Flow
2	X	24	0,000										1.0	
3	X	24	0,000										1.0	
4	X	24	0,000										1.0	
5	X	24	0,000										1.1	
6	X	24	0,000										1.1	
7		24	0,000											
8	X	24	0,000										1.0	
9	X	24	0,000										1.1	
10	X	24	0,000										1.2	
11	X	24	0,000										1.2	
12	X	24	0,000										1.2	
13	X	24	0,000										1.2	
14		24	0,000											
15	X	24	0,000										1.1	
16	X	24	0,000										1.0	
17	X	24	0,000										1.1	
18	X	24	0,000										0.9	
19	X	24	0,000										1.1	
20	X	24	0,000										1.1	
21		24	0,000											
22	X	24	0,000										1.0	
23	X	24	0,000										1.1	
24	X	24	0,000										1.1	
25	X	24	0,000										1.2	
26	X	24	0,000										1.2	
27	X	24	0,000										1.2	
28		24	0,000											
29	X	24	0,000										1.1	
30	X	24	0,000										1.0	
31	X	24	0,000										1.0	
Total			0,000											
Average			0,000											
Maximum			0,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Clermont II

MONTH/YEAR: Jan 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

-0-

Form Modified 1/30/04

File: Flushing & Water Loss Record

MF

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 4/17/06 1553
Analysis Date & Time: 4/17/06 16:00
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test MF
☐ HPC

System Name Clermont II

System Address End of Sunset
City Clermont
PWS I.D.# 3350153
System or Owner's Phone # 407-869-1919 Fax # 352-242-0565
Collector Chuck Schwindes Collector's Phone # 321-395-1895

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/17/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count MF

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform: ☒ SM 9222B-MF or ☐ SM 9223B-Hach Fecal or E. coli ☐ SM 9221F-MF or ☐ SM 9223B-Colilert Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	
CL1	Well 1	1255	R			2494	Ø	A		
CL2	Well 2	1300	R			2495	TNTC			
CL3	12809 Ridge	1315	D	1.0		2496	Ø	A		
CL4	12826 Lakeshore	1330	D	1.0		2497	Ø	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

[1]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is
☐ A certified operator (# C7369) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

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

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 7/12/06 15:10
Analysis Date & Time: ~~7/12/06 15:30~~
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test
☐ HPC

System Name Clermont II - Lake Utilities Services Inc

System Address End of Sunset Ridge
City Clermont FL. 34711
System or Owner's Phone # 407-869-1919
Collector Steve Proctor

PWS I.D. 3 3 5 0 1 5 3
Fax # 352-242-0565
Collector's Phone # 321-389-7028

Type of Supply (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☑ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 7/12/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab				
						Total Coliform: ☐ SM 9222B-MF or ☐ SM9223B-Colitag				
						Fecal or E. coli ☐ SM 9221E-MF or ☐ SM9223B-Colitag				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	Q[2]
C2	WELL #1 (Clermont II)	10:50	R	0.0		59099	A	A		
C3	WELL #2 (Clermont II)	10:55	R	0.0		59100	A	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.0

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric Other: _____
Person performing analysis is
☑ A certified operator (# 17201) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

[illegible] OF CLERMONT
[illegible] FAIRFIELD AVENUE
[illegible] CLERMONT, FL [illegible]

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

File: 660.628II.3.2

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 7/12/06 15:10
Analysis Date & Time: ~~7/12/06 15:30~~
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test
☐ HPC

System Name Clermont II Lake Utilities Service Inc

System Address End of Sunset Ridge
City Clermont FL 34711
System or Owner's Phone # 407-869-1919 Fax # 352-242-0565
Collector State of FL Collector's Phone # 321-388-7028

PWS I.D. # 3 3 5 0 1 5 3

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 7/12/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

MF

To be completed by collector of sample						To be completed by lab				
						Total Coliform: ☐ SM 9222B-MF or ☐ SM9223B-Colitag				
						Fecal or E. coli ☐ SM 9221E-MF or ☐ SM9223B-Colitag				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	Q[2]
C4	12948 Lakeview	11:00	DW	0.9		[illegible]	0	A		
C5	12812 Lake Shore	11:05	DW	1.0		[illegible]	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.9

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____
Person performing analysis is
☒ A certified operator (# 14204) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

[illegible] NO. OF
[illegible] GREENSFIELD [illegible]

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

File. 660.628II.3.2

DRINKING WATER BACTERIOLOGICAL SAMPLE

FLOWERS CHEMICAL LABORATORIES

pickup 4/19/06 10:10am

MF

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 4/19/06 1245
Analysis Date & Time: 4/19/06 1245

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ ____ °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test (MF)
☐ HPC

System Name Clermont II

System Address End of Sunset
City Clermont
System or Owner's Phone # 407-869-1919
Collector Chuck Schwadez

PWS I.D.# 3350153

Fax # 352-242-0565
Collector's Phone # 321-388-2895

Type of Supply (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other ____

Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☒ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 4/19/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count (MF)

To be completed by collector of sample						To be completed by lab				
						Total Coliform: ☐ SM 9222B-MF or ☐ SM9223-Colilert				
						Fecal or E. coli: ☐ SM 9221E/MF or ☐ SM9223-Colilert				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	O[2]
CL	Well 2	0655	R	0		2614	A	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0

[2]Defined in Florida Administrative Code Rule 62-160, Table I
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: ____
Person performing analysis is ☐ A certified operator (# 7366) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____
Date State notified by lab of positive results: ____

Lab Signature: [signature]
Title: ____

Name and Mailing Address of Person to Receive Report

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

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: ____
DEP/DOH Reviewing Official: ____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

661

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **CRESCENT BAY**			PWS Identification Number: **3354883-9**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC. -North**			
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: **CRESCENT BAY**			Plant Telephone Number: 407-869-1919
Plant Address: **11001 Crescent Bay Blvd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Bill Coates	C	8333	Days, Mon - Fri
	James carroll	C	8494	Days-Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
Charles G. Schwades 2-3-06	Charles G. Schwades	C-7368

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

39,000PWS Identification Number: **3354883-9** | Plant Name: **CRESCENT BAY**

205,000

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	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	114,000										1.4	0.000 Indicates No Flow
2	X	24	0,000										1.3	
3	X	24	0,000										1.3	
4	X	24	161,000										1.2	
5	X	24	150,000										1.4	
6	X	24	0,000										1.4	
7		24	120,000											
8	X	24	121,000										1.3	
9	X	24	0,000										1.1	
10	X	24	0,000										1.1	
11	X	24	189,000										1.2	
12	X	24	187,000										1.4	
13	X	24	0,000										1.4	
14		24	89,000											
15	X	24	90,000										1.1	
16	X	24	180,000										1.3	
17	X	24	0,000										1.3	
18	X	24	204,000										1.2	
19	X	24	171,000										1.3	
20	X	24	0,000										1.3	
21		24	175,000											
22	X	24	175,000										1.4	
23	X	24	0,000										1.6	
24	X	24	0,000										1.5	
25	X	24	149,000										1.5	
26	X	24	164,000										1.6	
27	X	24	3,000										1.5	
28		24	175,000											
29	X	24	175,000										1.3	
30	X	24	0,000										1.4	
31	X	24	2,000										1.4	
Total			2,794,000											
Average			90,129											
Maximum			204,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Crescent BAY

MONTH/YEAR: JAN 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3					25	Pe
4						
5						
6						
7						
8						
9						
10						
11						
12					25	Pe
13						
14						
15						
16						
17						
18						
19						
20					25	Pe
21						
22						
23						
24					25	Pe
25						
26						
27						
28						
29						
30						
31					25	Pe

6,200 OVP = 200 GPD

6,325

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Pe - Plant eyewash

Form Modified 1/20/04

File: Flushing & Water Loss Record

661

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 , 2006

A. Public Water System (PWS) Information

PWS Name: ~~CRESCENT BAY~~ LAKE UTILITY SERVICES, INC - NORTH			PWS Identification Number: 3354883-9
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 5,088	Total Population Served at End of Month: 17,808		
PWS Owner: LAKE UTILITY SERVICES INC.			
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: CRESCENT BAY			Plant Telephone Number: 407-869-1919
Plant Address: 11001 Crescent Bay Blvd.	City: CLERMONT	State: Fl	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Bill Coates	C	8333	Days, Mon - Fri
	James carroll	C	8494	Days-Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

39,000PWS Identification Number: **3354883-9** | Plant Name: **CRESCENT BAY**

205 (09)

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	161,000										1.4	0.000 Indicates No Flow
2	X	24	165,000										1.4	
3	X	24	0,000										1.4	
4		24	20,000											
5	X	24	21,000										1.2	
6	X	24	0,000										1.3	
7	X	24	4,000										1.3	
8	X	24	115,000										1.3	
9	X	24	115,000										1.3	
10	X	24	8,000										1.3	
11		24	59,000											
12	X	24	59,000										1.0	
13	X	24	0,000										1.3	
14	X	24	4,000										1.3	
15	X	24	195,000										1.4	
16	X	24	296,000										1.3	
17	X	24	87,000										1.3	
18		24	198,000											
19	X	24	198,000										1.1	
20	X	24	0,000										1.3	
21	X	24	0,000										1.3	
22	X	24	201,000										1.4	
23	X	24	220,000										1.5	
24	X	24	0,000										1.3	
25		24	95,000											
26	X	24	95,000										1.4	
27	X	24	137,000										1.0	
28	X	24	0,000										1.2	
29														
30														
31														
Total			2,453,000											
Average			116,810											
Maximum			296,000											

89,169

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Crescent Bay

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PLANT EYEWASH
2						
3						
4						
5						
6						
7						
8						
9					5,000	Tank Disinfection
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

PE = Plant Eyewash

5,600

OTP = 200 GPD

10,625

661

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. - NORTH**	**(CRESCENT BAY)**		PWS Identification Number: **3354883-9**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CRESCENT BAY**		Plant Telephone Number: 407-869-1919	
Plant Address: **11001 Crescent Bay Blvd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Bill Coates	C	8333	Days, Mon - Fri
	James carroll	C	8494	Days-Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/4/06	Charles G. Schwades	C-7368

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

39.000PWS Identification Number: **3354883-9** | Plant Name: **CRESCENT BAY**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	193,000										1.3	0.000 Indicates No Flow
2	X	24	180,000										1.3	
3	X	24	25,000										1.3	
4		24	92,000											
5	X	24	93,000										1.2	
6	X	24	314,000										1.0	
7	X	24	0,000										1.3	
8	X	24	171,000										1.3	
9	X	24	305,000										1.5	
10	X	24	10,000										1.4	
11		24	278,000											
12	X	24	278,000										1.3	
13	X	24	189,000										1.3	
14	X	24	0,000										1.5	
15	X	24	200,000										1.4	
16	X	24	440,000										1.5	
17	X	24	160,000										1.4	
18		24	346,000											
19	X	24	347,000										1.5	
20	X	24	207,000										1.4	
21	X	24	2,000										1.4	
22	X	24	259,000										1.5	
23	X	24	471,000										1.5	
24	X	24	118,000										1.4	
25	X	24	253,000										1.1	
26		24	296,000											
27	X	24	297,000										1.2	
28	X	24	0,000										1.3	
29	X	24	355,000										0.6	
30	X	24	553,000										1.6	
31	X	24	272,000										1.6	
Total			6,704,000											
Average			216,258											
Maximum			553,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Crescent Way

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PC
2						
3						
4						
5						
6						
7						
8					25	PC
9						
10						
11						
12						
13						
14						
15						
16					25	PC
17						
18						
19						
20						
21						
22						
23					25	PC
24						
25						
26						
27						
28						
29						
30						
31					25	PC

6,200 = ORP

6,325 Total

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

ORP = 2006 PD

PC Plant cyclewash

661

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. - NORTH**	**(CRESCENT BAY)**		PWS Identification Number: **3354883-9**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month: **18,126**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CRESCENT BAY**			Plant Telephone Number: 407-869-1919
Plant Address: **11001 Crescent Bay Blvd.**	City: **CLERMONT**	State: **Fl**	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Bill Coates	C	8333	Days, Mon - Fri
	James carroll	C	8494	Days-Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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: 5/3/06 | Charles G. Schwades (Printed or Typed Name) | C-7368 (License Number)

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

39,000PWS Identification Number: **3354883-9** | Plant Name: **CRESCENT BAY**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	441,000											0.000 Indicates No Flow
2	X	24	441,000										1.8	
3	X	24	454,000										1.4	
4	X	24	556,000										1.6	
5	X	24	569,000										1.7	
6	X	24	418,000										1.6	
7	X	24	476,000										1.5	
8		24	216,000											
9	X	24	216,000										1.9	
10	X	24	0,000										1.6	
11	X	24	0,000										1.6	
12	X	24	283,000										1.5	
13	X	24	404,000										1.6	
14	X	24	155,000										1.6	
15		24	411,000											
16	X	24	411,000										1.8	
17	X	24	264,000										1.6	
18	X	24	54,000											
19	X	24	341,000										1.6	
20	X	24	526,000										1.5	
21	X	24	342,000										1.5	
22		24	212,000											
23	X	24	213,000										1.5	
24	X	24	226,000										1.3	
25	X	24	0,000										1.2	
26	X	24	253,000										1.5	
27	X	24	455,000										1.5	
28	X	24	118,000										1.5	
29	X	24	279,000										1.7	
30		24	353,000											
31														
Total			9,087,000											
Average			302,900											
Maximum			569,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Crescent Bay

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6					82,000	July Wood Full Bore Flush
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

6,000 OKA = 200GPD

88,000

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
6) Other

661

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

over Disinfection Capacity (20 days)

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. - NORTH**	**(CRESCENT BAY)**		PWS Identification Number: **3354883-9**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CRESCENT BAY**		Plant Telephone Number: 407-869-1919	
Plant Address: **11001 Crescent Bay Blvd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:	Bill Coates	C	8333	Days, Mon - Fri
	James carroll	C	8494	Days-Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 6-5-06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

39.000PWS Identification Number: **3354883-9** | Plant Name: **CRESCENT BAY**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	354,000										1.0	0.000 Indicates No Flow
2	X	24	104,000										1.4	
3	X	24	407,000										1.4	
4	X	24	575,000										1.2	
5	X	24	400,000										1.4	
6		24	584,000											
7	X	24	584,000										1.7	
8	X	24	580,000										1.3	
9	X	24	263,000										1.4	
10	X	24	271,000										1.7	
11	X	24	498,000										1.7	
12	X	24	0.000										1.6	
13	X	24	250,000										1.3	
14		24	432,000											
15	X	24	432,000										2.4	
16	X	24	0.000										1.8	
17	X	24	143,000										1.8	
18	X	24	368,000										1.8	
19	X	24	218,000										1.6	
20		24	397,000											
21	X	24	398,000										1.7	
22	X	24	559,000										1.5	
23	X	24	68,000										1.8	
24	X	24	300,000										1.3	
25	X	24	513,000										1.4	
26	X	24	319,000										1.5	
27		24	423,000											
28	X	24	424,000										1.8	
29	X	24	594,000										1.7	
30	X	24	504,000										1.3	
31	X	24	521,000										0.8	
Total			11,483,000											
Average			370,419											
Maximum			594,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: CRESENT BAY

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (Min)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		5			200	ORP METER
2		5			200	" "
3		5			200	" "
4		5			200	
5		5			200	
6		5			200	
7		5			200	
8		5			3200	FULL BORE FLUSHING WOOD + ORP METER
9		5			200	
10		5			200	
11		5			200	
12		5			200	
13		5			200	
14		5			200	
15		5			200	
16		5			200	
17		5			200	
18		5			200	
19		5			200	
20		5			200	
21		5			200	
22		5			200	
23		5			200	
24		5			200	
25		5			200	
26		5			200	
27		5			200	
28		5			200	
29		5			200	
30		5			200	
31		5			200	

Total 8,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defiant
4) Construction
5) Other ORP METER

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (CRESCENT BAY)			PWS Identification Number:	3354883-9
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,088		Total Population Served at End of Month:	17,808	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 | Domenic Gentilucci | C-12562

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: 3354883-9 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of the Month	Days plant staffed or visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	527,000										0.7	0.000 Indicates no flow
2	X	24	394,000										0.8	
3		24	515,000											
4	X	24	515,000										0.6	
5	X	24	292,000										0.5	
6	X	24	286,000										1.4	
7	X	24	491,000										1.2	
8	X	24	671,000										1.8	
9	X	24	547,000										0.9	
10		24	630,000											
11	X	24	630,000										1.3	
12	X	24	152,000										1.5	
13	X	24	0,000										1.4	
14	X	24	214,000										1.5	
15	X	24	272,000										1.3	
16	X	24	279,000										1.4	
17	X	24	326,000										1.2	
18		24	459,000											
19	X	24	459,000										2.0	
20	X	24	44,000										2.3	
21	X	24	237,000										2.2	
22	X	24	495,000										1.3	
23	X	24	166,000										1.3	
24		24	184,000											
25	X	24	184,000										1.2	
26	X	24	0.000										1.1	
27	X	24	0,000										1.2	
28	X	24	32,000										1.1	
29	X	24	0,000										1.0	
30	X	24	0.000										0.8	
31														
Total			9,001,000											
Average			300.033											
Maximum			671,000											

WATER LOSS RECORD

Crescent Bay WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Crescent Bay WTP							56,980
								Total 56,980

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

661

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 . 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CRESCENT BAY**)	PWS Identification Number:	3354883-9
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES	Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354883-9 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: JULY , 2006

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

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

Revised

FILE COPY

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.0	0,000 Indicates no flow
2		24	0,000											
3	X	24	0,000										0.7	
4	X	24	0,000										0.6	
5	X	24	303,000										0.4	
6	X	24	0,000										0.9	
7	X	24	0,000										0.9	
8		24	0,000											
9	X	24	0,000										0.6	
10	X	24	0,000										0.4	
11	X	24	1,000										0.7	
12	X	24	0,000										0.6	
13	X	24	2,000										0.4	
14	X	24	49,000										1.6	
15		24	49,000											
16	X	24	47,000										1.0	
17	X	24	0,000										0.4	
18	X	24	9,000										0.5	
19	X	24	0,000										0.8	Facility off line
20	X	24	0,000										0.8	
21	X	24	0,000										0.6	
22		24	0,000											
23	X	24	0,000										0.3	
24	X	24	0,000										1.1	
25	X	24	0,000										0.9	
26	X	24	0,000										0.8	
27	X	24	0,000										0.6	
28	X	24	0,000										0.6	
29		24	0,000											
30	X	24	0,000										0.6	
31	X	24	0,000										0.9	
Total			460,000											
Average			14,838											
Maximum			303,000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR [redacted]

PWS Identification Number: 3354883-09 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: JULY , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable¹									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.0	0.000 Indicates no flow
2		24	0,000											
3	X	24	0.000										0.7	
4	X	24	0.000										0.6	
5	X	24	303.000										0.4	
6	X	24	0,000										0.9	
7	X	24	0,000										0.9	
8		24	0,000											
9	X	24	0,000										0.6	
10	X	24	0,000										0.4	
11	X	24	1,000										0.7	
12	X	24	0,000										0.6	
13	X	24	2,000										0.4	
14	X	24	49,000										1.6	
15		24	49,000											
16	X	24	47,000										1.0	
17	X	24	0,000										0.4	
18	X	24	9,000										0.5	
19	X	24	0,000										0.8	Facility off line
20	X	24	0,000										0.8	
21	X	24	0,000										0.6	
22		24	0,000											
23	X	24	0,000										0.3	
24	X	24	0,000										1.1	
25	X	24	0.000										0.9	
26	X	24	0.000										0.8	
27	X	24	0,000										0.6	
28	X	24	0.000										0.6	
29		24	0,000											
30	X	24	0,000										0.6	
31	X	24	0.000										0.9	
Total			460,000											
Average			65.714											
Maximum			303.000											

+.015

WATER LOSS RECORD

Crescent Bay WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	
							200	Total 6,200
							200	

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CRESCENT BAY**)			PWS Identification Number:	3354883-9
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CRESENT BAY			Plant Telephone Number:	
Plant Address:	11001 Cresent Bay Blvd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354883-9 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.1	0.000 Indicates no flow
2	X	24	0,000										0.9	Facility off line
3	X	24	0,000										1.0	
4	X	24	0,000										0.8	
5		24	0,000											
6	X	24	0,000										0.8	
7	X	24	0,000										1.0	
8	X	24	0,000										0.7	
9	X	24	0,000										1.0	
10	X	24	0,000										0.8	
11	X	24	0,000										0.7	
12		24	0,000											
13	X	24	0,000										0.6	
14	X	24	0,000										1.0	
15	X	24	0,000										0.7	
16	X	24	0,000										0.7	
17	X	24	0,000										1.2	
18	X	24	1,000										1.0	Bact-t Sample Taken
19		24	0,000											
20	X	24	0,000										1.0	
21	X	24	0,000										1.0	
22	X	24	0,000										1.4	
23	X	24	0,000										0.7	
24	X	24	0,000										0.6	
25	X	24	0,000										0.6	
26		24	0,000											
27	X	24	0,000										0.7	
28	X	24	0,000										0.8	
29	X	24	0,000										0.7	
30	X	24	0,000										1.0	
31	X	24	0,000										1.1	
Total			1,000											
Average			33											
Maximum			1,000											

661

WATER LOSS RECORD

Crescent Bay WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 6,200 gals

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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

1061 FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CRESCENT BAY**)			PWS Identification Number:	3354883-9
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CRESENT BAY		Plant Telephone Number:		
Plant Address:	11001 Cresent Bay Blvd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

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Steve Pfouts 10/04/06 | Steve Pfouts | C-14204

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: 3354883-9 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										0.9	0,000 Indicates no flow
2		24	0,000											Facility off line
3	X	24	0,000										0.8	
4	X	24	0,000										1.0	
5	X	24	0,000										0.9	
6	X	24	0,000										1.0	
7	X	24	0,000										1.0	
8	X	24	0,000										0.9	
9		24	0,000											
10	X	24	0,000										0.8	
11	X	24	0,000										0.6	
12	X	24	0,000										0.7	
13	X	24	0,000										0.7	
14	X	24	0,000										1.0	
15	X	24	0,000										1.2	
16		24	0,000											
17	X	24	0,000										0.8	
18	X	24	0,000										0.4	
19	X	24	0,000										0.8	
20	X	24	0,000										0.7	
21	X	24	5,000										0.7	
22	X	24	0,000										0.6	
23	X	24	0,000										0.7	
24		24	0,000											
25	X	24	0,000										0.6	
26	X	24	2,000										0.6	Facility back on line
27	X	24	64,000										0.7	
28	X	24	0,000										0.7	
29	X	24	135,000										1.0	
30		24	135,000											
31														
Total			341,000											
Average			11,366											
Maximum			135,000											

CRESENT BAY

11001 CRESENT BAY BLVD. PWS # 3354883-9

MONTH AND YEAR Sept - 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 GAL.	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI	
1	0830	00001		590.7		109		0.3	0.9	440	25		
2													
3	1530	00001		590.7		109		0.5	0.8	480	25		
4	1055	00001		590.7		109		0.3	1.0	485	25	RAP	
5	1310	00001		590.7		109		0.2	0.9	485	25	RAP	
6	1345	00001		590.7		109		0.2	1.0	495	25	RAP	
7	1320	00001		590.7		109		0.2	1.0	480	20	RAP	
8	1000	00001		590.7	Ø	109		0.3	0.9	490	10		
9				5	Ø								
10	1530	00001		590.7	—	109		0.2	0.8	415	10%	DSA	
11	0955	00001		590.7	—	109		0.3	0.6	530	10%	DSA	
12	1050	00001		590.7		109		0.2	0.7	480	0	RAP	A/C
13	1120	00001		590.7		109		0.2	0.7	405	20	RAP	A/C
14	1200	00001		590.7		109		0.2	1.0	380	35	RAP	A/C
15	1425	00001		590.7		109		0.3	1.2	390	40	RAP	A/C
16													
17	1210	00001		590.7		109		0.2	0.8	540	40	JC	
18	0835	00001		590.7		109		0.4	0.4	545	35	DSA	
19	1425	00001		590.7		109		0.2	0.8	360	35	RAP	
20	1255	00001		590.7		109		0.2	0.7	280	35	RAP	
21	1240	00006	5	590.7		109		0.4	0.7	600	45	RAP	A/C
22	1400	00006		590.7		109		0.8	0.6	625	45	RAP	
23	1040	00006		590.7		109		0.7	0.7	585	45	JC	
24													
25	1350	00006		590.7		109		0.3	0.6	560	45	JC	
26	1330	00006	00002	590.7	0.3	109	1.0	0.5	0.6	570	40	RAP	
27	1035	00008	00064	591.0	2.1	109/120	1.0	1.5	0.7	650	40	RAP	A/C
28	1400	00072	—	593.1		160	—	1.8	0.7	655	40	RAP	*CL2
29	1300	00072	135	593.1		160	6.0	0.9	1.0	630	40	RAP	
30			135				6.0						
31													
1	1210	3472		1060.7		148		1.7	1.0	655	25	JC	
TOTAL		341	371										
AVG		11,366											

*CL2 log/IC to Clearwell II

WATER LOSS RECORD

Crescent Bay WTP Sept 2006

6/61

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Sept. 2006	ORP Analyzer						200 gpd	
	Eye Wash						5 gpd	
								Total 6,150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

6061

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: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CRESCENT BAY**)			PWS Identification Number:	3354883-9
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CRESENT BAY		Plant Telephone Number:		
Plant Address:	11001 Cresent Bay Blvd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-9 Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.0	0.000 Indicates no flow
2	X	24	0,000										1.5	
3	X	24	137,000										1.0	
4	X	24	122,000										1.0	
5	X	24	0,000										1.0	
6	X	24	135,000										1.2	
7		24	134,000											
8	X	24	0,000										1.1	
9	X	24	1,000										0.7	
10	X	24	133,000										1.0	
11	X	24	135,000										1.0	
12	X	24	0,000										1.5	
13	X	24	69,000										1.0	
14		24	69,000											
15	X	24	157,000										1.0	
16	X	24	0,000										2.1	
17	X	24	126,000										1.3	
18	X	24	139,000										1.3	
19	X	24	0,000										1.1	
20	X	24	73,000										0.9	
21		24	74,000											
22	X	24	163,000										1.0	
23	X	24	0,000										0.8	
24	X	24	126,000										0.8	
25	X	24	149,000										1.0	
26	X	24	0,000										1.2	
27	X	24	0,000										1.0	
28	X	24	58,000										0.9	
29		24	58,000											
30	X	24	0,000										0.5	
31	X	24	130,000										1.0	
Total			2,188,000											
Average			70,580											
Maximum			163,000											

CRESENT BAY

11001 CRESENT BAY BLVD. PWS # 3354883-9

MONTH AND YEAR October – 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 GAL.	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1210	342	—	10601.7	—	148	—	1.7	1.0	635	25	AC
2	1150	342	—	601.7	—	148	—	2.9	1.5	635	28	AC
3	1230	342	137	601.7	4.3	148	9.0	2.6	1.0	645	25	RAP A/C
4	1410	479	122	606.0	3.0	139	9.0	3.0	1.0	640	25	RAP
5	1345	601	—	609.0	0.8	130	-	2.5	1.0	620	25	RAP
6	1633	601	135	609.8	4.3	130	6.0	2.0	1.2	600	20	RAP
7			134		4.3		6.0					
8	1240	870	—	618.4	—	118	—	1.8	1.1	600	20	AC
9	1345	870	1	618.4	0.1	118	—	1.0	0.7	600	20	AC
10	1020	871	133	618.5	4.1	118	13.0	2.0	1.0	660	20	RAP
11	1500	1004	135	622.6	4.0	105	7.0	2.2	1.0	650	10	RAP A/C
12	1410	1139	0	626.9	0.0	98	0	2.0	1.5	670	20	RAP A/C
13	0900	1139	64	626.9	2.1	98	5.0	2.0	1.0	650	30	RAP A/C
14			63		2.1		5.0					
15	0740	1277	157	631.1	4.9	88	8.0	1.9	1.0	660		AC
16	1130	1434	0	636.0	0	80	0	3.5	2.1	605		AC
17	1010	1434	126	636.0	4.0	80	10.0	1.6	1.3	650	20	RAP A/C
18	1215	1560	139	640.0	4.4	70	10.0	2.0	1.3	650	20	RAP
19	1315	1699	0	644.4	0	60	0	2.5	1.1	650	20	RAP A/C
20	1320	1699	73	644.4	2.4	60	2.5	1.5	0.9	620	25	RAP
21			74		2.4		2.5					
22	0515	1846	163	649.2	5.0	55	8.0	1.7	1.0	650	20	AC
23	1035	2009	0	654.2	0	47	0	1.0	0.8	600	15	AC
24	1250	2009	126	654.2	3.9	47	7.0	1.0	0.8	620	40	RAP
25	1305	2135	149	658.1	4.7	HO/170	5.0	1.2	1.0	650	40	RAP A/C
26	1000	2284	0	662.8	0	165	0	2.5	1.2	660	40	RAP
27	1205	2284	0	662.8	0	165	6	2.0	1.0	660	40	RAP A/C
28	1105	2284	58	662.8		165		1.2	0.9	650	40	RAP
29			58		3.7		9.0					MLS
30	0940	2400	0	666.5	0	156	0	0.7	0.5	600	30	MLS
31	1250	2400	130	666.5	4.2	156	6.0	1.2	1.0	650	30	RAP
1	1215	2530		670.7		150		3.0	1.0	650	30	RAP AC
TOTAL		2158										
AVG		70.580										

AVG FLOW 1-7 – 75
8-14 – 58
15-21 – 82
22-28 – 73
29-1 –

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH **(CRESCENT BAY)**	PWS Identification Number:	3354883-9
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,291	Total Population Served at End of Month:	18,518
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	CRESENT BAY	Plant Telephone Number:	
Plant Address:	11001 Cresent Bay Blvd.	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 12/05/06

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-9 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: November , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	143,000										1.0	0.000 Indicates no flow
2	X	24	1,000										1.5	
3	X	24	108,000										1.2	
4	X	24	69,000										1.0	
5		24	68,000											
6	X	24	0,000										1.1	
7	X	24	0,000										1.0	
8	X	24	0,000										1.0	
9	X	24	0,000										1.0	
10	X	24	0,000										1.4	
11		24	60,000											
12	X	24	59,000										2.4	
13	X	24	0,000										1.4	
14	X	24	95,000										1.0	
15	X	24	0,000										1.3	
16	X	24	0,000										1.0	
17		24	0,000											
18	X	24	0,000										1.4	
19	X	24	89,000										1.2	
20	X	24	0,000										1.0	
21	X	24	95,000										1.5	
22	X	24	96,000										1.6	
23	X	24	0,000										1.3	
24		24	82,000											
25	X	24	82,000										1.0	
26	X	24	0,000										1.0	
27	X	24	0,000										1.2	
28	X	24	0,000										1.2	
29	X	24	0,000										1.2	
30	X	24	0,000										1.3	
Total			1,047,000											
Average			34,900											
Maximum			143,000											

CRESENT BAY

11001 CRESENT BAY BLVD. PWS # 3354883-9

MONTH AND YEAR NOVEMBER 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 GAL.	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI	
1	1215	2530	143	670.7	4.6	150	10	3.0	1.0	680	30	RAP	N/C
2	1300	2673	01	675.3	0	140	0	3.5	1.5	680	30	RAP	A/C
3	1050	2674	108	675.3	3.6	140	5.0	1.6	1.2	705	30	RAP	A/C
4	0655	2782	69	678.9	2.1	135	4.0	1.3	1.0	635	30	AC	
5			68		2.1		30						
6	1010	2919	0	683.1	0	12.8	0	1.5	1.1	630	25	AC	
7	1330	2919	0	683.1	0	128	0	2.0	1.0	680	40	RAP	
8	1315	2919	0	683.1	0	138 175	0	2.1	1.0	710	40	RAP	
9	1310	2919	0	683.1	0	175	0	1.8	1.0	705	40	RAP	A/C
10	1300	2919	—	683.1	—	175	-	1.5	1.4	700	40	RAP	
11	1100	2919	20	683.1	2.0	175	6.0	1.2	1.0	700	40	AC	
12			59		1.9		5.0						
13	1100	3038	0	687.0	0	164	0	3.5	2.4	700	30	AC	
14	1240	3038	95	687.0	3.1	164	4.0	3.0	1.4	700	30	RAP	N/C
15	1330	3133	0	690.1	0	160	0	2.5	1.0	700	30	RAP	
16	1240	3133	0	690.1	0	160	0	2.5	1.3	710	30	RAP	
17	1320	3133	—	690.1	—	160	-	2.7	1.0	720	30	RAP	
18			-		-		-						
19	0810	3133	89	690.1	2.9	160	5.0	2.2	1.4	715	30	AC	
20	1035	3222	0	693.0	0	155	0	2.0	1.2	715		AC	
21	1130	3222	95	693.0	3.1	155	9.0	2.5	1.0	700	30	RAP	
22	1320	3317	96	696.1	3.2	146	6.0	2.5	1.5	700	45	RAP	N/C
23	0915	3413	0	699.3	0	140	0	2.5	1.6	720	40	RAP	
24	1210	3413	82	699.3	3.2	140	5.0	2.0	1.3	710	40	RAP	
25			82		2.3		5.0						
26	0900	3577	—	704.6	—	130	—	1.7	1.2	700	20	AC	
27	1130	3577	0	704.6	0	130	0	1.5	1.0	695	20	AC	
28	1200	3577	0	704.6	0	130	0	2.5	1.2	700	20	RAP	A/C
29	1240	3577	0	704.6	0	130	0	2.0	1.2	700	20	RAP	
30	1040	3577	0	704.6	0	130	0	2.1	1.2	690	20	RAP	
01	1340	3577		704.6		130		1.8	1.3	705	20	RAP	
1													
TOTAL		1047											
AVG		33.90											

0

1-7 = 56
5-14 = 30
5-21 = 26
2-28 = 37

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

(do!

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CRESCENT BAY**)			PWS Identification Number:	3354883-9
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CRESENT BAY			Plant Telephone Number:	
Plant Address:	11001 Cresent Bay Blvd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-9 | Plant Name: CRESENT BAY

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg/ min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	27,000										1.3	0.000 Indicates no flow
2		24	26,000											
3	X	24	21,000										1.0	
4	X	24	0,000										1.4	
5	X	24	0,000										1.1	
6	X	24	0,000										1.0	
7	X	24	1,000										1.0	
8	X	24	45,000										1.5	
9		24	44,000											
10	X	24	0,000										1.3	
11	X	24	0,000										1.0	
12	X	24	82,000										2.0	
13	X	24	22,000										1.4	
14	X	24	0,000										1.3	
15	X	24	0,000										1.3	
16		24	0,000											
17	X	24	0,000										1.1	
18	X	24	0,000										1.2	
19	X	24	0,000										1.5	
20	X	24	0,000										1.3	
21	X	24	0,000										1.2	
22	X	24	0,000										1.6	
23		24	0,000											
24	X	24	0,000										1.5	
25	X	24	0,000										1.1	
26	X	24	0,000										1.0	
27	X	24	0,000										1.3	
28	X	24	0,000										1.5	
29	X	24	0,000										1.5	
30		24	0,000											
31	X	24	0,000										1.1	
Total			268,000											
Average			8,645											
Maximum			82,000											

CRESENT BAY

11001 CRESENT BAY BLVD. PWS # 3354883-9

MONTH AND YEAR December 2006

	DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 GAL.	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
	1	1340	3577	27	704.6	1.0	130	2.5	1.8	1.3	705	20	RAP
	2			26		0.7		2.5					
	3	0540	3630	21	706.3	10.4	125	1.0	1.5	1.0	650	15	TC
	4	0915	3651	—	707.1	—	123	—	1.7	1.2	670	15	TC
	5	1000	3651	—	707.1	—	123	—	1.8	1.1	600	15	TC
	6	0920	3651	0	707.1	0	123	0	0.1	1.0	350	50	TC
*	7	1310	3651	1	707.1	0	123	1	0.5	1.0	250	50	RAP
	8	0820	3652	45	707.1	1.5	122	1	2.5	1.5	710	50	RAP
	9			44		1.5		1					
	10	1205	3741	—	710.1		120	—	1.9	1.3	665	50	TC
	11	0950	3741	0	710.1	0	120	0	1.4	1.0	650	50	TC
	12	1240	3741	82	710.1	2.5	120	4.0	1.0	2.0	650	60	RAP
	13	0640	3823	22	712.6	0.9	116	1.0	0.9	1.4	590	50	RAP
	14	1050	3845	0	713.5	0	115	0	1.0	1.3	650	50	RAP
	15	1150	3845	—	713.5	—	115	—	0.8	1.3	690	60	RAP
	16			—				—					
	17	0740	3845	—	713.5	—	115		0.9	1.1	680	60	TC
	18	0955	3845	0	713.5	0	115	0	0.9	1.2	680	40	TC
	19	1240	3845	0	713.5	0	115	0	0.6	1.5	670	40	RAP
*	20	1305	3845	0	713.5	0	115/180	0	0.7	1.3	680	40	RAP
*	21	0715	3845	0	713.5	0	180	0	2.3	1.2	700	40	RAP
	22	1230	3845	—	713.5	—	180	—	2.5	1.6	705	40	RAP
	23			—		—		—					
	24	0750	3845		713.5	—	180		2.0	1.5	700	40	TC
	25	0840	3845	0	713.5	0	180	0	1.7	1.1	700	40	TC
	26	1350	3845	0	713.5	0	180	0	1.6	1.0	680	40	RAP
	27	1250	3845	0	713.5	0	180	0	1.5	1.3	690	40	RAP
	28	1110	3845	0	713.5	0	180	0	1.4	1.5	690	40	RAP
	29	1150	3845	—	713.5	—	180	—	1.3	1.5	690	40	RAP
	30			—		—		—					
	31	0240	3845	—	713.5	—	180		1.2	1.1	650	40	TC
	1	0440	3845		713.5		180		1.0	1.2	670	40	TC
	TOTAL		268,320										
	AVG		3845										

CL2 Pumps 100% ↑

* See log - Ran CL2 Pumps on Hand to Raise CL2 In Hydro Tank.

1-7 = 41
8-14 = 28
15-21 = "0"
22-25 = "0"

662

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **CRESCENT WEST**			PWS Identification Number: **3354883-4**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.-North**			
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: **CRESCENT WEST**			Plant Telephone Number: 407-869-1919
Plant Address: **Lake Hill Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days- Sun, Mon , Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2/2/06 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

PWS Identification Number: **3354883-4** | Plant Name: **CRESCENT WEST**

JANUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	356,000										1.4	
2	X	24	369,000										1.4	
3	X	24	299,000										1.4	
4	X	24	314,000										1.4	
5	X	24	390,000										1.3	
6	X	24	304,000										1.4	
7		24	303,000											
8	X	24	304,000										1.7	
9	X	24	396,000										2.1	
10	X	24	250,000										1.8	
11	X	24	341,000										1.6	
12	X	24	424,000										1.8	
13	X	24	340,000										1.9	
14		24	299,000											
15	X	24	299,000										1.5	
16	X	24	524,000										1.9	
17	X	24	340,000										1.8	
18	X	24	5,000										1.8	
19	X	24	392,000										0.9	
20	X	24	370,000										1.5	
21		24	391,000											
22	X	24	391,000										1.7	
23	X	24	344,000										1.9	
24	X	24	244,000										1.5	
25	X	24	280,000										1.5	
26	X	24	389,000										1.5	
27	X	24	353,000										1.6	
28		24	418,000											
29	X	24	418,000										1.4	
30	X	24	343,000										1.4	
31	X	24	152,000										1.4	
Total			10,342,000											
Average			333,613											
Maximum			~~741,000~~ 524,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Crescent Water

MONTH/YEAR: JAN 2016

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3					6000	Leak @ Martins Landing
4						
5						
6						
7						
8						
9					25	PC
10						
11						
12						
13						
14						
15						
16						
17						
18						
19				5,025	5,25	PC
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					25	PC
					6200	200 GPD = ORP

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

PC - Plant eye wash

17,250

17,225

662

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 , 2006

A. Public Water System (PWS) Information

PWS Name: ~~CRESCENT WEST~~ LAKE UTILITY SERVICES, INC. - NORTH		PWS Identification Number: 3354883-4
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 5,088	Total Population Served at End of Month: 17,808	
PWS Owner: LAKE UTILITY SERVICES INC.		
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: CRESCENT WEST		Plant Telephone Number: 407-869-1919	
Plant Address: Lake Hill Circle	City: CLERMONT	State: Fl	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days- Sun, Mon , Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **3354883-4** | Plant Name: **CRESCENT WEST**

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	232,000										1.3	0.000 Indicates No Flow
2	X	24	383,000										1.4	
3	X	24	343,000										1.4	
4		24	191,000											
5	X	24	191,000										1.1	
6	X	24	300,000										1.4	
7	X	24	80,000										1.4	
8	X	24	193,000										1.3	
9	X	24	339,000										1.3	
10	X	24	307,000										1.4	
11		24	266,000											
12	X	24	267,000										1.4	
13	X	24	285,000										1.3	
14	X	24	190,000										1.4	
15	X	24	0,000										1.3	
16	X	24	0,000										1.4	
17	X	24	0,000										1.3	
18		24	452,000											
19	X	24	453,000										1.6	
20	X	24	472,000										1.6	
21	X	24	383,000										1.4	
22	X	24	410,000										1.4	
23	X	24	450,000										1.5	
24	X	24	363,000										1.3	
25		24	239,000											
26	X	24	239,000										1.0	
27	X	24	531,000										1.0	
28	X	24	283,000										1.2	
29														
30														
31														
Total			7,842,000											
Average			313,680											
Maximum			531,000											

22C.071

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH (CRESCENT WEST)**		PWS Identification Number: **3354883-4**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **CRESCENT WEST**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Hill Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days- Sun, Mon , Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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	Charles G. Schwades Printed or Typed Name	C-7368 License Number

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

PWS Identification Number: **3354883-4** | Plant Name: **CRESCENT WEST**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	370,000										1.2	0.000 Indicates No Flow
2	X	24	390,000										1.2	
3	X	24	369,000										1.1	
4		24	253,000											
5	X	24	254,000										1.3	
6	X	24	792,000										1.6	
7	X	24	386,000										1.5	
8	X	24	396,000										1.5	
9	X	24	450,000										1.4	
10	X	24	406,000										1.4	
11		24	484,000											
12	X	24	484,000										1.1	
13	X	24	575,000										1.0	
14	X	24	415,000										1.8	
15	X	24	475,000										1.6	
16	X	24	488,000										1.4	
17	X	24	442,000										1.5	
18		24	555,000											
19	X	24	555,000										1.3	
20	X	24	499,000										2.8	
21	X	24	401,000										1.3	
22	X	24	432,000										1.3	
23	X	24	496,000										1.5	
24	X	24	426,000										1.3	
25	X	24	511,000										1.9	
26		24	532,000											
27	X	24	533,000										1.9	
28	X	24	449,000										1.2	
29	X	24	542,000										1.3	
30	X	24	502,000										1.5	
31	X	24	460,000										1.2	
Total			14,322,000											
Average			462,000											
Maximum			792,000											

6062

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(CRESCENT WEST)**		PWS Identification Number: **3354883-4**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month: **18,126**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CRESCENT WEST**			Plant Telephone Number: 407-869-1919
Plant Address: **Lake Hill Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days- Sun, Mon , Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/3/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-4** | Plant Name: **CRESCENT WEST**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	495,000											0,000 Indicates No Flow
2	X	24	495,000										1.7	
3	X	24	681,000										1.3	
4	X	24	442,000										1.6	
5	X	24	555,000										1.5	
6	X	24	552,000										1.6	
7	X	24	558,000										1.6	
8	X	24	571,000										1.4	
9		24	459,000											
10	X	24	459,000										1.3	
11	X	24	393,000										1.4	
12	X	24	470,000										1.5	
13	X	24	480,000										1.4	
14	X	24	442,000										1.5	
15		24	533,000											
16	X	24	533,000										1.6	
17	X	24	566,000										1.5	
18	X	24	451,000										1.0	
19	X	24	500,000										1.2	
20	X	24	527,000										1.3	
21	X	24	467,000										1.5	
22		24	371,000											
23	X	24	371,000										1.4	
24	X	24	484,000										1.6	
25	X	24	409,000										1.3	
26	X	24	466,000										1.4	
27	X	24	475,000										1.4	
28	X	24	446,000										1.4	
29	X	24	487,000										1.3	
30		24	539,000											
31														
Total			14,677,000											
Average			489,200											
Maximum			681,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Crescent West

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					30,000	Flush Line 010561
29						
30						
31						

6000 @RP = 2000 PM

36,000

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

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

662

with Planned Comment (20 Days)

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(CRESCENT WEST)**		PWS Identification Number: **3354883-4**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **CRESCENT WEST**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Hill Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	James Carroll	C	8494	Days- Sun, Mon , Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

6-5-06 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

PWS Identification Number: **3354883-4** | Plant Name: **CRESCENT WEST**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	539,000										1.4	0.000 Indicates No Flow
2	X	24	438,000										1.3	
3	X	24	522,000										1.6	
4	X	24	503,000										1.3	
5	X	24	540,000										1.5	
6		24	616,000											
7	X	24	616,000										1.4	
8	X	24	614,000										1.3	
9	X	24	427,000										1.3	
10	X	24	466,000										1.2	
11	X	24	520,000										1.6	
12	X	24	368,000										1.5	
13	X	24	417,000										1.3	
14		24	535,000											
15	X	24	535,000										1.5	
16	X	24	398,000										1.4	
17	X	24	248,000										1.6	
18	X	24	490,000										1.4	
19	X	24	469,000										1.4	
20		24	548,000											
21	X	24	548,000										1.2	
22	X	24	672,000										1.3	
23	X	24	434,000										1.4	
24	X	24	473,000										1.4	
25	X	24	522,000										1.3	
26	X	24	442,000										1.5	
27		24	382,000											
28	X	24	382,000										1.4	
29	X	24	164,000										1.5	
30	X	24	83,000										1.7	
31	X	24	0,000										1.6	
Total			13,911,000											
Average			448,741											
Maximum			672,000											

WATER LOSS RECORD

Crescent West WTP Sept 2006

662

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Sept. 2006	Eye Wash						5 gpd	
								Total 150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**CRESENT WEST**)			PWS Identification Number:	3354883-4
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,088		Total Population Served at End of Month:	17,808	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 | Domenic Gentilucci | C-12562

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: 3354883-4 | Plant Name: CRESENT WEST

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1			0,000											0,000 Indicates no flow
2			0,000											Well was out of service from 6-01 to 6-20
3			0,000											
4			0,000											
5			0,000											
6			0,000											
7			0,000											
8			0,000											
9			0,000											
10			0,000											
11			0,000											
12			0,000											
13			0,000											
14			0,000											
15			0,000											
16			0,000											
17			0,000											
18			0,000											
19			0,000											
20	X	24	706,000										0.7	
21	X	24	0,000										0.5	
22	X	24	723,000										1.0	
23	X	24	591,000										0.7	
24		24	591,000											
25	X	24	103,000										1.0	
26	X	24	8,000										0.8	
27	X	24	16,000										0.9	
28	X	24	628,000										0.4	
29	X	24	285,000										1.1	
30	X	24	446,000										1.2	
31														
Total			4,097,000											
Average			136,567											
Maximum			723,000											

663.

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **FOUR LAKES**			PWS Identification Number: **3354647**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 63	Total Population Served at End of Month: 221		
PWS Owner: **LAKE UTILITY SERVICES INC**			
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: **FOUR LAKES**		Plant Telephone Number:	
Plant Address: **LOT 33 ALPHA AVE**	City: **Montverde**	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: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
2-3-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **33546475** | Plant Name: **FOUR LAKES**

III. Daily Data for the Month/Year **JANUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	26,000											
2	X	24	26,000										1.8	
3	X	24	27,000										1.8	
4	X	24	25,000										1.6	
5	X	24	21,000										1.4	
6	X	24	24,000										1.5	
7		24	26,000											
8	X	24	26,000										1.6	
9	X	24	18,000										1.3	
10	X	24	23,000										1.4	
11	X	24	27,000										1.6	
12	X	24	27,000										1.4	
13	X	24	24,000										1.4	
14		24	18,000											
15	X	24	18,000										1.3	
16	X	24	45,000										1.9	
17	X	24	22,000										1.7	
18	X	24	27,000										1.6	
19	X	24	26,000										1.4	
20	X	24	25,000										1.4	
21		24	34,000											
22	X	24	34,000										1.5	
23	X	24	33,000										1.3	
24	X	24	17,000										1.5	
25	X	24	26,000										2.0	
26	X	24	27,000										1.8	
27	X	24	34,000										1.6	
28		24	34,000											
29	X	24	34,000										1.4	
30	X	24	24,000										1.7	
31	X	24	22,000										1.7	
Total			820,000											
Average			26,452											
Maximum			45,000											

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

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Four Lakes

MONTH/YEAR: January 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

FOUR LAKES

Operator _____
Operator _____
Operator _____
Operator _____

Plant / PWS # 33547

Month JANUARY

Date	Time	POE METER	POE FLOW	Well 2 METER	Well 2 FLOW	Well 2 ETM	hrs	Well 1 METER	Well 1 FLOW	Well 1 ETM	hrs	HSP 1 ETM	hrs	HSP 2 ETM
Previous		37160				16293.2		~~37160~~		16.8				
1			~~26~~											
2	9:00	37212	26			16297.1	1.9			16.8	ø			
3	9:00	37239	27			16298.9	1.8			16.8	ø			
4	9:00	37264	25			16300.6	1.7			16.8	ø			
5	8:00	37285	21		16	301.8	1.2			16.8	ø			
6	2:45	37309	24		16	303.3	1.5			16.8	o			
7			26											
8		37361	26		16	306.5	3.2			16.8	ø			
9	0957	37379	18		16	307.9	1.4			16.8	—			
10	0900	37402	23		16	309.3	1.4			16.8	—			
11	11:00	37429	27		16	311.3	2.0			16.8	—			
12	12:00	37456	27		16	313.4	2.1			16.8	—			
13	8:00	37480	24		16	315.3	1.9			16.8	—			
14			18											
15		37516	18		16	317.5	2.2			16.8	—			
16	1210	37561	45		16	320.4	2.9			16.8	—			
17	10:00	37583	22		16	321.8	1.4			16.8	ø			
18	9:30	37610	27		16	323.5	1.7			16.8	ø			
19	9:00	37636	26		16	325.4	1.9			16.8	ø			
20	12:00	37661	25		16	326.9	1.5			16.8	ø			
21			24											
22		37729	34		16	332.3	5.4			16.8	ø			
23	1715	37762	33		16	334.6	2.3			16.8	ø			
24	9:00	37779	17		16	335.7	1.1			16.8	ø			
25	1300	37805	26			337.5	1.8			16.8	ø			
26	1000	37832	27			339.3	1.8			16.8	ø	Adding Air		
27	14:05	37866	34			341.7	2.4			16.8	ø			
28			34											
29		37934	34			346.4	4.7			16.8	ø			
30	1135	37958	24			348.2	1.8			16.8	ø			
31		37980	22			349.7	1.5			16.8	ø			
Total		8[illegible]	820											
Average														
Maximum														
Minimum														

Cl_2 Remote Address _____

Year 2006

Electric Meter First _____ Last _____

HSP 3 ETM	hrs	HSP 4 ETM	hrs	Cl_2 Gal.	Cl_2 Used	Cl_2 SET	ORP	CRP	CRT	GST Lvl	PSI	GEN ETM	hrs	RAIN	TIME In/Out	Op INIT.	Comments
				26								A/N					
					~~0.5~~												
				2.5	0.5			2.4	1.8		65	3			9:30	SP	
				24	1.0			2.5	1.8		50	3			9:30	SP	
				23.5	0.5			2.4	1.6		50	4			9:30	SP	
				23	0.5			2.3	1.4		55	3			8:30	SP	added AIR
				~~22~~	~~1.0~~			2.4	1.5		60	11			3:15	SP	added AIR
				20	20			2.3	1.6		46	9				JC	
				20	—			1.8	1.3		64	7				JC	
								2.3	1.4		56	6				JC	Sampled
				17				2.4	1.6		50	6			11:30	SP	
				16				2.3	1.4		60	8			12:30	SP	
				15				2.3	1.4		54	14			8:30	SP	
				13	2.0			2.1	1.3		55	12				JC	
				11	2.0			3.3	1.9		54	10				JC	
				10	1.0			3.1	1.7		68	6			10:30	SP	
				9	1.0			3.0	1.6		68	10			10:00	SP	
				8	1.0			2.7	1.4		58	10			9:30	SP	
				7	1.0			2.8	1.4		68	8			12:30	SP	
				~~28~~				2.4	1.5		66	1				JC	
				25	3			2.0	1.3		54	7				JC	
				24.5	0.5			2.6	1.5		50	7				SP	
				23.0	1.5			3.0	2.0		56	5"			1330	DSA	A-7141 ~~1330~~
				22.5	0.5			2.7	1.8		65	3"	56=6"		1030	DSA	A-7141 ~~1030~~
				22	0.5			2.3	1.6		56	3				SP	
				20	2			2.1	1.4		56	2				JC	Added Air
				18	2			3.3	1.7		58	2				JC	Added Air
				17	1			2.6	1.7		58	1					

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

6163

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: FEBRUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **FOUR LAKES**			PWS Identification Number: **3354647**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 63	Total Population Served at End of Month: 221		
PWS Owner: **LAKE UTILITY SERVICES INC**			
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: **FOUR LAKES**		Plant Telephone Number:	
Plant Address: **LOT 33 ALPHA AVE**	City: **Montverde**	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: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **33546475** | Plant Name: **FOUR LAKES**

III. Daily Data for the Month/Year **FEBRUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	29,000										1.7	
2	X	24	38,000										1.6	
3	X	24	27,000										1.6	
4		24	22,000											
5	X	24	22,000										1.4	
6	X	24	23,000										2.1	
7	X	24	22,000										1.7	
8	X	24	27,000										1.6	
9	X	24	26,000										1.5	
10	X	24	34,000										1.4	
11		24	26,000											
12	X	24	27,000										1.1	
13	X	24	28,000										1.8	
14	X	24	39,000										1.8	
15	X	24	36,000										2.3	
16	X	24	35,000										2.0	
17	X	24	52,000										2.5	
18		24	25,000											
19	X	24	26,000										1.9	
20	X	24	49,000										1.6	
21	X	24	33,000										1.6	
22	X	24	31,000										1.9	
23	X	24	36,000										1.8	
24	X	24	28,000										1.9	
25		24	28,000											
26	X	24	28,000										1.4	
27	X	24	37,000										1.7	
28	X	24	27,000										1.6	
29														
30														
31														
Total			861,000											
Average			30,750											
Maximum			52,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 4-Lake

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3					25	Pe
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					25,000	Tank Inspection
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					25	Pe
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

25,050 TOTAL

Pe. Plant cycling

Form Modified 1/30/04

File: Flushing & Water Loss Record

Operator _____ Plant / PWS # Coupa

CUP # _____ Month February

Date	Time	Total G.P.D.	POE	Well #1			Well #2				HS #1		
			Meter	G.P.D.	Read	Hrs	Meter	G.P.D.	Read	Hrs	Read	Hrs	R
Previous			37980		16.8				349.7				
1	9:45	29	38009		16.8				352.1	2.4			
2	9:10	38	38047		16.8				354.9	2.8			
3	12:30	27	38074						357.0	2.1			
4		22											
5		22	38118		16.8				360.0	3.0			
6	1345	23	38141		16.8				361.9	1.9			
7	1:15	22	38163		16.8				363.1	1.2			
8	13:30	27	38190		16.8				364.8	1.7			
9	9:30	26	38216		16.8				366.8	2.0			
10	12:45	34	38250		16.8				369.6	2.8			
11		20											
12	1115	27	38303		16.8				373.3	3.7			
13	0842	28	38331		16.8				375.0	1.7			
14	9:30	39	38370		16.8				377.1	2.1			
15	1300	36	38406		16.8				379.4	2.3	Tank Bypassed &		Rest
16	1045	35	38441		16.8				382.1	2.7	Removed	elev. feed	for
17	0915	52	38493		16.8			100gpm	387.8	5.7	Tank Byp	ass V	Visual
18		25											
19	0545	26	38544		16.8				391.3	3.5			
20	1130	49	38593		16.8				394.6	3.3			
21	1330	33	38626		16.8				396.6	2.0	collected	in Hous	BACT
22	1530	31	38657		16.8				399.9	2.3			
23	1630	36	38693		16.8				401.7	2.8			
24	1300	28	38721		16.8				403.7	2.0			
25		28											
26	0526	28	38777		16.8				407.7	4.0			
27	1415	37	38814		16.8				410.1	2.4	Adding	45 mi	n. A
28	1:30	27	38841		16.8				412.1	2.0			
29													
30													
31													
Total		861	861										
Average													
Maximum													
Minimum													

Address Cl_2 Remote

Year 2006

Electric Meter First ____ Last ____

#2 Hrs	Chlorine H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	Phosphate Read#	Used	PPM	PSI	Air	Gas	Comments
	17									58	1	—	added Air to system
	16 / 5.5	1			2.7	1.7				56	9	SP	
	54	1			2.8	1.6				54	14	SP	
	53	1			2.7	1.6				50	19	SP	
	53				2.1	1.4				66	12	FC	
	52	1			3.3	2.1				50	15	FC	
	51.5	0.5			2.4	1.7				66	12	SP	
	51	0.5			2.5	1.6				64	13	SP	
	50.5	0.5			2.4	1.5				54	20	SP	
	50.	0.5			2.3	1.4				62	15	SP	
	48				2.0	1.1				67	12		
	48	-			2.6	1.8				57	12		
	46	2			2.5	1.8				68	9	SP	
D	45	1			3.0	2.3				70	7"	DSA	A-7141 DW 1520
ncls	44	1			2.7	2.0				45	10"	DSA	A-7141 DW 1200
pH D	Restart 42	2			3.0	2.5		70 =	6"	50	8"	DSA	A-7141 DW 1500
	40	2			2.6	1.9				54	6	FC	
	38	2			2.5	1.6				55	24	FC	Added Air
in 1/2 Sample	37	1			2.8	1.6	Added 20" Air	50 =	4"	50psi	24	DSA	A-7141 DW 1400
	36	1			2.7	1.9				50R	2"	DSA	Added Air
	35	1			2.8	1.8				50	2"	DSA	Added Air 1650
	35	est .5			2.8	1.9				46	Top	DSA	A-7141 DW 1330
	33				2.5	1.4				70	Top	FC	
	32.5	0.5			2.6	1.7						DSA	A-7141 DW 1500
	32.0	0.5			2.5	1.6				58	Top		

1063

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **FOUR LAKES**			PWS Identification Number: **3354647**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 63	Total Population Served at End of Month: 221		
PWS Owner: **LAKE UTILITY SERVICES INC**			
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: **FOUR LAKES**		Plant Telephone Number:	
Plant Address: **LOT 33 ALPHA AVE**	City: **Montverde**	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: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/4/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **33546475** | Plant Name: **FOUR LAKES**

III. Daily Data for the Month/Year **MARCH , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	23,000										1.7	
2	X	24	48,000										1.7	
3	X	24	40,000										1.6	
4		24	29,000											
5	X	24	30,000										1.4	
6	X	24	71,000										1.5	
7	X	24	28,000										1.2	
8	X	24	53,000										1.4	
9	X	24	29,000										1.2	
10	X	24	40,000										1.8	
11		24	38,000											
12	X	24	39,000										1.4	
13	X	24	62,000										1.6	
14	X	24	34,000										1.4	
15	X	24	43,000										1.9	
16	X	24	50,000										1.7	
17	X	24	32,000										1.7	
18		24	45,000											
19	X	24	45,000										1.6	
20	X	24	42,000										1.8	
21	X	24	31,000										1.7	
22	X	24	37,000										1.5	
23	X	24	38,000										1.8	
24	X	24	31,000										1.6	
25	X	24	27,000										1.9	
26		24	47,000											
27	X	24	48,000										1.6	
28	X	24	33,000										1.5	
29	X	24	35,000										1.3	
30	X	24	62,000										1.9	
31	X	24	29,000										1.8	
Total			1,239,000											
Average			39,968											
Maximum			71,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 4 - LAKES

MONTH/YEAR: MARCH 2016

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

0

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Address Cl_2 Remote _____

Year 2006 Electric Meter First _____ Last _____

#2 Hrs	Chlorine H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	Phosphate Read#	Used	PPM	PSI	AIR	Tpt	Comments
	32.0				2.5	1.6				58	Tom	SP	
	31.0				2.3	1.7				50	M	DS	Sampled SOC UOC
	29	2.0			2.3	1.7				70	6	SP	
	28	1.0			2.2	1.6				56	13	SP	
	25	3			2.1	1.4				46	11½	JC	
	22	3			2.8	1.5				58	6	JC	
	18	4			3.0	1.2				46	6	JC	
	17	1			2.5	1.4				52	2	CJ	
	16 est	1	Now 70=2.5"		2.1	1.2	Monthly	Batch Samples	46=2.5	70	Top	DSA	#A-7141 0815
	15	1			2.6	1.8				60	2	SP	
										5			
	15				2.0	1.4				56	10	JC	
	13	2			2.4	1.6				54	7	JC	
	12	1			2.6	1.6				46	6	JC	
	10.5	1.5			3.0	1.9				48	3"	DSA	#A-7141 OW 1100
	8	2.5			2.8	1.7				50	1	SP	
	7.30	1.0			2.9	1.7				50	13	SP	
	27	3.0			2.5	1.6				56	13	JC	
	30				3.0	1.8				58	10	JC	Duck Bill not Holding Fix-1
	30	—			3.3	1.7				56	9	JC	
	27	3.0			3.0	1.5	Added 30 min Air			70	6"↓8"	DSA	A-7141 OW 1100
	25	2.0			2.7	1.8				70 =	7"	DSA	A-7141 OW 1430
	24	1.0			2.4	1.6				54	9	JC	
	24	—			2.7	1.9				58	5	JC	
	20	4.0			2.6	1.6				46	5	JC	
	17	3.0			2.4	1.5				46	2	JC	Added Air
	16.5	0.5			2.1	1.3				60	5"	DSA	A-7141 0730
	15.5/30/58	1.0			3.5	1.9				70	2"	DSA	A-7141 OW 1630
	28	2.0			3.4	1.8				58	2"	SP	

Operator _____ Plant / PWS # Franklin

CUP # _____ Month March

Date	Time	Total G.P.D.	Well #1 ETM				Well #2 ETM				HS #1		
			Meter	G.P.D.	Read	Hrs	Meter	G.P.D.	Read	Hrs	Read	Hrs	Rea
Previous			38841		16.8				412.1	2.0			
1	0645	23	38864		16.8				413.9	1.8			
2	10:30	48	38912		16.8				417.3	3.4			
3	13:30	40	38952		16.8				420.1	2.8			
4		29											
5	0720	30	39011		16.8				424.4	4.3			
6	1515	71	39082		16.8				428.3	4.9			
7	1030	28	39110		16.8				431.3	3.0			
8	1715	53	39163		16.8				435.0	3.7			
9	0745	29	39192		16.8				437.5	2.5	Adding	30 min.	A
10	10:00	40	39232		16.8				440.5	3.0			
11		38											
12	0610	39	39309		16.8				446.0	5.5			
13	1000	62	39371		16.8				450.6	4.6			
14	0755	34	39405		16.8				453.0	2.4			
15	1030	43	39448		16.8				456.2	3.2			
16	11:30	50	39498		16.8				460.2	4.0			
17	9:30	32	39530		16.8				462.5	2.3			
18		45											
19	1300	45	39626		16.8				469.0	6.5			
20	1100	42	39666		16.8				472.0	3.0			
21	1025	31	39693		16.8				474.3	2.3			
22	1030	37	39730		16.8				477.7	3.4	(Added		
23	1400	38	39768		16.8				480.7	3.0			
24	1300	31	39799		16.8				483.0	2.3			
25	1145	27	39826		16.8				484.9	1.9			
26		47											
27	1600	48	39921		16.8				491.7	6.8			
28	1520	33	39954		16.8				494.1	2.4			
29	0900	35	39989		16.8				496.5	2.4			
30	1600	62	40051		16.8				501.5	5.0			
31	9:00	29	40080		16.8				503.8	2.3			
Total		1239	1239										
Average			39968										
Maximum													
Minimum													

663

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: April , 2006

A. Public Water System (PWS) Information

PWS Name: **FOUR LAKES**			PWS Identification Number: **3354647**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 63	Total Population Served at End of Month: 221		
PWS Owner: **LAKE UTILITY SERVICES INC**			
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: **FOUR LAKES**		Plant Telephone Number:	
Plant Address: **LOT 33 ALPHA AVE**	City: **Montverde**	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: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 5/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: 33546475 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year: APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	56,000											
2	X	24	56,000										1.9	
3	X	24	80,000										2.0	
4		24	54,000										1.7	
5	X	24	77,000										2.0	
6	X	24	64,000										0.3	
7	X	24	80,000										1.8	
8	X	24	74,000										1.5	
9		24	42,000											
10	X	24	42,000										1.9	
11	X	24	58,000										2.0	
12	X	24	50,000										2.3	
13	X	24	58,000										2.1	
14	X	24	45,000										2.0	
15		24	55,000											
16	X	24	55,000										1.6	
17	X	24	58,000										2.4	
18	X	24	45,000										2.1	
19	X	24	48,000										2.0	
20	X	24	58,000										1.2	
21	X	24	39,000										1.3	
22		24	37,000											
23	X	24	37,000										1.4	
24	X	24	40,000										1.6	
25	X	24	47,000										1.5	
26	X	24	44,000										1.8	
27	X	24	46,000										1.7	
28	X	24	39,000										1.7	
29	X	24	48,000										1.6	
30		24	56,000											
31														
Total			1,568,000											
Average			52,200											
Maximum			80,000											

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

05/08/2006 13:55 3522420565 LK GROVES PAGE 09/09

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 4 LAKES

MONTH/YEAR: APRIL 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

663

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **FOUR LAKES**			PWS Identification Number: **3354647**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: **LAKE UTILITY SERVICES INC**			
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: **FOUR LAKES**			Plant Telephone Number:
Plant Address: **LOT 33 ALPHA AVE**		City: **Montverde**	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: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days-mon- Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	James Carroll	C	8494	DaysSun, Mon.- Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-5-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **33546475** | Plant Name: **FOUR LAKES**

III. Daily Data for the Month/Year **MAY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	57,000										1.4	
2	X	24	35,000										1.5	
3	X	24	56,000										1.6	
4	X	24	57,000										1.3	
5	X	24	43,000										1.4	
6		24	52,000											
7	X	24	53,000										1.7	
8	X	24	53,000										1.8	
9	X	24	42,000										1.3	
10	X	24	30,000										2.0	
11	X	24	34,000										1.9	
12	X	24	20,000										1.7	
13	X	24	24,000										1.9	
14		24	50,000											
15	X	24	50,000										1.8	
16	X	24	28,000										1.9	
17	X	24	26,000										1.8	
18	X	24	48,000										1.7	
19	X	24	28,000										1.7	
20		24	46,000											
21	X	24	46,000										1.6	
22	X	24	68,000										1.7	
23	X	24	31,000										0.7	
24	X	24	28,000										1.2	
25	X	24	51,000										1.7	
26	X	24	33,000										1.8	
27		24	40,000											
28	X	24	40,000										1.6	
29	X	24	31,000										1.4	
30	X	24	63,000										1.5	
31	X	24	49,000										1.2	
Total			1,312,000											
Average			42,323											
Maximum			68,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Four Lakes WTP

MONTH/YEAR: May 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3	1"	5	5	4	20	Eyewash
4						
5						
6						
7						
8						
9						
10	1"	5	5	4	20	Eyewash
11						
12						
13						
14						
15						
16						
17	1"	5	5	4	20	Eyewash
18						
19						
20						
21						
22						
23						
24	1"	5	5	4	20	Eyewash
25						
26						
27						
28						
29						
30						
31	1"	5	5	4	20	Eyewash

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

MF

FLOWERS CHEMICAL LABORATORIES INCORPORATED

Aaron Downs 9-16-06

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-8110 fax

Lab Receipt Date & Time: 5/16/06 1315
Analysis Date & Time: ~~5/16/06 1415~~ 5/17/06 1415
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☒ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ Present / Absent Standard Coliform Test (MF)
☐ HPC

System Name FOUR LAKES

System Address Lot 33 Alpha Ave
City Montverde
System or Owner's Phone # 407-469-1919
Collector Steve Pfouts

PWS I.D.# 3354647

Fax # 352-242-0565
Collector's Phone # 321-388-7095 Check

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 5/16/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count (MF)

To be completed by collector of sample						To be completed by lab				
						Total Coliform ☐ SM 9222B-MF or ☐ SM9223B-Colilert				
						Fecal or E. coli ☐ SM 9221E-MF or ☐ SM9223B-Colilert				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	CI*
FL1	Well 1	7:35	R			2317	0	A		
FL2	Well 2	7:40	R			2318	0	A		
FL3	16021 Ridgewood	8:05	DW	1.7		2319	0	A		
FL4	16848 Omega	8:10	DW	1.4		2320	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.5

[1]Defined in Florida Administrative Code R.r 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is ☒ certified operator (# 14204) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

[illegible], INC. OF FLORIDA
[illegible] WEATHERSFIELD AVENUE
[illegible]MONTE SPRINGS, FL 32714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

463

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(FOUR LAKES)**		PWS Identification Number:	3354647
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	63	Total Population Served at End of Month:	221	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES		Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354647 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	41,000										1.4	
2	X	24	24,000										1.4	
3		24	51,000											
4	X	24	52,000										1.3	
5	X	24	37,000										1.8	
6	X	24	35,000										1.4	
7	X	24	46,000										1.5	
8	X	24	64,000										1.1	
9	X	24	46,000										1.2	
10		24	56,000											
11	X	24	57,000										1.4	
12	X	24	17,000										1.3	
13	X	24	28,000										0.9	
14	X	24	20,000										1.3	
15	X	24	36,000										2.0	
16	X	24	53,000										2.0	
17	X	24	37,000										1.5	
18		24	40,000											
19	X	24	40,000										0.8	
20	X	24	28,000										1.7	
21	X	24	36,000										1.8	
22	X	24	54,000										1.7	
23	X	24	35,000										1.6	
24		24	31,000											
25	X	24	32,000										1.0	
26	X	24	26,000										1.3	
27	X	24	26,000										1.6	
28	X	24	16,000										1.4	
29	X	24	21,000										1.3	
30	X	24	20,000										1.4	
31														
Total			1,105,000											
Average			36,833											
Maximum			64,000											

WATER LOSS RECORD

Four Lakes WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Four Lakes WTP							0
								Total 0.000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

663

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. (**FOUR LAKES**)			PWS Identification Number:	3354647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	63		Total Population Served at End of Month:	221	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 8-4-06	Domenic Gentilucci	C-12562

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

PWS Identification Number: 3354647 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year of: JULY , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	25,000										1.2	
2		24	24,000											
3	X	24	30,000										2.1	
4	X	24	25.000										1.6	
5	X	24	38,000										1.6	
6	X	24	24,000										1.5	
7	X	24	37,000										1.4	
8	X	24	23,000										0.8	
9		24	24,000											
10	X	24	22,000										1.4	
11	X	24	21,000										1.1	
12	X	24	23,000										1.4	
13	X	24	27,000										1.2	
14	X	24	39,000										1.1	
15		24	40,000											
16	X	24	35,000										1.0	
17	X	24	31,000										1.1	
18	X	24	28,000										1.0	
19	X	24	51,000										1.0	
20	X	24	35,000										1.2	
21	X	24	50.000										1.0	
22		24	50,000											
23	X	24	24,000										1.0	
24	X	24	21,000										1.0	
25	X	24	38,000										1.6	
26	X	24	30,000										1.7	
27	X	24	23,000										1.7	
28	X	24	25.000										1.0	
29		24	25.000											
30	X	24	27,000										1.0	
31	X	24	30.000										0.6	
Total			945,000											
Average			30.484											
Maximum			51,000											

WATER LOSS RECORD

Fours Lakes WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Four Lakes Eye wash							
								Total 100

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(FOUR LAKES)**			PWS Identification Number:	3354647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	63		Total Population Served at End of Month:	221	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	FOUR LAKES			Plant Telephone Number:	
Plant Address:	Lot # 33 Alpha Ave		City: Montverde	State: FLORIDA	Zip Code: 34756
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354647 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year of: August , 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	30,000										2.0	
2	X	24	37,000										2.0	
3	X	24	41,000										1.1	
4	X	24	32,000										1.1	
5		24	33,000											
6	X	24	17,000										1.0	
7	X	24	16,000										1.0	
8	X	24	26,000										0.9	
9	X	24	48,000										0.9	
10	X	24	26,000										0.8	
11	X	24	41,000										0.9	
12		24	41,000											
13	X	24	22,000										1.0	
14	X	24	20,000										1.5	
15	X	24	30,000										1.2	
16	X	24	38,000										1.0	
17	X	24	25,000										1.9	
18	X	24	29,000										2.0	
19		24	29,000											
20	X	24	24,000										2.2	
21	X	24	24,000										1.6	
22	X	24	36,000										0.9	
23	X	24	44,000										1.2	
24	X	24	16,000										1.5	
25	X	24	29,000										1.5	
26		24	30,000											
27	X	24	22,000										1.1	
28	X	24	20,000										1.0	
29	X	24	19,000										1.7	
30	X	24	17,000										1.5	
31	X	24	25,000										2.0	
Total			887,000											
Average			28,613											
Maximum			48,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/22/06 1442

Analysis Date & Time: 8/22/06 1530

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:

☐ **Present / Absent Standard Coliform Test** (MF)

☐ **HPC**

System Name Lake Utility Services Inc Four Lakes WTP

System Address Lot 33 Alpha Ave PWS I.D.# 3354647 (MF)

City Montverde

System or Owner's Phone # 407-869-1919 Fax # 352-242-0565

Collector Steve Pfouts Collector's Phone # 321-388-7028

Type of Supply (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/22/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count**

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform: ☑ SM 9223B-MF or ☐ COLITAG Fecal or E. coli ☐ SM 9221E-MF or ☐ COLITAG Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
411	Well # 1	8:40AM	R	0.0		8799	0	A		
412	Well # 2	8:45AM	R	0.0		8800	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____

Person performing analysis is

☒ A certified operator (#C 14204) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required_____

Date Reviewed by DEP/DOH: _____

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/22/06 1445

Analysis Date & Time: 8/22/06 1530

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:

☐ **Present / Absent Standard Coliform Test** (MF)

☐ **HPC**

System Name Lake Utility Services Inc Four Lakes WTP

System Address Lot 33 Alpha Ave PWS I.D.# 3354647 (MF)

City Montverde

System or Owner's Phone # 407-869-1919 Fax # 352-242-0565

Collector Steve Pfouts Collector's Phone # 321-388-7028

Type of Supply (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/22/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count**

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
413	16833 Alpha Drive	8:50AM	D	1.0	
414	16120 Ridgewood Drive	9:00AM	D	0.9	

Total Coliform: ☐ [illegible] or ☐ COLITAG
Fecal or E. coli ☐ [illegible] or ☐ COLITAG

Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
8801	A	A		
8802	A	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.9

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____

Person performing analysis is

☒ A certified operator (#C 14204) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required _____

Date Reviewed by DEP/DOH: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (Clearance, etc.)

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WATER LOSS RECORD

Four Lakes WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 150 gals

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

WATER LOSS RECORD

Four Lakes WTP Sept 2006

603

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Sept. 2006	Eye Wash						5 gpd	
								Total 150 gals

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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

1063 FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. (**FOUR LAKES**)			PWS Identification Number:	3354647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	63		Total Population Served at End of Month:	221	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	FOUR LAKES			Plant Telephone Number:	
Plant Address:	Lot # 33 Alpha Ave		City: Montverde	State: FLORIDA	Zip Code: 34756
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 10/04/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354647 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	28,000										2.0	
2		24	28,000											
3	X	24	14,000										1.9	
4	X	24	27,000										1.5	
5	X	24	22,000										1.5	
6	X	24	34,000										1.5	
7	X	24	18,000										2.0	
8	X	24	31,000										1.5	
9		24	31,000											
10	X	24	18,000										1.4	
11	X	24	25,000										1.3	
12	X	24	29,000										1.6	
13	X	24	31,000										1.0	
14	X	24	33,000										1.0	
15	X	24	22,000										1.0	
16		24	23,000											
17	X	24	53,000										1.0	
18	X	24	25,000										1.0	
19	X	24	21,000										1.0	(Leak) put out boil water notices
20	X	24	27,000										0.8	
21	X	24	21,000										1.5	
22	X	24	53,000										1.3	
23	X	24	30,000										1.0	
24		24	29,000											
25	X	24	22,000										1.1	
26	X	24	17,000										1.0	Rescission notice put out
27	X	24	53,000										1.1	
28	X	24	27,000										1.2	
29	X	24	45,000										1.6	
30		24	45,000											
31														

Total	882,000
Average	29,400
Maximum	53,000

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FOUR LAKES

LOT # 33 ALPHA AVE PWS # 3354647

MONTH AND YEAR SEPT - 2006

DATE	TIME	P.O.E. METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	GALS CL2 ~~INCHES~~	USED	CL2 POE	CL2 RT	AIR %	INITI
1	0800	45930	28	16.8	Ø	16935.4	2.3	53	0.25	2.0	2.0	13	RAP
2			28		Ø		2.3		0.25				
3	1715	45986	14	16.8	—	16940.0	1.0	52.5	0.5	2.1	1.9	21"	DSA
4	0810	46000	27	16.8	-	941.0	1.9	52	0.5	1.7	1.5	17	RAP
5	0810	46027	22	16.8	-	942.9	1.5	51.5	0.25	2.0	1.5	19	RAP
6	0740	46049	34	16.8	-	944.4	3.0	51.25	0.25	1.9	1.5	18	RAP
7	0745	46083	18	16.8	—	947.4	1.1	51	—	2.0	2.0	18	RAP
8	0730	46101	31	16.8	Ø	948.5	2.5	51	.25	1.5	1.5	17	RAP
9			31		Ø		2.5		.25				
10	1700	46163	18	16.8		953.5		50.5	0.5	1.6	1.4	11"	DSA
11	8:10	46181	25	16.8	0	955.3	0	50	0.5	1.5	1.3	12"	SP
12	0810	46206	29	16.8	—	955.3	2.3	49½	1.0	1.5	1.6	10	RAP
13	0800	46235	31	16.8	—	957.6	2.1	48½	1.5	1.0	1.0	8	RAP A/C
14	0820	46266	33	16.8	—	959.7	2.4	48	0.5	1.3	1.0	19	RAP
15	1100	46299	28	16.8		962.1	2.0	47.5	.25	1.2	1.0	16	RAP
16			23		-		2.0		.25				
17	0330	46344	53	16.8	—	966.1	3.8	47	.25	1.4	1.0	14	A/C
18	1445	46397	25	16.8	—	969.9	2.0	46½	.25	1.4	1.0	11	A/C
19	1015	46422	21	16.8	-	971.9	1.5	46.5	0.5	1.2	1.0	11	RAP
20	0800	46443	27	16.8	—	973.4	2.0	46	1.0	1.0	0.8	10	RAP A/C
21	0820	46470	21	16.8	—	975.4	1.3	45	1.0	1.8	1.5	20	RAP
22	0750	46491	53	16.8	—	976.7	3.9	44	1.0	1.5	1.3	23	RAP
23	0800	46544	30	16.8	—	980.4	2.3	43		1.3	1.0	20	
24			29		-		2.3						
25	1040	46603	22	16.8	-	985.2	1.7	42	2.0	1.6	1.1	17	A/C
26	0710	46625	17	16.8	-	986.9	1.2	41	0.5	1.4	1.0	13	RAP
27	0700	46642	53	16.8	-	988.1	2.9	40.5	1.5	1.3	1.1	11	RAP A/C
28	0800	46695	27	16.8	-	991.0	1.9	39.0	0.5	1.8	1.2	21	RAP
29	0720	46722	45	16.8	—	992.9	3.7	38.5	1.25	2.0	1.6	17	
30			45		-		3.7		1.25				
31													
1	1300	46812		16.8		17000.3		56.0		2.2	1.3	14	A/C
TOTAL		882											
AVG		29.4											

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: October , 2006

A. Public Water System (PWS) Information

PWS Name: LAKE UTILITY SERVICES INC. **(FOUR LAKES)**		PWS Identification Number: 3354647	
PWS Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 63		Total Population Served at End of Month: 221	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number: 1-407-869-1919		Contact Person's Fax Number: 1-407-869-6961	
Contact Person's E-Mail Address: p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: FOUR LAKES		Plant Telephone Number:	
Plant Address: Lot # 33 Alpha Ave		City: Montverde	State: FLORIDA Zip Code: 34756
Type of Water Treated by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06	Steve Pfouts	C-14204
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: 3354647 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	27,000										1.3	
2	X	24	37,000										1.0	
3	X	24	33,000										1.4	
4	X	24	64,000										1.5	
5	X	24	26,000										1.4	
6	X	24	43,000										1.5	
7		24	42,000											
8	X	24	48,000										1.0	
9	X	24	30,000										1.0	
10	X	24	33,000										1.0	
11	X	24	38,000										0.9	
12	X	24	31,000										1.8	
13	X	24	32,000										1.8	
14		24	32,000											
15	X	24	66,000										1.1	
16	X	24	25,000										1.0	
17	X	24	31,000										1.2	
18	X	24	38,000										1.1	
19	X	24	40,000										1.1	
20	X	24	32,000										2.1	
21		24	31,000											
22	X	24	59,000										1.0	
23	X	24	34,000										1.0	
24	X	24	25,000										1.0	
25	X	24	43,000										1.0	
26	X	24	40,000										1.0	
27	X	24	30,000										1.3	
28		24	31,000											
29	X	24	55,000										1.5	
30	X	24	18,000										1.0	
31	X	24	39,000										1.5	
Total			1,153,000											
Average			37,194											
Maximum			66,000											

FOUR LAKES

LOT # 33 ALPHA AVE PWS # 3354647

MONTH AND YEAR October - 2006

DATE	TIME	P.O.E. METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AIR %	INITI	
1	1340	46812	27	16.8	—	170023	1.8	36.0	0.5	2.2	1.3	14	TC	
2	0620	46839	37	16.8	—	170021	2.9	35.5	1.0	1.3	1.0	13	TC	
3	0730	46876	33	16.8	—	170050	2.4	34.5	1.0	1.5	1.4	12	RAP	A/C
4	0810	46909	64	16.8	—	007.4	5.7	33.5	1.5	1.8	1.5	18	RAP	
5	0815	46973	26	16.8	—	13.1	1.7	32	1.0	1.4	1.4	14	RAP	
60	0715	46999	43	16.8	—	14.8	3.3	31	1.5	1.5	1.5	14	RAP	
7			42		—		3.2		1.5					
8	1410	47084	48	16.8	—	21.3	3.7	28	1.0	1.6	1.0	11	TC	
9	1510	47132	30	16.8	—	25.0	2.5	27	1.0	1.4	1.0	9	TC	
10	0900	47162	33	16.8	—	27.5	2.4	26	0.5	1.1	1.0	11	RAP	
11	0730	47195	38	16.8	—	29.9	2.9	25½	0.5	1.0	0.9	10	RAP	A/C
12	0800	47233	31	16.8	—	32.8	2.3	25	1.0	2.0	1.8	16	RAP	
13	0800	47264	32	16.8	—	35.1	3.0	24	0.5	2.0	1.8	17	RAP	
14			32		—		2.5		0.5					
15	0720	47328	66	16.8	—	40.6	5.1	23	0.5	1.2	1.1	14	TC	
16	0900	47394	25	16.8	—	45.7	1.8	22.5	0.5	1.9	1.0	12	TC	
17	0815	47419	31	16.8	—	47.5	2.4	22	1.0	1.3	1.2	12	RAP	
18	0800	47450	38	16.8	—	49.9	2.5	21/30	2.0	1.3	1.1	8	RAP	A/C
19	0740	47488	40	16.8/6	0	52.4	2.8	28	1.0	1.2	1.1	22	RAP	
20	0740	47528	32	0.0	—	55.2	3.0	27	1.0	2.1	2.1	19	RAP	
21			31		—		2.2		1.0					
22	0900	47591	59	0.0	—	60.4	4.5	25	2.0	1.7	1.0	17	TC	
23	1450	47650	34	0.0	—	64.9	2.9	23	1.0	1.6	1.0	15	TC	
24	1340	47684	25	0.0	0	67.8	1.9	22	0.5	1.5	1.0	14	RAP	
25	0810	47709	43	0.0	0	69.7	3.6	21.5	1.0	1.5	1.0	16	RAP	
26	0530	47752	40	0.0	0	73.3	2.9	20.5/29	1.0	1.6	1.0	11	RAP	A/C
27	0735	47792	30	0.0	0	76.2	2.6	28	1.5	1.6	1.3	24	RAP	
28			31	0.0	0		2.6		1.5					
29	0710	47853	55	0.0	0	81.4	5.3	25	1.0	1.9	1.5	19	RAP	
30	1245	47908	18	0.0	0	86.7	1.3	24	0.5	1.5	1.0	17	SP	
31	0745	47926	39	0.0	0	88.0	3.1	23.5	1.5	2.1	1.5	20	RAP	
1	0810	47965		0.0		91.1		22		2.0	1.6	19		
TOTAL		1153010												
AVG		37184												

AVG Flow - 1-7 - 39
8-14 - 35
15-21 - 38
22-28 - 31
29-1 -

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(FOUR LAKES)**			PWS Identification Number:	3354647
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	65		Total Population Served at End of Month:	228	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	FOUR LAKES			Plant Telephone Number:	
Plant Address:	Lot # 33 Alpha Ave		City: Montverde	State: FLORIDA	Zip Code: 34756
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
12/05/06	Steve Pfouts	C-14204

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

PWS Identification Number: 3354647 | Plant Name: FOUR LAKES

TIP: Daily Data for the Month/Year of: November , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	49,000										1.6	
2	X	24	44,000										1.6	
3	X	24	32,000										1.8	
4	X	24	50,000										1.3	
5		24	49,000											
6	X	24	27,000										1.1	
7	X	24	22,000										1.5	
8	X	24	37,000										1.3	
9	X	24	34,000										1.4	
10	X	24	35,000										1.3	
11	X	24	43,000										1.0	
12		24	43,000											
13	X	24	30,000										1.0	
14	X	24	39,000										1.0	
15	X	24	37,000										1.2	
16	X	24	29,000										1.4	
17	X	24	50,000										1.6	
18		24	50,000											
19	X	24	37,000										1.1	
20	X	24	31,000										1.0	
21	X	24	33,000										1.5	
22	X	24	53,000										1.6	
23	X	24	40,000										1.4	
24	X	24	58,000										1.6	
25		24	58,000											
26	X	24	51,000										1.0	
27	X	24	30,000										1.1	
28	X	24	32,000										1.5	
29	X	24	38,000										1.3	
30	X	24	24,000										1.6	
Total			1,185,000											
Average			39,500											
Maximum			58,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

11-07-06 1155

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Report Number: d21253 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☐ Standard Coliform test
☐ HPC
☒ Other: MF

Lab Receipt Date & Time: 11.2.06 1700
Analysis Date & Time: 11-7-06 1715
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Check ☐ Not Detected
This sample does not meet the following NELAC requirements

System Name: Lake Utility Services Inc. Four Lakes WTP PWS I.D. 3 3 5 4 6 4 7

System Address: Lot 33 Alpha Ave City: Montverde
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: _____ Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason For Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 11-7-06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
4L1	Four Lakes Well # 1	0905	R	0.0			A			1
4L2	Four Lakes Well # 2	0910	R	0.0			A			2
4L3	16948 Alpha Drive	0915	D	1.6			A			3
4L4	16149 Harbour Oaks	0920	D	1.5			A			4

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. 1.6

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):

☒ A certified Operator (# C-12780 ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

FOUR LAKES

LOT # 33 ALPHA AVE PWS # 3354647

MONTH AND YEAR November 2006

DATE	TIME	P.O.E. METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AIR %	INITI
1	0810	47965	49	0.0	0	1709.1	5.3	22	0.5	2.0	1.6	19	RAP
2	0740	48014	44	0.0	0	96.4	2.8	21.5	0.5	2.4	1.6	18	RAP
3	0740	48058	32	0.0	—	99.2	2.7	21	2.0	1.7	1.8	16	RAP
4	0745	48090	50	0.0		101.5	4.1	19	1.0	1.9	1.3	10	TC
5			49	0.0	—		4.1		1.0				
6	1245	48189	27	0.0	0	109.7	2.1	17	2.0	1.9	1.1	6	TC
7	0850	48216	22	0.0	0	111.8	1.5	15	0.5	1.7	1.5	7	RAP A/C
8	0900	48238	37	0.0	0	113.3	3.1	14.5	0.5	1.5	1.3	28	RAP
9	0840	48275	34	0.0	0	116.4	2.6	14.0	0.5	1.6	1.4	25	RAP
10	0800	48309	35	0.0	—	119.0	2.7	13.5	0.5	1.5	1.3	25	RAP
11	1050	48344	43	0.0	—	121.7	3.1	13	1.0	1.2	1.0	25	TC
12			43	0.0	—		3.0		1.0				
13	1000	48430	30	0.0	0	127.8	2.2	11	1.0	1.3	1.0	21	TC
14	0820	48460	39	0.0	0	130.0	3.0	10 5.5	1.0	1.4	1.0	15	RAP
15	0750	48499	37	0.0	0	133.0	3.1	54	1.0	1.5	1.2	13	RAP
16	0800	48536	29	0.0	0	136.1	2.0	53	1.0	2.0	1.4	12	RAP A/C
17	0800	48565	50	0.0	—	138.1	4.1	52	0.5	1.8	1.6	28	RAP
18			50		—		4.0		0.5				
19	1300	48665	37	0.0	—	146.2	2.7	51	0.5	1.7	1.1	10	TC
20		48702	31	0.0	0	148.9	2.0	50.5	0.5	1.7	1.0	18	TC
21	0815	48733	33	0.0	0	150.9	2.6	50	0.5	1.7	1.5	17	RAP
22	0710	48766	53	0.0	0	153.5	4.9	49.5	0.5	2.0	1.6	16	RAP A/C
23	0500	48819	40	0.0	0	158.4	2.3	49.0	1.0	1.9	1.4	62=60%	DSA
24	0700	48859	54	0.0	—	160.7	3.0	48.0	1.0	2.1	1.6	57=45%	DSA
25			58				4.3		1.0				
26	1200	48975	51	0.0	—	170.0	4.2	46.0	3.0	1.8	1.0	21	TC
27	1500	49026	30	0.0	0	174.2	1.8	43.0	0.5	1.6	1.1	20	TC
28	0800	49056	32	0.0	0	176.0	2.5	42.5	0.5	1.8	1.5	20	RAP
29	0730	49088	38	0.0	0	178.5	2.5	42	1.0	1.6	1.3	16	RAP
30	0900	49126	24	0.0		181.0	1.8	41	1.0	1.8	1.6	13	RAP
31	0830	49150		0.0		182.8		40		1.5	1.3	12	RAP A/C
1													
TOTAL		1185											
AVG		38.25											

-7 = 39
-14 = 37
21 = 39
-25 = 46

663

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(FOUR LAKES)**		PWS Identification Number:	3354647	
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive		
Number of Service Connections at End of Month:	65	Total Population Served at End of Month:	228		
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	FOUR LAKES	Plant Telephone Number:			
Plant Address:	Lot # 33 Alpha Ave	City:	Montverde	State: FLORIDA	Zip Code: 34756
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354647 | Plant Name: FOUR LAKES

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	26,000										1.3	
2		24	26,000											
3	X	24	60,000										1.0	
4	X	24	37,000										1.0	
5	X	24	39,000										1.5	
6	X	24	54,000										1.4	
7	X	24	38,000										1.4	
8	X	24	46,000										1.5	
9		24	47,000											
10	X	24	38,000										1.2	
11	X	24	27,000										1.3	
12	X	24	33,000										1.3	
13	X	24	41,000										1.3	
14	X	24	22,000										1.8	
15	X	24	26,000										1.5	
16		24	25,000											
17	X	24	51,000										1.5	
18	X	24	25,000										1.2	
19	X	24	34,000										1.5	
20	X	24	46,000										1.6	
21	X	24	27,000										1.5	
22	X	24	29,000										1.8	
23		24	28,000											
24	X	24	21,000										1.2	
25	X	24	25,000										1.3	
26	X	24	23,000										1.8	
27	X	24	29,000										1.5	
28	X	24	22,000										1.8	
29	X	24	28,000										1.5	
30		24	27,000											
31	X	24	22,000										1.4	
Total			1,022,000											
Average			32,968											
Maximum			60,000											

FOUR LAKES

LOT # 33 ALPHA AVE PWS # 3354647

MONTH AND YEAR December 2006

DATE	TIME	P.O.E. METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	WELL 2 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	AIR %	INITI
1	0830	49150	26	0.0	–	182.8	1.7	40	.5	1.5	1.3	12	RAP TC
2			26		–		1.6		.5				
3	0405	49202	60	0.0	—	186.1	4.8	39	1.0	1.4	1.0	17	TC
4	1250	49262	37	0.0	0	190.9	3.2	38	1.0	1.5	1.0		TC
5	0740	49299	39	0.0	0	194.1	3.3	37	1.0	1.6	1.5	20	RAP
6	0800	49338	54	0.0	0	197.4	3.5	36	1.0	1.8	1.4	19	RAP
* 7	0800	49392	38	0.0	–	200.9	3.2	35 ~~55~~	0.5	1.8	1.4	10	RAP TC
8	1100	49430	46	0.0	–	204.1	4.0	54.5	.75	1.8	1.5	21	RAP
9			47		–		3.7		.75				
10	1410	49523	38	0.0	—	211.8	2.3	53		1.7	1.2	16	TC
11	1325	49561	27	0.0	0	214.1	1.7		0.5	1.7	1.3	17	TC
12	0800	49588	33	0.0	0	215.8	2.2	52.5	0.5	1.5	1.3	13	RAP
13	1100	49621	41	0.0	0	218.0	3.1	52	0.5	2.0	1.3	15	RAP
14	0815	49662	22	0.0	0	221.1	1.4	51.5	0.5	2.0	1.8	14	RAP
15	0815	49684	26	0.0	–	222.5	2.0	51	.5	2.0	1.5	12	RAP TC
16			25		–		2.1		.5				
17	0530	49735	51	0.0	–	226.6	2.9	50	2.0	1.8	1.5	21	TC
18	1420	49786	25	0.0	0	229.5	1.9	48	1.0	1.6	1.2	21	TC
19	0740	49811	34	0.0	0	231.4	3.8	47	0.5	2.0	1.5	20	RAP
20	0845	49845	46	0.0	0	234.4	3.3	46.5	0.5	2.0	1.6	19	RAP
21	1030	49891	27	0.0	0	237.7	1.5	46	0.5	1.9	1.5	19	RAP
22	0800	49918	29	0.0	–	239.2	1.8	45.5	.75	2.0	1.8	18	RAP
23			28		–		1.8		.75				
24	1020	49975	21	0.0	–	242.8	1.8	44	1.0	1.7	1.2	13	TC
25	0700	49996	25	0.0	0	244.6	1.8	43	0	1.6	1.3	12	TC
26	0820	50021	23	0.0	0	246.4	1.9	43	1.0	2.0	1.8	12	RAP TC
27	0820	50044	29	0.0	0	248.3	2.2	42	1.0	1.5	1.5	8	RAP TC
28	0800	50073	22	0.0	0	250.5	1.7	41	1.0	2.0	1.8	17	RAP
29	0710	50095	24	0.0	–	252.2	2.2	40	0.5	1.8	1.5	20	RAP
30			27		–		2.2		0.5				
31	0550	50150	32	0.0	–	256.6	2.0	34	1.0	1.7	1.4	18	TC
1	0735	50172		0.0		258.6		38		1.9	1.5	14	TC
TOTAL													
AVG													

1-7 = 40 22-28 = 25

8-14 = 36 — 1,022

8-21 = 33 — 32.95

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

MF 12-05-06 1400

Lab Receipt Date & Time: 12-6-6 8:00
Analysis Date & Time: 12-6-6 9:00
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-12-0978 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [ ] Standard Coliform test
- [ ] HPC
- [X] Other: MF

System Name: Lake Utility Services Inc. Four Lakes WTP PWS I.D. 3 3 5 4 6 4 7

System Address: Lot 33 Alpha Ave City: Montverde
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Raymond Parrish Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other: _____

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 12-5-06

To be completed by collector of sample.						To be completed by lab. Total Coliform Analysis Method: 9222B. Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
4L1	Four Lakes Well # 1	750am	R	0.0			A			1
4L2	Four Lakes Well # 2	755am	R	0.0			A			2
4L3	16833 Alpha Drive	740am	D	1.4			A			3
4L4	16120 Ridgewood Drive	745am	D	1.3			A			4

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. *Do not include raw or plant samples in the average.*) 1.4

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other: _____

Person performing analysis is (Please see instructions on reverse):

- [X] A certified Operator (# C 12740
- [ ] Employed by a certified lab
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH _____
DEP/DOH Reviewing Official _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

FILE COPY

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

See page 4 for instructions.

632

I. General Information for the Month/Year of: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **HIGHLAND POINT**			PWS Identification Number: **3354883-11**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC. -North**			
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: **HIGHLAND POINT**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Clair Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	James Carroll	C	8494	Days -Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead Chief Operator

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

Charles G. Schwades 2-3-06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C 7368

License Number

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

PWS Identification Number: **3354883-11** | Plant Name: **HIGHLAND POINT**

JANUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	138,000										1.3	0.000 Indicates No Flow
2	X	24	123,000										1.3	
3	X	24	18,000										1.3	
4	X	24	136,000										1.3	
5	X	24	287,000										1.4	
6	X	24	127,000										1.4	
7		24	125,000											
8	X	24	125,000										1.1	
9	X	24	68,000										2.3	
10	X	24	49,000										2.1	
11	X	24	156,000										1.6	
12	X	24	296,000										1.9	
13	X	24	174,000										2.0	
14		24	104,000											
15	X	24	104,000										1.9	
16	X	24	268,000										1.5	
17	X	24	0,000										1.6	
18	X	24	256,000										1.4	
19	X	24	240,000										1.4	
20	X	24	175,000										1.5	
21		24	260,000											
22	X	24	260,000										1.3	
23	X	24	103,000										1.6	
24	X	24	83,000										1.4	
25	X	24	150,000										1.4	
26	X	24	255,000										1.4	
27	X	24	191,000										1.5	
28		24	188,000											
29	X	24	188,000										1.6	
30	X	24	116,000										1.4	
31	X	24	31,000										1.4	
Total			4,794,000											
Average			154.645											
Maximum			296.000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Highland Point

MONTH/YEAR: Jan 06

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE GATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6					50	Plant Ey. wash
7						
8						
9						
10						
11						
12						
13					25	Pe
14						
15						
16						
17					~~10,000~~	~~Flushed well~~
18					25	Pe
19					10,000	Flushed well
20						
21					25	Pe
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					25	Pe

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

6,200 DIP
150
16,350 TOTAL

200 GPD = DIP

Pe - Plant eywash

Form Modified 1/20/04

File: Flushing & Water Loss Record

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

632

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: FEBRUARY , 2006

A. Public Water System (PWS) Information

PWS Name: ~~HIGHLAND POINT~~ LAKE UTILITY SERVICES, INC- NORTH			PWS Identification Number: 3354883-11
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 5,088	Total Population Served at End of Month: 17,808		
PWS Owner: LAKE UTILITY SERVICES INC.			
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: HIGHLAND POINT			Plant Telephone Number: 407-869-1919
Plant Address: Lake Clair Circle	City: CLERMONT	State: Fl	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C 7368

License Number

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

PWS Identification Number: **3354883-11** | Plant Name: **HIGHLAND POINT**

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	156,000										1.4	0.000 Indicates No Flow
2	X	24	277,000										1.4	
3	X	24	156,000										1.4	
4		24	86,000											
5	X	24	87,000										1.4	
6	X	24	50,000										1.4	
7	X	24	77,000										1.4	
8	X	24	139,000										1.4	
9	X	24	225,000										1.3	
10	X	24	108,000										1.4	
11		24	103,000											
12	X	24	104,000										1.1	
13	X	24	178,000										1.3	
14	X	24	40,000										1.4	
15	X	24	225,000										1.5	
16	X	24	380,000										1.4	
17	X	24	225,000										1.3	
18		24	262,000											
19	X	24	262,000										1.5	
20	X	24	150,000										1.3	
21	X	24	175,000										1.3	
22	X	24	223,000										1.5	
23	X	24	328,000										1.5	
24	X	24	100,000										1.4	
25		24	163,000											
26	X	24	164,000										1.1	
27	X	24	248,000										0.9	
28	X	24	95,000										1.0	
29														
30														
31														
Total			4,786,000											
Average			170,929											
Maximum			380,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Highland Point

MONTH/YEAR: Feb ~~March~~ 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PC
2						
3						
4						
5						
6						
7						
8					25	PC
9						
10						
11						
12						
13						
14						
15						
16						
17					25	PC
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28					25	PC
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

ORP = 200 GPD

PC = Plant cleanup

5,000 ORP

5,200 TOTAL

Form Modified 1/30/04

File: Flushing & Water Loss Record

632

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(HIGHLAND POINT)**	PWS Identification Number: **3354883-11**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **HIGHLAND POINT**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Clair Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	James Carroll	C	8494	Days –Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/4/06	Charles G. Schwades	C 7368

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

PWS Identification Number: **3354883-11** | Plant Name: **HIGHLAND POINT**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	195,000										1.1	0.000 Indicates No Flow
2	X	24	305,000										1.2	
3	X	24	118,000										1.3	
4		24	147,000											
5	X	24	148,000										1.6	
6	X	24	373,000										1.4	
7	X	24	167,000										1.7	
8	X	24	224,000										1.4	
9	X	24	333,000										1.5	
10	X	24	178,000										1.3	
11		24	302,000											
12	X	24	302,000										1.7	
13	X	24	274,000										1.6	
14	X	24	245,000										1.4	
15	X	24	263,000										1.4	
16	X	24	362,000										1.3	
17	X	24	229,000										1.5	
18		24	338,000											
19	X	24	338,000										1.3	
20	X	24	241,000										1.9	
21	X	24	175,000										1.6	
22	X	24	266,000										1.5	
23	X	24	358,000										1.5	
24	X	24	229,000										1.3	
25	X	24	276,000										1.0	
26		24	320,000											
27	X	24	320,000										0.8	
28	X	24	204,000										1.8	
29	X	24	340,000										2.2	
30	X	24	370,000										2.1	
31	X	24	231,000										1.6	
Total			8,171,000											
Average			263,581											
Maximum			373,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Highland Point

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE DATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PC
2						
3						
4						
5						
6						
7						
8						
9					25	PC
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23					25	PC
24						
25						
26						
27						
28						
29						
30						
31					25	PC

6,200 = OPP

Total 6,300

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

OPP = 200GPD

PC = Plant Overall

Form Modified 1/30/04

File: Flushing & Water Loss Record

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

FILE COPY 632

See page 4 for instructions.

I. General Information for the Month/Year of: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(HIGHLAND POINT)**	PWS Identification Number: 3354883-11
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month: **18,126**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **HIGHLAND POINT**		Plant Telephone Number: 407-869-1919
Plant Address: **Lake Clair Circle**	City: **CLERMONT**	State: **Fl** / Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Licensed Operators				
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days Tue - Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/3/06	Charles G. Schwades	C 7368

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

PWS Identification Number: 3354883-11 | Plant Name: **HIGHLAND POINT**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	326,000											0,000 Indicates No Flow
2	X	24	327,000										1.9	
3	X	24	402,000										1.8	
4	X	24	244,000										1.6	
5	X	24	395,000										1.5	
6	X	24	405,000										1.6	
7	X	24	350,000										1.6	
8	X	24	365,000										1.5	
9		24	302,000											
10	X	24	302,000										1.0	
11	X	24	208,000										1.1	
12	X	24	308,000										1.5	
13	X	24	370,000										1.6	
14	X	24	310,000										1.5	
15		24	355,000											
16	X	24	355,000										1.8	
17	X	24	311,000										1.1	
18	X	24	231,000										1.3	
19	X	24	329,000										1.5	
20	X	24	385,000										1.6	
21	X	24	342,000										1.7	
22		24	254,000											
23	X	24	255,000										1.6	
24	X	24	252,000										1.3	
25	X	24	193,000										1.1	
26	X	24	325,000										1.4	
27	X	24	355,000										1.4	
28	X	24	319,000										1.4	
29	X	24	362,000										1.2	
30		24	353,000											
31														
Total			9,590,000											
Average			319,660											
Maximum			405,000											

05/08/2006 13:55 3522420565 LK GROVES PAGE 05/09

632

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

OVER PRODUCED CAPACITY (24 DAYS)

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(HIGHLAND POINT)**	PWS Identification Number: **3354883-11**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **HIGHLAND POINT**		Plant Telephone Number: 407-869-1919
Plant Address: **Lake Clair Circle**	City: **CLERMONT**	State: **Fl** | Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 240,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon- Fri
Other Operators:	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue - Sat

II. Certification by Lead/Chief Operator

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

6-5-06	Charles G. Schwades	C 7368
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: **3354883-11** | Plant Name: **HIGHLAND POINT**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	354,000										1.3	0.000 Indicates No Flow
2	X	24	279,000										1.1	
3	X	24	355,000										1.3	
4	X	24	401,000										1.2	
5	X	24	383,000										1.3	
6		24	443,000											
7	X	24	443,000										1.9	
8	X	24	402,000										2.4	
9	X	24	280,000										1.7	
10	X	24	313,000										1.6	
11	X	24	380,000										1.6	
12	X	24	171,000										1.5	
13	X	24	217,000										1.8	
14		24	323,000											
15	X	24	323,000										2.2	
16	X	24	196,000										2.1	
17	X	24	148,000										2.0	
18	X	24	355,000										2.1	
19	X	24	289,000										2.2	
20		24	598,000											
21	X	24	598,000										1.3	
22	X	24	381,000										1.6	
23	X	24	243,000										2.0	
24	X	24	293,000										1.9	
25	X	24	384,000										1.7	
26	X	24	300,000										1.5	
27		24	0,000											
28	X	24	0,000										1.2	
29	X	24	0,000										1.0	
30	X	24	363,000										0.5	
31	X	24	401,000										0.6	
Total			9,616,000											
Average			310,193											
Maximum			598,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Highland Point

MONTH/YEAR: May 2006

DATE	SIZE	TYPE (see BELOW)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE DATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		5			200	ORP METER
2		5			200	" "
3		5			200	" "
4		5			200	
5		5			200	
6		5			200	
7		5			200	
8		5			200	
9		5			200	
10		5			200	
11		5			200	
12		5			200	
13		5			200	
14		5			200	
15		5			200	
16		5			200	
17		5			200	
18		5			200	
19		5			200	
20		5			200	
21		5			200	
22		5			200	
23		5			200	
24		5			200	
25		5			200	
26		5			200	
27		5			200	
28		5			200	
29		5			200	
30		5			200	
31		5			200	

Total 6,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other ORP meter

632

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

FILE COPY

632

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (**HIGHLAND POINT**)			PWS Identification Number:	3354883-11
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,088		Total Population Served at End of Month:	17,808	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	240,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06	Domenic Gentilucci	C-12562
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: 3354883-11 | Plant Name: HIGHLAND POINT

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	387,000										0.6	0.000 Indicates no flow
2	X	24	306,000										0.9	
3		24	431,000											
4	X	24	431,000										1.0	
5	X	24	244,000										0.2	
6	X	24	268,000										0.3	
7	X	24	363,000										0.5	
8	X	24	486,000										0.7	
9	X	24	364,000										0.5	
10		24	524,000											
11	X	24	524,000										0.8	
12	X	24	388,000										1.0	
13	X	24	0,000										1.0	
14	X	24	216,000										1.4	
15	X	24	361,000										1.4	
16	X	24	355,000										1.3	
17	X	24	398,000										1.1	
18	X	24	397,000											
19	X	24	398,000										1.2	
20	X	24	273,000										1.0	
21	X	24	310,000										1.2	
22	X	24	453,000										1.2	
23	X	24	337,000										1.3	
24		24	288,000											
25	X	24	289,000										1.1	
26	X	24	200,000										1.0	
27	X	24	106,000										0.9	
28	X	24	97,000										1.0	
29	X	24	362,000										0.8	
30	X	24	226,000										0.6	
31		24												
Total			9,782,000											
Average			326,067											
Maximum			524,000											

665

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE CRESCENT HILLS**			PWS Identification Number: **3354883-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month : 5,088	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.- North**			
Contact Person: PATRICK FLYNN	Contact Person's Title: REGIONAL DIRECTORr		
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: **LAKE CRESCENT HILLS**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Hill and Lake Catherine**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **432,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:1	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue-Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2-3-06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **3354883-1** | Plant Name: **LAKE CRESCENT HILLS**

JANUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concetration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	257,000										1.4	0.000 Indicates No Flow
2	X	24	55,000										1.4	
3	X	24	0,000										1.3	
4	X	24	141,000										1.3	
5	X	24	135,000										1.6	
6	X	24	15,000										1.5	
7		24	239,000											
8	X	24	239,000										1.7	
9	X	24	377,000										2.2	
10	X	24	0,000										2.4	
11	X	24	154,000										1.6	
12	X	24	150,000										1.8	
13	X	24	1,000										1.7	
14		24	75,000											
15	X	24	76,000										1.6	
16	X	24	496,000										1.7	
17	X	24	125,000										1.7	
18	X	24	158,000										1.8	
19	X	24	172,000										1.8	
20	X	24	0,000										1.7	
21		24	197,000											
22	X	24	197,000										1.9	
23	X	24	340,000										1.4	
24	X	24	0,000										1.5	
25	X	24	110,000										1.5	
26	X	24	146,000										1.5	
27	X	24	31,000										1.6	
28		24	287,000											
29	X	24	288,000										1.4	
30	X	24	270,000										1.6	
31	X	24	0,000										1.4	
Total			4,731,000											
Average			152,613											
Maximum			496,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Crescent Hills

MONTH/YEAR: JAN 06

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE METER	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PC
2						
3						
4						
5	2"	1			150	Line Break 2" Line cracked
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

6,200

6,375

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Form Modified 1/30/04

File: Flushing & Water Loss Report

Cont Pools

Address Cl_2 Remote

Year 2006

Electric Meter First _____ Last _____

#2 Hrs	Chlorine H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	CRT	Phosphate ORP Read#	Used	PPM	PSI	% Air	Cont	Comments
	43.5												
	42		1.5		2.2	1.4	705			76R	20	CS	
	41.25		0.75		2.4	1.4	730			72	20	CS	
	41.25				2.4	1.3	745			79	20	CS	
	40		1.25		2.2	1.3	715			78	20	CS	
	39		1		2.4	1.6	740			78	30	SP	
	-				2.5	1.5	745			80	30	CS	
	-				-	-	-						
					2.3	1.7	705			72	30	FC	
	45.75				3.3	2.2	710			72	30	FC	Sampled
	-				3.1	2.4	725			80	30	FC	
	45.50				2.2	1.6	705			73	30	CS	
	45.50				3.1	1.8	710			76	30	CS	
	44.50		~~.75~~		3.2	1.7	725			81	30	CS	
							~~725~~	—	—	—	—	—	
					3.0	1.6	720			70	30	FC	
	39.25				3.3	1.7	700			72	30	FC	
	39.0				3.1	1.7	710			30	30	CS	
	38		1.0		3.2	1.8	725			78	20	SP	
	37				3.2	1.8	725			78	20	CS	
	37				3.3	1.7	750			68	20	CS	
	33 1/2				2.6	1.9	700			74	20	FC	
	31.5		3.0		2.5	1.4	680			71	50	FC	Filter Flush
	30.5		0		3.1	1.5	745			70	50	CS	
	30		0.5		2.5	1.5	710			70	50	CS	
	215		0.5		2.3	1.5	715			72	50	SP	
	29.5				2.9	1.6	725			80	50	SP	
	25				2.7	1.4	680			70	20	FC	
					2.8	1.6	705			74	50	SP	
	24				2.6	1.4	725			76	40	CS	

Operator _____ Plant / PWS # Lake

CUP # _____ Month JAN

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs	Re
Previous			924930		7808.3								
1		258.5	925107	2.57	7824.5	16.2							
2	1000	55	925242		7828.5	4.0							
3	1400	0	925242	0	7828.5	0							
4	1185	141	925383		7836.8	8.3							
5	9:50	135	925518		7844.2	7.4							
6	1330	15	925533		7845.3	1.1							
7	—	239	—										
8		239	926011		7876.0	30.7							
9	1150	377	926388		7901.9	25.9							
10	1135	—	926384		7901.9	—							
11	1100	154	926542		7910.9	9.0							
12	1400	150	926692		7919.1	8.2							
13	1430	1	926693		7919.2	0.1							
14		75	926844										
15		76	926844		7924.5	5.3							
16	0912	496	927340		7960.5	32.0							
17	1050	125	927465		7969.7	9.2							
18	1400	158	927623		7978.8	9.1							
19	1300	172	927795		7988.8	10.0							
20	0835	0	927795		988.8	0							
21		197											
22		197	928189		8011.7	22.9							
23	1100	240	928529		8034.0	22.3							
24	0835	0	928529		8034.0	0							
25	0835	116	928639		8039.9	5.9							
26	5:25	146	928785		8048.1	8.2							
27	1135	31	928816		8050.2	2.1							
28		287											
29		288	929391		8085.8	35.6							
30		270	929661		8103.6	17.8							
31	0845	0	929661		8103.6	0							
Total		4731	4731										
Average													
Maximum													
Minimum													

665

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 , 2006

A. Public Water System (PWS) Information

PWS Name: ~~LAKE CRESCENT HILLS~~ LAKE UTILITY SERVICES, INC. - NORTH			PWS Identification Number: 3354883-1
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month : 5,088	Total Population Served at End of Month: 17,808		
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Person: PATRICK FLYNN	Contact Person's Title: REGIONAL DIRECTORr		
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: LAKE CRESCENT HILLS			Plant Telephone Number: 407-869-1919
Plant Address: Lake Hill and Lake Catherine	City: CLERMONT	State: Fl	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:1	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue-Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **3354883-1** | Plant Name: **LAKE CRESCENT HILLS**

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concetration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	114,000										1.4	0.000 Indicates No Flow
2	X	24	140,000										1.3	
3	X	24	36,000										1.4	
4		24	57,000											
5	X	24	57,000										1.5	
6	X	24	0,000										1.4	
7	X	24	0,000										1.4	
8	X	24	90,000										1.3	
9	X	24	120,000										1.3	
10	X	24	29,000										1.4	
11		24	139,000											
12	X	24	139,000										1.3	
13	X	24	32,000										1.3	
14	X	24	0,000										1.3	
15	X	24	161,000										1.3	
16	X	24	318,000										1.3	
17	X	24	272,000										1.3	
18		24	247,000											
19	X	24	248,000										1.2	
20	X	24	421,000										1.3	
21	X	24	0,000										1.2	
22	X	24	169,000										1.4	
23	X	24	309,000										1.5	
24	X	24	236,000										1.4	
25		24	193,000											
26	X	24	193,000										1.6	
27	X	24	164,000										1.3	
28	X	24	0,000										1.3	
29														
30														
31														
Total			3,884,000											
Average			168,870											
Maximum			421,000											

133,714

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: UK Crescent West

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10		5			10,000	Drain Tank Tank Inspection Done
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

5,600 OVA

15,600 TOTAL

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Operator _____ **Plant / PWS #** 46 2

CUP # _____ **Month** Feb

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs	Re
Previous			929661		8103.6								
1	0815	114	929775		8109.6	6.0							
2	0845	140	929915		8117.8	8.2							
3	8.4r	36	929951		8120.4	2.6							
4		57											
5		57	930065		8128.7	8.3							
6	0855	0	930065		8128.7	0							
7	0900	0	930065		8128.7	0							
8	755	90	930155		8133.9	5.2							
9	0800	120	930275		8141.0	7.1							
10	1020	29	930304		8143.3	2.3							
11		134											
12	0935	134	930582		8160.6	17.3							
13	0815	32	930614		8163.1	2.5							
14	1450	0	930614		8163.1	0							
15	1215	161	930775		8172.4	9.3							
16	11.55	318	931093		8190.0	17.6							
17	0915	272	931365	931365	8207.3	17.3							
18		247											
19	0700	248	931860		8236.4	29.1							
20	1400	421	932281		8265.9	29.5							
21	1135	0	932281		8265.9	—							
22	1210	169	932450		8275.3	9.4							
23	1225	309	932759		8292.9	17.5							
24	1240	236	932995		8308.5	15.7							
25		193											
26	0622	193	933381		8332.4	23.9							
27	1200	114	933545		8342.0	9.6							
28	1200	0	933545		8342.0	0							
29													
30													
31													
Total			388400										
Average													
Maximum													
Minimum													

H. LLI

Address Cl_2 Remote _____

Year 2006

Electric Meter First _____ Last _____

Hrs	Chlorine: H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	CRT	Phosphate: ORP Read#	Used	PPM	PSI	% Air	Int	Comments
	34						765						
	23		1"		2.0	1.4	695			70	30	CB	
	52				2.3	1.3	680			72	30	CB	
	51		1		2.4	1.4	720			82	30	SP	
	51				2.1	1.5	700			72	30	JC	
					2.2	1.4	730			72	30	CB	
	51				2.1	1.4	730			70	30	CB	
	50				1.8	1.3	690			72	30	CB	
	49				1.9	1.3	690			69	30	CB	
	49				2.1	1.4	725			76	30	CB	
					~~1.7~~	~~1.3~~							
					1.7	1.3	705			75	30	JC	
	47				1.9	1.3	730			70	30	CB	
	47				1.8	1.3	735			76	30	CB	
	47				1.7	1.3	705			70	30	CB	
	44				1.6	1.3	690			76	30	SP	
	42				2.0	1.3	690			78	30	CB	
	38.75				1.7	1.2	675			70	30	JC	
	35.0				2.5	1.3	690			72	30	JC	
	35.0				2.3	1.2	680			78	30	CB	
	35.0				2.4	1.4	695			72	30	CB	
	33.0				2.4	1.5	690			69	30	CB	
	32.0				2.3	1.4	705			78	30	CB	
	27.50		.5		2.1	1.6	685			64	30	JC	
	27.00				2.5	1.3	720			80	30%	BC	
	27.00				2.3	1.3	700			72	30%	CB	

1265

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(LAKE CRESCENT HILLS)**		PWS Identification Number: **3354883-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month : **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
Contact Person: PATRICK FLYNN	Contact Person's Title: REGIONAL DIRECTORr		
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: **LAKE CRESCENT HILLS**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Hill and Lake Catherine**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **432,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:1	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pflouts	C	14204	Days. Tue-Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/4/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-1**	Plant Name: **LAKE CRESCENT HILLS**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concetration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	175,000										1.3	0.000 Indicates No Flow
2	X	24	245,000										1.2	
3	X	24	300,000										1.2	
4		24	136,000											
5	X	24	136,000										1.4	
6	X	24	677,000										1.6	
7	X	24	0,000										1.5	
8	X	24	186,000										1.4	
9	X	24	319,000										1.5	
10	X	24	281,000										1.4	
11		24	291,000											
12	X	24	291,000										1.5	
13	X	24	428,000										1.6	
14	X	24	5,000										1.7	
15	X	24	300,000										1.6	
16	X	24	350,000										1.4	
17	X	24	352,000										1.5	
18		24	383,000											
19	X	24	383,000										1.6	
20	X	24	375,000										1.5	
21	X	24	282,000										1.8	
22	X	24	218,000										1.7	
23	X	24	335,000										1.5	
24	X	24	277,000										1.4	
25	X	24	234,000										1.5	
26		24	400,000											
27	X	24	400,000										1.9	
28	X	24	286,000										2.6	
29	X	24	400,000										1.8	
30	X	24	440,000										1.5	
31	X	24	360,000										0.6	
Total			9,245,000											
Average			298,226											
Maximum			677,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LK. Crescent Hills

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	Pe
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21					25	
22						
23						
24						
25						
26						
27						
28						
29						
30					25	
31						

6,200 ORP

6,275 Total

Type Code
1) Water breaks
2) Flushing hydrants
3) Metar defect
4) Construction
5) Other

Pe = Plant eyewash

ORP = 200 GPD

Form Modified 1/30/04

File: Flushing & Water Loss Record

Operator _____ Plant / PWS # Lake

CUP # _____ Month MARCH

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs	R
Previous			933545		8342.0								
1	1330	175	933720		8351.7	9.7							
2	0725	245	933965		8364.9	13.2							
3	1200	300	934265		8383.3	20.4							
4	—	136	—		—								
5	0500	136	934537		8405.0	19.7							
6	1200	677	935214		8441.7	37.7							
7	1310	—	935214		8442.7	—							
8	1130	196	935400		8452.8	10.1							
9	1130	319	935719		8471.0	18.2							
10	1100	281	936000		8488.6	17.6							
11	—	291	—		—								
12	0548	291	936582		8521.2	32.6							
13	1050	428	937010		8547.9	26.7							
14	1007	5	937015		8548.3	0.4							
15	1250	300	937315		8565.3	17.0							
16	1215	350	937665		8584.3	19.0							
17	1315	352	938017		8606.4	22.1							
18		383											
19	1500	383	938783		8648.4	42.0							
20	1325	275	939158		8671.1	22.7							
21	1245	282	939440		8689.4	18.3							
22	1230	219	939658		8700.8	11.4							
23	1050	335	939993		8719.5	18.7							
24	[illegible]	[illegible]	940270		8735.4	17.7							
25	[illegible]	[illegible]	[illegible]		8748.2	12.8							
26		400				23.2							
27	1030	400	941304		8794.7	23.3							
28	1135	286	941590		8811.3	18.6							
29	1400	400	941990		8835.1	21.8							
30	1430	440	942430		8859.1	24.0							
31	1530	360	942790		8880.4	21.3							
Total		9245		9245									
Average		[illegible]	[illegible]										
Maximum		677											
Minimum													

Scout Hills

Address Cl_2 Remote _____

Year 2006

Electric Meter First _____ Last _____

#2	Chlorine						Phosphate						
Hrs	H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	ORP Read#	Used	PPM	PSI	% Air	Int.	Comments
	22"						700						
	52				3.2	1.3	695			6E	20	CB	
	51				2.0	1.2	685			6ER	20	CB	
	49				2.2	1.2	690			72	50	CB	
	—				—	—	—			—	—		
	46.5C				2.0	1.4	695			70	50	CB	
	44				2.0	1.6	690			72	50	CB	
	42.25				3.8	1.5	710			76	50	CB	
	42"		75		2.8	1.4	690			76R	50	CB	
	41		1"		2.7	1.5	690			76	50	CB	
	39		2		2.1	1.4	680			76	50	CB	
	35		5		3.5	1.5	700			74	50	CB	
	31.50		2.5		3.1	1.6	690			78	50	CB	
					2.5	1.7	705			72	50	CB	
	52"				3.5	1.6	705			76	50	CB	
	51 "est				3.1	1.4	690			72R	30	CB	
	50				3.0	1.5	680			70	30	CB	
	42.25		5.75		2.5	1.6	670			70	20	CB	
	41.75	~~1.50~~	2.50		3.2	1.5	690			70	20	CB	
	40.5		1.75		3.0	1.5	680			70	30	CB	
	39		1.0		3.0	1.7	680			72	30	CB	
	37.25		1.75		2.8	1.5	675			72R	30	CB	
	36.50		2.75		3.0	1.4	675			74	30	CB	
	35.50		2.50							76	30	CB	
							~~675~~			~~74~~	~~30~~	~~CB~~	
	27.50		2.50		3.2	1.9	675			74R	20	CB	added 1 qt
	26.00		2.75		3.5	1.6	670			76	20	CB	
	25		1.50		2.8	1.9	670			79	20	CB	
	24				2.3	1.5	690			76R	30	CB	
	52				1.0	0.6	300			70	30		
	52												

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(LAKE CRESCENT HILLS)**	PWS Identification Number: **3354883-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month : **5,179**	Total Population Served at End of Month: **18,126**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
Contact Person: PATRICK FLYNN	Contact Person's Title: REGIONAL DIRECTORr	
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: **LAKE CRESCENT HILLS**			Plant Telephone Number: 407-869-1919
Plant Address: **Lake Hill and Lake Catherine**	City: **CLERMONT**	State: **Fl**	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **432,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators: 1	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue-Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/3/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-1** | Plant Name: **LAKE CRESCENT HILLS**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concetration 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	350,000											0.000 Indicates No Flow
2	X	24	350,000										1.6	
3	X	24	508,000										2.1	
4	X	24	375,000										2.0	
5	X	24	367,000										1.5	
6	X	24	460,000										1.6	
7	X	24	430,000										1.6	
8	X	24	443,000										1.5	
9		24	341,000											
10	X	24	342,000										1.7	
11	X	24	99,000										1.7	
12	X	24	223,000										1.5	
13	X	24	331,000										1.4	
14	X	24	328,000										1.5	
15		24	417,000											
16	X	24	417,000										1.8	
17	X	24	410,000										0.7	
18	X	24	280,000										1.1	
19	X	24	351,000										0.9	
20	X	24	463,000										1.2	
21	X	24	398,000										1.7	
22		24	252,000											
23	X	24	253,000										0.8	
24	X	24	383,000										1.9	
25	X	24	239,000										1.9	
26	X	24	219,000										1.8	
27	X	24	340,000										1.5	
28	X	24	280,000										1.4	
29	X	24	214,000										1.9	
30		24	415,000											
31														
Total			10,278,000											
Average			342,600											
Maximum			508,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Crescent Hall

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	Pe
2						
3						
4						
5						
6						
7						
8					25	Pe
9						
10						
11						
12						
13						
14						
15					25	Pe
16						
17						
18						
19						
20						
21						
22						
23						
24					25	Pe
25						
26						
27						
28						
29						
30						
31						
					6,000	Orp 200 GPM
					6100	

Type Code

1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Operator _____ **Plant / PWS #** _____

CUP # _____ **Month** _____

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs	R
Previous													
1													
2													
3	1215	502	943994		8945.6	25.4							
4													
5													
6													
7	1310	436	945430		9081.2	26.4							
8													
9													
10	1215	342	947775		9124.2	41.4							
11													
12													
13													
14													
15													
16	1215				9205.2	26.3							
17	1135	410	948781		9247.1	15.2							
18													
19													
20													
21													
22		256			9344.2								
23	1215	153	949320		9364.6	28.7							
24													
25													
26	1200	219	951919		9396.1	11.0							
27	1200	340	952159		9413.7	17.6							
28	1130	290	952451		9431.3	17.6							
29	1115	214	952653		9440.6	9.3							
30		415	953068										
31													
Total		10278		10278									
Average		342.6											
Maximum													
Minimum													

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

over Plant Capacity (8 Days)

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(LAKE CRESCENT HILLS)**		PWS Identification Number: **3354883-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month : **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
Contact Person: PATRICK FLYNN	Contact Person's Title: REGIONAL DIRECTORr		
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: **LAKE CRESCENT HILLS**		Plant Telephone Number: 407-869-1919	
Plant Address: **Lake Hill and Lake Catherine**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **432,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS-Mon-Fri
Other Operators:1	James Carroll	C	8494	Days Sun,Mon,Tue
	Steve Pfouts	C	14204	Days, Tue-Sat

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-5-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-1** | Plant Name: **LAKE CRESCENT HILLS**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concetration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	416,000										2.2	0.000 Indicates No Flow
2	X	24	292,000										2.4	
3	X	24	371,000										1.7	
4	X	24	420,000										1.4	
5	X	24	400,000										1.5	
6		24	471,000											
7	X	24	472,000										1.9	
8	X	24	456,000										1.6	
9	X	24	338,000										1.0	
10	X	24	227,000										1.7	
11	X	24	352,000										1.6	
12	X	24	18,000										1.5	
13	X	24	169,000										1.6	
14		24	382,000											
15	X	24	383,000										1.9	
16	X	24	223,000										1.9	
17	X	24	137,000										1.9	
18	X	24	326,000										1.7	
19	X	24	286,000										1.4	
20		24	378,000											
21	X	24	378,000										1.6	
22	X	24	487,000										1.7	
23	X	24	285,000										2.2	
24	X	24	308,000										1.7	
25	X	24	399,000										1.7	
26	X	24	320,000										1.5	
27		24	463,000											
28	X	24	463,000										1.3	
29	X	24	470,000										1.6	
30	X	24	479,000										1.4	
31	X	24	411,000										1.3	
Total			10,980,000											
Average			354,194											
Maximum			487,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE CRESENT HILLS

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		5			200	ORP METER
2		5			200	" "
3		5			200	" "
4		5			200	
5		5			200	
6		5			200	
7		5			200	
8		5			200	
9		5			200	
10		5			200	
11		5			200	
12		5			200	
13		5			200	
14		5			200	
15		5			200	
16		5			200	
17		5			200	
18		5			200	
19		5			200	
20		5			200	
21		5			200	
22		5			200	
23		5			200	
24		5			200	
25		5			200	
26		5			200	
27		5			200	
28		5			200	
29		5			200	
30		5			200	
31		5			200	

Total 6,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other ORP METER

Crescent Hill

Address Cl_2 Remote _____

Year 2006

Electric Meter First _____ Last _____

#2		Chlorine						Phosphate						
	Hrs	H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	CPP	CRT	ORP Read#	Used	PPM	PSI	% Air	Tot	Comments
		50						705						
		48.25		1.75		3.0	2.2	705			72	10	AC	
		47.75		.50		3.1	2.4	705			72	10	AC	
		[illegible]		.25		2.3	1.7	715			78R	10	SP	
		45		2.0		2.9	1.4	705			64R	10	SP	
		43.50		1.50		3.0	1.5	725			76R	10	SP	
		37.0		6.50		2.7	1.9	710			68	10	AC	
		36.0		1.0		2.5	1.6	730			78	10	AC	
		35/50		1.0		1.6	1.0	540			76	10	SP	
		49"		1.0		2.5	1.7	225			70	10	SP	
		48.25		.75		2.7	1.6	705			78R	10	SP	
		48.		.25		2.6	1.5	740			76	10	SP	
		47.25		.75		2.3	1.6	710			78	10	AC	
		44.50		2.75		2.5	1.9	710			72	10	AC	
		43.5		1.5		2.4	1.9	715			76	10	SP	
		43.0		0.5		2.4	1.9	730			80	10	SP	
						2.3	1.7	620			80	10	SP	
		41.0				2.5	1.4	725			76	10	SP	
		36.5		4.5		2.2	1.6	705			54	10	AC	
		34.0		2.5		2.4	1.7	720			78R	10	AC	
		32.0	est.	2.0		2.3	2.2	725			76	10	AC	
		FULL 49"		—		2.5	1.7	725			78	10	SP	
		47		2.0		2.5	1.7	710			76	10	SP	
		45.50		1.50		2.4	1.5	705			76R	10	SP	
		41.		4.50		2.1	1.3	645			66R	10	AC	
		38		3.0		2.4	1.6	690			66	10	AC	
		36		2.0		2.0	1.4	695			76R	10	AC	
		31		1.0		2.1	1.3	700			78	10	SP	

Operator _____ **Plant / PWS #** _____

CUP # _____ **Month** MAY

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs	R
Previous			952653	953068	9440.6								
1	1340	416	953484		9490.3	49.7							
2		292	953776		9504.4	14.1							
3	1430	371	954147		9529.0	19.6							
4	1000	420	954567		9548.9	19.9							
5	1100	400	954967		9553.2								
6		471											
7	1275	472	955410		9600.0	46.8							
8	1420	456	955866		9624.9	24.9							
9	1000	338	956704		9646.2	22.3							
10	12:20	227	956931		9649.2	3.0							
11	1100	352	957283		9649.2								
12	1630	18	957301		9649.2								
13	0830	169	957470		9652.0	2.8							
14		382											
15	1345	383	958235		9703.1	46.1							
16	1040	223	958458		9717.5	14.4							
17	11:35	137	958595		717.8	3-							
18	1205	326	958921		734.4	16.9							
19	1100	296	959201		735.4	1.0							
20		328											
21	0815	378	959963		735.4	00s							
22	1210	487	960450		735.4	0/s							
23	1240	285	960735		735.4	0/s							
24	13:15	308	961043		735.4	0/3							
25	12:50	399	961442		735.4	0/s							
26	1230	320	961762		754.3								
27		463											
28	1045	463	962688		800.5	46.5							
29		470	963158		808.4	7.9							
30	1010	479	~~963637~~	963637	808.4	—							
31		411	964048	9	808.4	—							
Total		10780	10,780										
Average		358.93											
Maximum													
Minimum													

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**LAKE CRESENT HILLS**)			PWS Identification Number:	3354883-1
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,088		Total Population Served at End of Month:	17,808	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06

Signature and Date

Domenic Gentilucci

Printed or Typed Name

C-12562

License Number

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

PWS Identification Number: 3354883-1 | Plant Name: LAKE CRESENT HILLS

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	423,000										1.4	0,000 Indicates no flow
2	X	24	272,000										1.1	
3		24	453,000											
4	X	24	454,000										1.7	
5	X	24	330,000										2.1	
6	X	24	292,000										1.8	
7	X	24	371,000										1.1	
8	X	24	505,000										1.3	
9	X	24	487,000										1.7	
10		24	536,000											
11	X	24	537,000										1.6	
12	X	24	375,000										2.0	
13	X	24	115,000										1.7	
14	X	24	219,000										1.5	
15	X	24	365,000										1.4	
16	X	24	308,000										1.3	
17	X	24	451,000										1.5	
18		24	468,000											
19	X	24	468,000										1.6	
20	X	24	264,000										1.3	
21	X	24	232,000										1.8	
22	X	24	362,000										1.2	
23	X	24	415,000										1.2	
24		24	247,000											
25	X	24	248,000										1.4	
26	X	24	101,000										1.6	
27	X	24	0,000										1.0	
28	X	24	65,000										1.0	
29	X	24	8,000										1.2	
30	X	24	113,000										1.5	
31														
Total			9,484,000											
Average			316,133											
Maximum			537,000											

WATER LOSS RECORD

Lake Crescent Hills WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Crescent Hills WTP							6,000
								Total 6,000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

Operator LAKE CRESENT HILLS **Plant / PWS #** LA

CUP # JUNE 2006 **Month** JUNE

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs
Previous		~~~	964048	~~~	808.4	0/S	~~~	~~~	~~~	~~~	~~~	~~~
1	12:00	423	964471		0/S	0/S						
2	0930	272	964743		824.0							
3		453				1.8						
4	1210	454	~~9855~~	96550	9825.8	0/S						
5	0830	330	965980		9825.8	14.0						
6	0850	292	966272		9840.4	—	New Meter					
7	0855	371	966643		14.9	225						
8	1020	505	967148		37.4	25.9						
9	11:30	487	967635		63.3	22						
10		536				23						
11	0950	537	968708		108.8	21.3						
12	1200	375	969083		130.1	7.2						
13	11:10	115	969198		137.1	10.4						
14	1110	219	969417		147.5	16.9						
15		365	969782		164.4							
16		308	970090		179.4	21.8						
17	1130	451	970541		201.2							
18		468										
19	1240	468	971477		246.4	14.8						
20	10:30	264	971741		261.2	11.8						
21	12:30	232	971973		273.0	14.4						
22	0740	362	972335		287.4	24.0						
23	1110	415	972750		311.4	15.4						
24		247				15.5						
25	0900	248	973245		342.3	3.6						
26	0940	101	973346		345.9	0						
27	1230	0	973346		345.9	3.2						
28	0910	65	973411		349.1	0.7						
29	0745	8	973419		349.8	9.4						
30	0745	113	973532		359.2	8.1						
31												
Total		9484										
Average		316.133										
Maximum												
Minimum												

CRESENT HILLS — LAKE CRESENT HILLS

Year 2006 — Address Cl_2 Remote — JUNE 2006

Electric Meter First — Last

HS #2		Chlorine						Phosphate						
ad	Hrs	H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	ORP Read#	Used	PPM	PSI	AIR		Comments
✓	✓	35"	✓	✓	✓	2.1	1.3	700	✓	✓	78	10		
						2.2	1.4	705			80	48	SP	Adding Air
						1.8	1.1	690			68	50	DWJ	
						2.1	1.7	685			72	30	JC	
		25"				2.6	2.1	690			68	40	DWJ	
						2.4	1.8	675			64	40	DWJ	
		39"		2.0"		2.1	1.1	6660			60	35	DWJ	
		37"		1.0		1.9	1.3	655			66	35	DWJ	
		36		2.0		2.3	1.7	675			70	35	SP	
				2.0										
		32		1.50		2.2	1.6	650			60	10	JC	
		30.5		1.5		3.3	2.0	700			80	10	JC	
		29		1.0		2.5	1.7	710			85	10	SP	
		30		1.5		2.0	1.5	680			72	10	JC	
				1.5		2.1	1.4	680			75	40	SP	
		27		~~1.75~~		1.8	1.3	665			65	45	SP	
		25.5		1.75		2.0	1.5	665			76	30	JC	
				1.75										
		22 full		—		3.3	1.6	670			78	10	JC	
		49 full		—		2.0	1.3	675			70	40	SP	
		49		0.5		2.5	1.8	685			70	40	SP	
		48.5		1.5		1.5	1.2	680			50	40	DJM	48 ?
		47.0		1.5		1.6	1.2	690			74	45	DWJ	
				1.5										
		44.0		—		2.1	1.4	695			78	45	JC	
		44.0				2.2	1.6	720			74	35	DW	
		44.0		0		4.2	1.0	730			82	30%	DSG	A-7141 PM ITC
		44.0		.25		2.0	1.0	705			70	25	DWJ	
		43.75		.25		1.9	1.2	705			72	20	DWJ	
		43.50		1.75		1.7	1.5	710			78	20	DWJ	

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

6165 FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (**LAKE CRESENT HILLS**)			PWS Identification Number:	3354883-1
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	432,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 | Domenic Gentilucci | C-12562

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: 3354883-1 | Plant Name: LAKE CRESENT HILLS

III. Daily Data for the Month/Year of: JULY , 2006

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

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

Revised

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	447,000										1.3	0.000 Indicates no flow
2	X	24	696,000										1.1	
3	X	24	314,000										1.0	
4	X	24	548,000										0.9	
5	X	24	283,000										1.1	
6	X	24	573,000										1.2	
7	X	24	429,000											
8		24	429,000										0.8	
9	X	24	743,000										1.1	
10	X	24	284,000										1.0	
11	X	24	426,000										0.8	
12	X	24	849,000										0.8	
13	X	24	395,000										0.6	
14	X	24	780,000										0.6	
15		24	781,000											
16	X	24												All flow going to C.R. 561 from this time on
17	X	24												
18	X	24												
19	X	24												
20	X	24												
21	X	24												
22	X	24												
23	X	24												
24	X	24												
25	X	24												
26	X	24												
27	X	24												
28	X	24												
29	X	24												
30	X	24												
31	X	24												
Total			7,997,700											
Average			257,967											
Maximum			849,000											

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

III. Daily Data for the Month/Year of: JULY , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	447,000										1.3	0.000 Indicates no flow
2	X	24	696,000										1.1	
3	X	24	314,000										1.0	
4	X	24	548,000										0.9	
5	X	24	283,000										1.1	
6	X	24	573,000										1.2	
7	X	24	429,000											
8		24	429,000										0.8	
9	X	24	743,000										1.1	
10	X	24	284,000										1.0	
11	X	24	426,000										0.8	
12	X	24	849,000										0.8	
13	X	24	395,000										0.6	
14	X	24	780,000										0.6	
15		24	781,000											
16	X	24												All flow going to C.R. 561 from this time on
17	X	24												
18	X	24												
19	X	24												
20	X	24												
21	X	24												
22	X	24												
23	X	24												
24	X	24												
25	X	24												
26	X	24												
27	X	24												
28	X	24												
29	X	24												
30	X	24												
31	X	24												
Total			16,369,000	7.977										
Average			528.032	.532										
Maximum			1,153,000	.849										

WATER LOSS RECORD

Lake Crescent Hills WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Crescent Hills Eye wash							
								Total 100

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

Operator _____ Plant / PWS #. _____

CUP # _____ Month _____

Date	Time	Total G.P.D.	Well #1 Meter	Well #1 G.P.D.	Well #1 Read	Well #1 Hrs	Well #2 Meter	Well #2 G.P.D.	Well #2 Read	Well #2 Hrs	HS #1 Read	HS #1 Hrs
Previous		111	973537		359.2	8.1						
1	~~1705~~	0	973643		367.3	0						
2			~~973643~~		~~367.3~~	0						
3	0850	0	973643		367.3	0						
4	0900	48	973643		367.3	2.8						
5	0750	277	973891		370.1	13.4						
6	0635	59	973968		383.5	5.0						
7	0745	0	974027		388.5	-						
8		0				-						
9	0800	0	974027		388.5	-						
10	1340	0	974027		388.5	-						
11	0745	0	974027		388.5	-						
12	0810	0	974027		388.5	-						
13	1155	0	974027		388.5	-						
14	0752	0	974027		388.5	-						
15		0				-	394.00					
16	0604	545	974027		388.5	17.9						
17	0950	54	974572		406.4	1.7						
18	1040	373	974626		408.1	12.1						
19	1105	396	974999		420.2	12.7						
20	0825	308	975395	~~186~~ 1752	432.9	10.2						
21	0830	460	308		443.1	14.7						
22		461			~~472.5~~	14.7						
23	1055	199	1229		472.5	6.4						
24	1100	39	1428		478.9	1.2						
25	1210	285	1467		480.1	9.1						
26	0820	480	1752		489.2	15.2						
27	1145	133	2232		504.4	4.2						
28	0755	275	2365		508.6	8.7						
29	1045	349	2640		517.3	12.3						
30	0845	425	3024		529.6	13.3						
31	1100	1	3454		542.9	0.1	408.3					
Total		~~5260~~		~~510~~								
Average				408.3								
Maximum												
Minimum												

3454 543.0

E Crescent Hills

Address Cl_2 Remote _____

Year 2006

Electric Meter First _____ Last _____

HS #2		Chlorine						Phosphate						
ead	Hrs	H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	CRT	ORP Read#	Used	PPM	PSI	A/L	I/O	Comments
		43.50		.75		1.7	1.5	710			78			
		42.75		0		1.8	1.3	690			70	30	A/C	
		42.75		0		1.9	1.1	710			72	20	A/C	
		42.75		—		1.6	1.0	705			80	20	A/C	
		42.75		.25		1.3	0.9	665			70	10	DWJ	Run Air Comp
		42.50		0.50		1.4	1.1	680			70	30	DWJ	
		42.0				1.4	1.2	700			76	50	DWJ	
		42.		—		1.5	0.8	710			72	50	A/C	
		42.0		—		0.8	1.1	670			78	50	A/C	
		42.0		—		0.9	1.0	680			78	50	DWJ	
		42.0		—		1.0	0.8	670			72	45	DWJ	
		42.0		—		—	0.8	505			—	—	DWJ	off line
		42.0		—		—	0.6	500			—	—	DWJ	off line
				—										
		42.0		1.0		[illegible]	0.5	500			70	—	A/C	On line 26
		41.0		.25		0.8	0.6	440			38		DWJ	
		41.75		1.75		0.8	0.8	440			41		DWJ	
		40.0				0.7	0.6	440			38		DWJ	
		48.0		1.0		0.9	0.6	410			26		DWJ	New meter chec
		42.0		1		1.0	0.6	415			26		DWJ	
				1.0										
				1.0			.5							
		45.0		1.0		0.8	.5							
		44.		.5		0.9	.6							
		48.5				0.7	.5							
		43.0		1.0			1.0					30	DWJ	
		42.0		1.0			1.0					28	DWJ	
		41.		.0			0.7					35	DWJ	
		41.0		.75			0.5					20%	0.29	#A-7141 NW
				.75										
		39.5		1.50		0.6	0.6				26	15	A/C	
		38				0.6	[illegible]				36	10	A/C	
											37	Off line	DWJ	

39 0.5

665

FILE COPY

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

See page 4 for instructions.

I. General Information for the Month/Year of: JULY , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. NORTH **(C.R. 561)**		PWS Identification Number:	3354883	
PWS Type:	Community	Non-Transient Non-Community	Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC. - ~~SOUTH~~				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	CR 561 WATER PLANT		Plant Telephone Number:	
Plant Address:	10121 C.R.561	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	2,592,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06

Signature and Date

Domenic Gentilucci

Printed or Typed Name

C-12562

License Number

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

PWS Identification Number: 3354883 | Plant Name: C.R. 561

III. Daily Data for the Month Year of: JULY , 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg/min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	751,000										0.8	
2	X	24	1,000,000										0.9	
3	X	24	501,000										0.9	
4	X	24	978,000										0.7	
5	X	24	591,000										0.5	
6	X	24	891,000										1.0	
7	X	24	689,000										0.9	
8	X	24	689,000										1.1	
9	X	24	1,193,000										0.8	
10	X	24	436,000										1.0	
11	X	24	664,000										1.0	
12	X	24	1,366,000										0.8	
13	X	24	625,000										0.7	
14	X	24	1,247,000										0.7	
15	X	24	1,249,000										0.7	
16	X	24	2,387,000										0.6	
17	X	24	201,000										0.5	
18	X	24	1,364,000										0.8	
19	X	24	1,430,000										0.7	
20	X	24	1,152,000										0.8	
21	X	24	1,584,000										0.8	
22	X	24	1,750,000										0.7	
23	X	24	724,000										0.5	
24	X	24	145,000										0.5	
25	X	24	1,034,000										0.6	
26	X	24	1,798,000										0.9	
27	X	24	485,000										1.0	
28	X	24	992,000										0.7	
29	X	24	1,405,000										0.9	
30	X	24	1,521,000										0.6	
31	X	24	187,000										0.8	
Total			31029000											
Average			1,000,935											
Maximum			2,387,000											

WATER LOSS RECORD

CR 561 WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
							200	
							200	
							200	

WATER LOSS RECORD

Highland Point WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Highland Point Eye wash							
								Total 150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

WATER LOSS RECORD

Crescent West WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Crescent West (Eye Wash)							
								Total 150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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

675

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **GREATER GROVES**			PWS Identification Number: **3354881-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **2,777**		Total Population Served at End of Month: **9,720**	
PWS Owner: **LAKE UTILITY SERVICES INC. - South**			
Contact Person: **Patrick Flynn**		Contact Person's Title: **REGIONAL DIRECTOR**	
Contact Person's Mailing Address: **200 Weathersfield Ave.**	City: Clermont	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: **GREATER GROVES**			Plant Telephone Number: **407-869-1919**
Plant Address: **2425 US HIGHWAY 27**	City: **CLERMONT**	State: **Fl**	Zip Code: **34714**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **4,320,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): **V**	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	William H. Coates	C	8333	Days-Mon-Fri.
	Steve Pfouts	C	14204	Days Sat -Tue

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2/2/06

Signature and Date

Charles G. Schwades

C-7368

License Number

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

PWS Identification Number: **3354881-1** | Plant Name: **GREATER GROVES**

JANUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	3,684,000										1.3	
2	X	24	3,252,000										1.4	
3	X	24	2,892,000										1.2	
4	X	24	2,616,000										1.3	
5	X	24	2,832,000										1.3	
6	X	24	2,496,000										1.3	
7	X	24	2,700,000										1.4	
8	X	24	2,952,000										1.4	
9	X	24	2,436,000										1.3	
10	X	24	2,592,000										1.5	
11	X	24	3,636,000										1.4	
12	X	24	3,072,000										1.3	
13	X	24	2,592,000										1.2	
14	X	24	2,388,000										1.2	
15	X	24	3,540,000										1.3	
16	X	24	2,628,000										1.6	
17	X	24	2,592,000										1.2	
18	X	24	2,616,000										1.0	
19	X	24	2,736,000										1.0	
20	X	24	2,244,000										1.3	
21	X	24	2,808,000										1.3	
22	X	24	3,252,000										1.5	
23	X	24	2,892,000										1.4	
24	X	24	2,652,000										1.5	
25	X	24	2,712,000										1.4	
26	X	24	2,976,000										1.8	
27	X	24	2,424,000										1.4	
28	X	24	3,012,000										1.3	
29	X	24	2,652,000										1.4	
30	X	24	2,628,000										1.2	
31	X	24	2,184,000										1.4	
Total			86,688,000											
Average			2,796,387											
Maximum			3,684,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Greator Groves

MONTH/YEAR: Jan 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (Min)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

6,200 200 GPD OFF water
6,200 200 GPD OFF wastewater
12,400

Form Modified 1/30/04

File: Flushing & Water Loss Record

675

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 , 2006

A. Public Water System (PWS) Information

PWS Name: **GREATER GROVES – LAKE UTILITY SERVICES, INC.-SOUTH**			PWS Identification Number: **3354881-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **2,777**	Total Population Served at End of Month: **9,720**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
Contact Person: **Patrick Flynn**	Contact Person's Title: **REGIONAL DIRECTOR**		
Contact Person's Mailing Address: **200 Weathersfield Ave.**	City: Clermont	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: **GREATER GROVES**		Plant Telephone Number: **407-869-1919**	
Plant Address: **2425 US HIGHWAY 27**	City: **CLERMONT**	State: **Fl**	Zip Code: **34714**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **4,320,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): **V**	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	William H. Coates	C	8333	Days-Mon-Fri.
	Steve Pfouts	C	14204	Days Sat -Tue

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/7/06

Signature and Date

Charles G. Schwades

C-7368

License Number

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

PWS Identification Number: **3354881-1** | Plant Name: **GREATER GROVES**

FEBRUARY , 2006

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine 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*										
				CT Calculations							UV Dose			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	2,808,000										1.4	
2	X	24	2,988,000										1.4	
3	X	24	2,532,000										1.3	
4	X	24	1,272,000										1.2	
5	X	24	1,656,000										1.4	
6	X	24	2,460,000										1.2	
7	X	24	2,460,000										1.2	
8	X	24	2,364,000										1.4	
9	X	24	2,868,000										1.4	
10	X	24	2,712,000										1.5	
11	X	24	2,796,000										1.5	
12	X	24	2,688,000										1.6	
13	X	24	2,232,000										1.4	
14	X	24	2,628,000										1.3	
15	X	24	2,820,000										1.4	
16	X	24	3,084,000										1.4	
17	X	24	3,121,000										1.5	
18	X	24	3,804,000										1.3	
19	X	24	3,252,000										1.4	
20	X	24	3,384,000										1.4	
21	X	24	3,336,000										1.3	
22	X	24	3,072,000										1.3	
23	X	24	3,660,000										1.3	
24	X	24	2,676,000										1.4	
25	X	24	3,228,000										1.2	
26	X	24	1,885,000										1.2	
27	X	24	2,772,000										1.2	
28	X	24	2,701,000										1.3	
29														
30														
31														
Total			77,259,000											
Average			2,759,250											
Maximum			3,804,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: GREATER GROVE'S

MONTH/YEAR: FEB

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2		5			25	PE
3						
4						
5						
6						
7						
8						
9						
10		5			25	PE
11						
12						
13						
14						
15						
16		5			10,000	HYDRO TANK INSPECTION
17		5			25	PE
18						
19						
20						
21						
22						
23		5			25	PE
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other - PE PLANT EYEWASH

TOTAL 110000 10,100.

Form Modified 1/30/04

File: Flushing & Water Loss Record

695

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – SOUTH**	**(GREATER GROVES)**	PWS Identification Number: **3354881-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **2,777**	Total Population Served at End of Month: **9,720**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
Contact Person: **Patrick Flynn**	Contact Person's Title: **REGIONAL DIRECTOR**	
Contact Person's Mailing Address: **200 Weathersfield Ave.**	City: Clermont / 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: **GREATER GROVES**		Plant Telephone Number: **407-869-1919**	
Plant Address: **2425 US HIGHWAY 27**	City: **CLERMONT**	State: **Fl**	Zip Code: **34714**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **4,320,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): **V**	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	William H. Coates	C	8333	Days-Mon-Fri.
	Steve Plouts	C	14204	Days Sat -Tue

II. Certification by Lead/Chief Operator

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

Signature and Date: 4/4/06

Charles G. Schwades

C-7368
License Number

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

PWS Identification Number: **3354881-1** | Plant Name: **GREATER GROVES**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	3,255,000										1.2	
2	X	24	3,853,000										1.3	
3	X	24	3,145,000										1.4	
4	X	24	3,632,000										1.4	
5	X	24	2,770,000										1.3	
6	X	24	3,802,000										1.3	
7	X	24	2,946,000										1.1	
8	X	24	3,420,000										1.1	
9	X	24	3,790,000										1.4	
10	X	24	3,339,000										1.4	
11	X	24	3,394,000										1.4	
12	X	24	3,809,000										1.3	
13	X	24	4,169,000										1.4	
14	X	24	3,300,000										1.5	
15	X	24	3,742,000										1.7	
16	X	24	3,756,000										1.4	
17	X	24	3,864,000										1.3	
18	X	24	4,358,000										1.4	
19	X	24	4,391,000										1.5	
20	X	24	4,153,000										1.3	
21	X	24	3,822,000										1.4	
22	X	24	4,051,000										1.3	
23	X	24	4,261,000										1.1	
24	X	24	3,968,000										1.0	
25	X	24	3,677,000										1.2	
26	X	24	4,268,000										1.3	
27	X	24	3,835,000										1.3	
28	X	24	3,948,000										1.4	
29	X	24	4,100,000										1.4	
30	X	24	4,390,000										1.4	
31	X	24	4,309,000										1.3	
Total			117,517,000											
Average			3,790,871											
Maximum			4,391,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Greater Groves WTP

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					200	
2					200	
3					200	
4					200	
5					200	
6					200	
7					200	
8					200	
9					200	
10					200	
11					200	
12					200	
13					200	
14					200	
15					200	
16					200	
17					200	
18					200	
19					200	
20					200	
21					200	
22					200	
23					200	
24					200	
25					200	
26					200	
27					200	
28					200	
29					200	
30					200	
31						

Total 6,200
(200gpd X 31 DAYS)

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

WATER LOSS RECORD

615

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE GROVES WWTP

MONTH/YEAR: MARCH 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					200	
2					200	
3					200	
4					200	
5					200	
6					200	
7					200	
8					200	
9					200	
10					200	
11					200	
12					200	
13					200	
14					200	
15					200	
16					200	
17					200	
18					200	
19					200	
20					200	
21					200	
22					200	
23					200	
24					200	
25					200	
26					200	
27					200	
28					200	
29					200	
30					200	
31					200	

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

Total 6200
(200 gpd x 31 DAYS)

Form Modified 1/30/04

File: Flushing & Water Loss Record

FILE COPY

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

675

See page 4 for instructions.

I. General Information for the Month/Year of: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – SOUTH (GREATER GROVES)**		PWS Identification Number: **3354881-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **2,812**	Total Population Served at End of Month: **9,842**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
Contact Person: **Patrick Flynn**	Contact Person's Title: **REGIONAL DIRECTOR**	
Contact Person's Mailing Address: **200 Weathersfield Ave.**	City: Clermont 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: **GREATER GROVES**		Plant Telephone Number: **407-869-1919**	
Plant Address: **2425 US HIGHWAY 27**	City: **CLERMONT**	State: **Fl**	Zip Code: **34714**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **4,320,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): **V**	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat.
	William H. Coates	C	8333	Days-Mon-Fri.
	Steve Pfouts	C	14204	Days Sat -Tue

II. Certification by Lead/Chief Operator

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

5/9/06

Signature and Date

Charles G. Schwades

C-7368

License Number

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

PWS Identification Number: **3354881-1** | Plant Name: **GREATER GROVES**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	4,448,000										2.1	
2	X	24	4,271,000										1.5	
3	X	24	4,580,000										1.6	
4	X	24	3,911,000										1.5	
5	X	24	4,026,000										1.4	
6	X	24	4,362,000										1.5	
7	X	24	4,652,000										1.4	
8	X	24	4,208,000										1.3	
9	X	24	4,149,000										1.4	
10	X	24	3,104,000										1.6	
11	X	24	3,239,000										1.6	
12	X	24	4,150,000										1.5	
13	X	24	4,408,000										1.6	
14	X	24	4,255,000										1.7	
15	X	24	4,749,000										1.9	
16	X	24	4,446,000										1.5	
17	X	24	4,272,000										1.7	
18	X	24	4,663,000										1.6	
19	X	24	4,220,000										1.6	
20	X	24	4,673,000										1.5	
21	X	24	4,176,000										1.4	
22	X	24	2,809,000										1.7	
23	X	24	3,534,000										1.6	
24	X	24	3,766,000										1.2	
25	X	24	3,824,000										1.4	
26	X	24	3,863,000										1.4	
27	X	24	4,074,000										1.5	
28	X	24	3,854,000										1.0	
29	X	24	4,248,000										1.4	
30	X	24	3,789,000										1.0	
31														
Total			122,723,000											
Average			4,090,767											
Maximum			4,749,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Ruptures and Flushing

SYSTEM/SUB-S: Greater Groves

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	NUMBER HRS/ BREAK TIME	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water leaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

6000 OTP = 200 GPD = 6000

Form Modified 1/03/04

File: Flushing & Water Loss Record

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Greater Groves

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	ESTIMATED BREAK TIME (HRS)	ESTIMATED RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water leaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

6000 OFP = 200 GPD = 6000

EAD Operator Chuck Schwabs C7368
Operator Daniel Anderson A7144
Operator James Gonal C8494
Operator Steve Brooks C14204

Greater Groves WTP

2425 US HWY 27

Plant / PW

Month 4

Date	Time	POE METER	POE FLOW	Well 1 METER	Well 1 FLOW	Well 1 ETM	hrs	Well 2 METER	Well 2 FLOW	Well 2 ETM	hrs	Well 3 METER	Well 3 FLOW	Well 3 ETM	TOTAL FLOW 1, 2 & 3 WELLS	HSP 1 ETM	hr
Previous		249627		o/s		374.5		111032		242.5						314.0	
1	9:00	253859	4232	o/s	2280	393.5	19	113200	2168	259.1	16.6				4448	337.1	19.
2	0800	258013	4154	o/s	2160	411.5	18.0	115314	2111	275.4	16.3				4271	348.0	14.
3	0800	262111	4098	o/s	1704	425.7	14.2	118190	2876	297.5	22.1				4580	368.9	20.
4	0800	265733	3622	o/s	1200	435.7	10.0	120901	2711	318.4	20.9				3911	387.8	15.
5	0800	269620	3887	o/s	1332	446.8	11.1	123595	2694	339.0	20.6				4026	400.6	15.
6	0800	273784	4164	o/s	2640	468.8	22.0	125317	1722	352.1	13.1				4362	416.8	16.
7	8:00	277967	4203	o/s	1716	483.1	14.3	128253	2936	374.8	22.7				4652	436.1	19
8	9:10	281992	4005	o/s	1452	495.2	12.1	131009	2756	395.9	21.1				4208	451.4	15.
9	0800	285664	3672	o/s	1476	507.5	12.3	133682	2673	416.4	20.5				4149	467.2	15.
10	0800	288507	2843	o/s	636	512.8	5.3	136150	2468	435.3	18.9				3104	479.1	11.
11	0820	291467	2960	o/s	768	519.2	6.4	139621	2471	454.3	19.0				3239	490.7	11.
12	0800	295501	4034	1092	1368	530.6	11.4	141403	2782	475.6	21.3				4150	506.7	16.
13	0800	299455	3954	2663	1571	542.1	12.5	144311	2908	496.8	21.6				4479	522.9	17.
14	0850	303281	3826	3454	791	553.5	10.4	147318	3007	520.9	23.1				3798	539.2	15.
15	9:05	307754	4473	5838	2384	568.5	15	150267	2949	543.5	22.6				5333	559.8	20.
16	0800	311972	4218	7700	1862	583.5	15.0	152913	2646	563.9	20.4				4548	577.1	17.
17	0800	316809	4837	9186	1486	595.4	11.9	155757	2844	585.7	21.8				4330	585.7	8.
18	0800	320262	4453	11052	1866	607.8	14.9	158632	2875	607.9	22.2				4740	689.4	23.
19	0800	324257	3995	12463	1411	625.0	11.3	161496	2864	629.8	21.9				4275	625.0	15.
20	0910	328691	4440	14642	2179	638.4	12.6	164657	3161	653.9	24.1				5340	642.2	17.
21	0830	332741	4044	15961	1319	649.9	11.9	167405	2748	675.4	21.5				4067	659.9	17.
22	8:20	335229	2488	16572	611	654.5	4.6	169662	2257	692.5	17.1				2868	671.1	11.
23	0800	338544	3315	17663	1091	663.3	8.8	172140	2478	711.5	19.0				3569	685.6	14.
24	0850	342308	3085	18495	832	675.1	11.8	174490	2350	733.0	21.5				3187	702.5	16.
25	0800	345537	3229	20003	1508	681.1	7.0	177474	2984	752.1	19.1				4492	714.7	12.
26	0800	349173	3636	21212	1239	691.9	9.8	180161	2687	773.0	20.9				3926	730.7	16.
27	0800	352972	3799	23714	2477	711.6	19.7	181871	1710	786.1	13.1				4182	744.6	13
28	0745	356656	3684	26151	2437	731.0	19.4	183397	1526	797.9	11.8				3963	758.5	14.
29	9:00	360832	4176	29043	2892	754.0	23.0	184885	1488	809.4	11.5				4380	774.7	15.
30	0800	364602	3770	31594	2551	774.2	20.2	186250	1365	819.9	10.5				3916	790.6	15.
31																	
Total			114,296		49234				75215						124449		
Average			3,809												4,1483		
Maximum															5340		
Minimum															2868		

114,195

ETM x 1.2 = GPM

4-18-16
610.3
4-19-16
621.6

Revised for Lk Groves April 2006
Suspect #1 well meter incorrect flow reads

Corrected Reading For well #1

1 well

	meter flow	ETM x GPM
12		1368
13	1571	1500
14	791	1248
15	2384	1800
16	1862	1800
17	1486	1428
18	1866	1788
19	1411	1356
20	2179	1512
21	1319	1428
22	611	552
23	1091	1056
24	832	1116
25	1508	840
26	1239	1176
27	2472	2364
28	2437	2328
29	2892	2760
30	2551	2424
	~~24,449~~	11508
	49234	

1726 Diff

6/15

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – SOUTH**	**(GREATER GROVES)**		PWS Identification Number: **3354881-1**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **2,777**	Total Population Served at End of Month: **9,720**		
PWS Owner: **LAKE UTILITY SERVICES INC.**			
Contact Person: **Patrick Flynn**	Contact Person's Title: **REGIONAL DIRECTOR**		
Contact Person's Mailing Address: **200 Weathersfield Ave.**	City: Clermont	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: **GREATER GROVES**		Plant Telephone Number: **407-869-1919**	
Plant Address: **2425 US HIGHWAY 27**	City: **CLERMONT**	State: **Fl**	Zip Code: **34714**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **4,320,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): **V**	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	William H. Coates	C	8333	Days-Mon-Fri.
	Steve Pfouts	C	14204	Days Sat -Tue

II. Certification by Lead/Chief Operator

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

6-5-06

Signature and Date

Charles G. Schwades

C-7368

License Number

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

PWS Identification Number: **3354881-1** | Plant Name: **GREATER GROVES**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	4,364,000										0.9	
2	X	24	3,422,000										1.2	
3	X	24	4,366,000										1.3	
4	X	24	4,514,000										1.2	
5	X	24	4,490,000										1.3	
6	X	24	4,432,000										1.4	
7	X	24	3,778,000										1.4	
8	X	24	5,426,000										1.3	
9	X	24	4,420,000										1.4	
10	X	24	3,360,000										1.2	
11	X	24	4,147,000										0.6	
12	X	24	3,040,000										0.7	
13	X	24	3,312,000										1.0	
14	X	24	3,848,000										0.9	
15	X	24	4,296,000										1.0	
16	X	24	3,508,000										1.2	
17	X	24	2,621,000										1.0	
18	X	24	3,261,000										1.1	
19	X	24	4,197,000										1.3	
20	X	24	4,127,000										1.2	
21	X	24	4,066,000										1.1	
22	X	24	4,326,000										1.0	
23	X	24	3,709,000										0.8	
24	X	24	4,022,000										0.3	
25	X	24	3,790,000										1.4	
26	X	24	4,027,000										0.2	
27	X	24	3,650,000										0.9	
28	X	24	3,518,000										0.8	
29	X	24	4,160,000										1.1	
30	X	24	4,344,000										1.0	
31	X	24	3,775,000										1.2	
Total			122,316,000											
Average			3,945,677											
Maximum			5,426,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: GREATER GROVE'S

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE DATA	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
		5			200	ORP METER
1		5			200	" "
2		5			200	" "
3		5			200	
4		5			200	
5		5			200	
6		5			200	
7		5			200	
8		5			200	
9		5			200	
10		5			200	
11		5			200	
12		5			200	
13		5			200	
14		5			200	
15		5			1000	1000 Gal Shikehill 2" LEAK
16		5			200	
17		5			200	
18		5			200	
19		5			200	
20		5			200	
21		5			200	
22		5			200	
23		5			200	
24		5			200	
25		5			200	
26		5			200	
27		5			200	
28		5			200	
29		5			200	
30		5			200	
31		5			200	

Total 16 200 1200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other ORP METER

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)			PWS Identification Number:	3354881-1
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	2,821	Total Population Served at End of Month:	9,720		
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City:	CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354881-1 | Plant Name: GREATER GROVES

III. Daily Data for the Month Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	3,767,000										1.4	
2	X	24	4,248,000										1.5	
3	X	24	4,112,000										1.1	
4	X	24	4,296,000										1.0	
5	X	24	3,995,000										1.0	
6	X	24	4,092,000										1.0	
7	X	24	4,685,000										1.2	
8	X	24	4,416,000										1.2	
9	X	24	4,995,000										1.0	
10	X	24	5,147,000										1.1	
11	X	24	3,506,000										0.8	
12	X	24	2,413,000										1.0	
13	X	24	3,003,000										0.8	
14	X	24	3,815,000										1.0	
15	X	24	3,727,000										1.2	
16	X	24	4,040,000										0.8	
17	X	24	3,579,000										1.0	
18	X	24	4,335,000										0.8	
19	X	24	2,769,000										1.0	
20	X	24	3,211,000										0.9	
21	X	24	4,200,000										1.0	
22	X	24	3,865,000										1.1	
23	X	24	4,340,000										0.8	
24	X	24	2,620,000										1.0	
25	X	24	1,783,000										0.8	
26	X	24	2,162,000										0.5	
27	X	24	2,648,000										0.6	
28	X	24	1,679,000										0.9	
29	X	24	3,362,000										1.0	
30	X	24	3,530,000										1.1	
31														
Total			108,340,000											
Average			3,611,333											
Maximum			5,147,000											

WATER LOSS RECORD

Lake Groves WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Groves WTP							6,000
								Total 6,000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

675

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)			PWS Identification Number:	3354881-1
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	2,821		Total Population Served at End of Month:	9,720	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES		Plant Telephone Number:		
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 | Domenic Gentilucci | C-12562

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: 3331881-1 | Plant Name: GREATER GROVES

II. Daily Data for the Month Year of: JULY, 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	4,030,000										1.0	
2	X	24	3,320,000										1.0	
3	X	24	2,791,000										0.9	
4	X	24	3,894,000										1.1	
5	X	24	3,164,000										0.8	
6	X	24	2,397,000										1.0	
7	X	24	2,308,000										1.2	
8	X	24	3,253,000										1.1	
9	X	24	2,570,000										1.0	
10	X	24	2,704,000										1.2	
11	X	24	2,827,000										1.4	
12	X	24	2,855,000										1.3	
13	X	24	3,181,000										1.0	
14	X	24	3,364,000										0.9	
15	X	24	2,900,000										1.0	
16	X	24	3,286,000										1.1	
17	X	24	2,621,000										1.0	
18	X	24	3,167,000										1.3	
19	X	24	3,240,000										1.1	
20	X	24	3,176,000										1.0	
21	X	24	4,536,000										1.2	
22	X	24	4,260,000										1.0	
23	X	24	1,948,000										1.1	
24	X	24	2,392,000										1.2	
25	X	24	3,449,000										1.0	
26	X	24	3,308,000										1.3	
27	X	24	3,201,000										1.2	
28	X	24	4,132,000										1.1	
29	X	24	3,670,000										1.5	
30	X	24	3,773,000										1.4	
31		24	2,763,000										1.0	
Total			98,480,000											
Average			3,176,774											
Maximum			4,536,000											

WATER LOSS RECORD

Lake Groves WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
							200	
							200	
							200	

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: August . 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)		PWS Identification Number:	3354881-1
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	2,821	Total Population Served at End of Month:	9,720	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES	Plant Telephone Number:		
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354881-1 | Plant Name: GREATER GROVES

III. Daily Data for the Month/Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	3,138,000										0.8	
2	X	24	4,198,000										1.1	
3	X	24	2,999,000										0.7	
4	X	24	3,642,000										1.2	
5	X	24	3,052,000										1.4	
6	X	24	3,674,000										1.5	
7	X	24	3,291,000										1.0	
8	X	24	3,156,000										1.0	
9	X	24	3,648,000										0.8	
10	X	24	3,887,000										0.4	
11	X	24	4,026,000										0.8	
12	X	24	4,226,000										1.3	
13	X	24	1,745,000										1.0	
14	X	24	2,887,000										0.8	
15	X	24	3,378,000										1.0	
16	X	24	3,535,000										0.9	
17	X	24	3,744,000										1.0	
18	X	24	3,516,000										1.1	
19	X	24	3,101,000										1.0	
20	X	24	2,868,000										1.8	
21	X	24	2,881,000										1.0	
22	X	24	3,149,000										0.8	
23	X	24	3,382,000										0.7	
24	X	24	2,885,000										1.1	
25	X	24	2,491,000										0.8	
26	X	24	1,815,000										0.8	
27	X	24	1,548,000										1.0	
28	X	24	2,742,000										1.1	
29	X	24	2,747,000										1.3	
30	X	24	2,205,000										1.3	
31	X	24	2,188,000										1.3	
Total			95,744,000											
Average			3,088,516											
Maximum			4,226,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/21/06 1545

Analysis Date & Time: 8/21/06 1600

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

System Name Lake Utility System Inc. South
System Address 200 Weathersfield Ave.
City Altamonte Springs FL 32714
System or Owner's Phone # 407-869-1919
Collector Chuck Schwades

PWS I.D # 3364881
Fax # 352-242-0565
Collector's Phone # 407-948-9838

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/21/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count (MF)

Total Coliform: ☑ SM 9222B-MF or ☐ COLITAG
Fecal or E. coli ☐ SM 9221E-MF or ☐ COLITAG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
LG1	L/S # 8 Weston Hills Between 15433 & 15437 & Bay Vista	0705AM	D	1.4		8636	0	A		
LG2	L/S #9 Weston Hills Between 2849 & 2853 Mayflower Loop	0720AM	D	1.4		8637	0	A		
LG3	3126 Effingham Dr.	0735AM	D	1.3		8638	0	A		
LG4	L/S # 15 Mission Park on Callerton Dr.	0745AM	D	1.4		8639	0	A		
LG5	15354 Petrus Lane	0800AM	D	1.4		8640	0	A		
LG6	15413 Lafite Lane	0815AM	D	1.3		8641	0	A		
LG7	15210 Lafite Lane	0825AM	D	1.3		8642	0	A		
LG8	15455 Margaux Dr.	0845AM	D	1.4		8643	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.4

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____
Person performing analysis is
☒ A certified operator (C 7368) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required_____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/21/06 1545

Analysis Date & Time: 8/21/06 1630

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** MF
☐ **HPC**

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

System Name Lake Utility System Inc. South
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
System or Owner's Phone # 407-869-1919
Collector Chuck Schwades

PWS I.D # 3354881
Fax # 352-242-0585
Collector's Phone # 407-948-9838

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/21/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count** MF

Total Coliform: ☑ SM 9222B-MF or ☐ COLITAG
Fecal or E. coli ☐ SM 9221E-MF or ☐ COLITAG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
Lg9	L/S # 10 Siena Ridge Between 15154 & 15204 Margaux Dr.	0900AM	D	1.4		8644	0	A		
Lg10	L/S # 16 Highway 27 Across from Showcase of Citrus	0920AM	D	1.3		8645	0	A		
Lg01	Well #1 Greater Groves	0630AM	R	0.0		8646	0	A		
Lg02	Well # 2 Greater Groves	0645AM	R	0.0		8647	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. *Do not include raw or plant samples in the average.*) 1.4

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____
Person performing analysis is
☒ A certified operator (#C 7368) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: DD
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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WATER LOSS RECORD

Lake Groves WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 72,000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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

FILE COPY

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See page 4 for instructions.

I. General Information for the Month Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)			PWS Identification Number:	3354881-1
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	2,821		Total Population Served at End of Month:	9,720	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 10/04/06	Steve Pfouts	C-14204
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: 3354881-1 | Plant Name: GREATER GROVES

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	2,407,000										1.2	
2	X	24	3,078,000										1.0	
3	X	24	2,980,000										1.3	
4	X	24	1,703,000										1.3	
5	X	24	2,577,000										0.7	
6	X	24	2,350,000										1.5	
7	X	24	2,555,000										0.8	
8	X	24	2,599,000										0.7	
9	X	24	2,663,000										1.0	
10	X	24	2,271,000										0.8	
11	X	24	2,489,000										0.7	
12	X	24	2,826,000										1.4	
13	X	24	3,736,000										1.8	
14	X	24	2,005,000										1.6	
15	X	24	2,759,000										0.8	
16	X	24	3,318,000										1.4	
17	X	24	2,444,000										1.0	
18	X	24	2,700,000										1.1	
19	X	24	2,337,000										1.6	
20	X	24	2,825,000										1.2	
21	X	24	2,664,000										1.4	
22	X	24	3,171,000										1.2	
23	X	24	2,864,000										1.0	
24	X	24	4,191,000										1.0	
25	X	24	3,210,000										0.4	
26	X	24	2,249,000										0.6	
27	X	24	2,886,000										1.0	
28	X	24	3,237,000										1.6	
29	X	24	3,607,000										0.7	
30	X	24	4,530,000										0.9	
31														
Total			85,241,000											
Average			2,841,367											
Maximum			4,530,000											

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GREATER GROVES WP

2425 U.S.HWY 27 CLERMONT P.W.S. # 3364881-1

MONTH AND YEAR September 2006

DAY	TIME	P.O.E. METER	TOTAL	WELL #1	TOTAL	WELL #2	TOTAL	WELL'S 1&2	CL2 RES. P.O.E.	CL2 RES. RT	ORP	INIT
1		764327	2163	258199	373	388707	2034	2407	1.5	1.2	705	SP
2	1005	766490	2796	258572	626	390741	2452	3078	2.5	1.0	705	RAP
3	1045	769286	2698	259198	637	393193	2343	2980	2.0	1.3	690	BSA
4	10.10	771984	1551	259835	187	395536	1516	1703	1.9	1.3	690	SP
5	0730	773535	1552	260022	1891	397052	686	2577	2.3	0.7	700	CJ
6	0705	776087	2163	261913	1801	397738	549	2350	1.7	1.5	545	CJ
7	0700	778250	2475	263714	2002	398287	553	2555	0.8	0.8	460	CJ
8	0755	780725	2507	265716	1964	398840	635	2599	1.0	0.7	475	CJ
9	0720	783232	2595	267680	2349	399475	314	2663	1.2	1.0	670	RAP
10	1040	785827	2228	270029	1884	399789	387	2271	1.2	0.8	645	BSA
11	0715	788055	2255	271913	503	400176	1986	2489	1.7	0.7	555	CJ
12	0755	790310	2615	272416	579	402162	2247	2826	1.9	1.4	670	CJ
13	0720	792925	3390	272995	1030	404409	2706	3736	2.4	1.8	705	CJ
14	0925	796315	1764	274025	145	406115	1860	2005	2.4	1.6	700	CJ
15	8:00	798079	2491	274170	474	408975	2295	2769	1.0	0.8	580	SP
16	1020	800570	3050	274644	779	411270	2539	3318	1.0	1.4	705	RAP
17	1300	803640	2201	275423	485	413809	1959	2444	1.7	1.0	690	TC
18	9:00	805871	2458	275908	560	415768	2140	2700	1.8	1.1	690	SP
19	810	808279	2113	276460	530	417908	1807	2337	1.8	1.6	690	CJ
20	2:00	810392	2593	276998	600	419715	2217	2825	1.4	1.2	585	SP
21	0800	812985	2380	277606	513	421932	2151	2664	1.7	1.4	680	CS
22	8:00	815365	2857	278119	762	424083	2409	3171	1.6	1.2	660	SP
23	1050	818222	2662	278881	636	426492	2228	2864	1.2	1.0	670	RAP
24	0745	820884	4096	279517	1450	428720	2741	4191	1.4	1.0	660	TC
25	8:00	824930	2864	280967	1851	431461	1359	3210	0.9	0.4	580	SP
26	8:00	827794	2175	282818	1748	432920	501	2249	1.0	0.6	605	SP
27	8:00	829969	2876	284566	2244	433321	642	2886	1.8	1.0	660	SP
28	0735	832845	3020	286810	2395	433963	842	3237	2.4	1.6	700	CJ
29	0910	835865	3466	289205	2443	434905	1164	3607	1.0	0.7	565	CJ
30	1000	839331	4337	291648	2850	435969	1680	4530	0.7	0.9	640	RAP
31												
1	1250	844660		294498	3	437649			1.3	1.0	650	TC
TOTAL				36,299	36299	48,942						
AVG												

TTL 85,241

AVG 2,841

7-1½

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)			PWS Identification Number:	3354881-1
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	2,821		Total Population Served at End of Month:	9,720	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354881-1 | Plant Name: GREATER GROVES

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	3,003,000										1.0	
2	X	24	2,722,000										0.8	
3	X	24	3,923,000										0.7	
4	X	24	4,802,000										1.4	
5	X	24	3,201,000										1.2	
6	X	24	3,170,000										1.2	
7	X	24	5,458,000										1.0	
8	X	24	2,903,000										1.2	
9	X	24	3,832,000										0.6	
10	X	24	3,611,000										0.9	
11	X	24	3,823,000										0.8	
12	X	24	3,961,000										0.9	
13	X	24	3,621,000										1.5	
14	X	24	4,725,000										1.4	
15	X	24	2,967,000										1.2	
16	X	24	3,662,000										2.0	
17	X	24	4,478,000										2.2	
18	X	24	4,790,000										1.5	
19	X	24	4,687,000										0.6	
20	X	24	4,326,000										0.9	
21	X	24	6,108,000										1.0	
22	X	24	3,699,000										0.9	
23	X	24	4,026,000										0.8	
24	X	24	4,276,000										0.7	
25	X	24	4,540,000										0.5	
26	X	24	4,389,000										0.9	
27	X	24	3,655,000										1.3	
28	X	24	4,030,000										1.5	
29	X	24	4,210,000										0.8	
30	X	24	3,819,000										0.4	
31	X	24	4,114,000										1.3	
Total			124,531,000											
Average			4,017,129											
Maximum			6,108,000											

GREATER GROVES WP 1

2425 U.S.HWY 27 CLERMONT P.W.S. # 3354881-1

MONTH AND YEAR October 2006

DAY	TIME	P.O.E. METER	TOTAL	WELL #1	TOTAL	WELL #2	TOTAL	WELL'S 1& 2	CL2 RES. P.O.E.	CL2 RES. RT	ORP	INIT
1	1250	843668	2907	294498	2052	437649	951	3003	1.3	1.0	650	JC
2	0820	846575	2615	296550	2140	439600	582	2722	1.2	0.8	615	CS
3	0750	849190	3718	298690	1285	439182	2638	3923	0.8	0.7	400	CS
4	0720	852908	4362	299975	1772	441820	3030	4802	2.0	1.7	670	CS
5	1030	857270	2956	301747	1016	444850	2185	3201	1.8	1.2	650	CS
6	7:00	860226	3066	302763	849	447035	2321	3170	1.9	1.2	685	RC
7	0700	863292	4863	303612	2041	449356	3417	5458	1.5	1.0	680	RAP
8	1215	868155	2723	305653	913	452773	1990	2903	1.7	1.2	650	JC
9	7:00	870878	3607	306566	2600	454763	1232	3832	1.1	0.6	675	RC
10	8:15	874485	3609	309166	2473	455995	1138	3611	1.3	0.9	580	CS
11	8:00	878094	3624	311639	2554	457133	1269	3823	1.3	0.8	580	SP
12	7:30	881718	3688	314193	2680	458402	1281	3961	1.4	0.9	550	SP
13	8:00	885406	3444	316873	2506	459683	1115	3621	2.2	1.5	620	SP
14	1015	888850	4541	319379	3016	460798	1709	4725	2.0	1.4	705	RAP
15	1400	893391	2334	322395	2063	462507	904	2967	1.8	1.2	715	JC
16	7:45	896225	3355	324458	973	463411	2689	3662	2.2	2.0	705	SP
17	8:00	899580	4256	325431	1633	466102	2845	4478	1.0	2.2	690	SP
18	8:00	903836	4433	327064	1923	468945	2867	4790	1.0	1.5	640	SP
19	8:00	908269	4231	328987	1882	471812	2805	4687	0.6	0.6	625	SP
20	0820	912500	4080	330869	1477	474617	2849	4326	0.9	0.9	615	CS
21	0815	916580	5591	332346	2628	477466	3480	6108	1.0	1.0	665	RAP
22	1320	922171	3474	334974	1757	480946	2242	3699	1.2	0.9	635	JC
23	8:00	925595	3555	336431	2714	483188	1312	4026	0.8	0.8	620	SP
24	7:00	929450	4145	339145	2320	484500	1956	4276	0.8	0.7	620	CS
25	7:00	933595	4296	341465	2726	486456	1814	4540	0.8	0.5	640	SP
26	8:00	937891	3775	344191	2779	488270	1610	4389	1.2	0.9	650	SP
27	0830	941666	3791	346970	2641	489880	1014	3655	1.8	1.3	650	CS
28	0830	945457	3877	349611	2561	490894	1469	4030	1.2	1.5	675	RAP
29	7:00	949300	3984	352172	2657	492363	1553	4210	1.3	0.8	700	SP
30	0740	953295	3545	354829	1221	493916	2598	3819	0.9	0.7	490	CS
31	8:00	956840	3927	356050	1639	496514	2475	4114	0.8	1.3	620	CS
1	7:00	960767		357689		498989			0.7	1.3	640	SP
TOTAL				63191		61340						
AVG												

TOTAL 124,531

AVG 4017

GREATER GROVES WP 1 | **2425 U.S.HWY 27 CLERMONT P.W.S. # 3354881-1**

MONTH AND YEAR October 2006

DAY	TIME	P.O.E. METER	TOTAL	WELL #1	TOTAL	WELL #2	TOTAL	WELL'S 1&2	CL2 RES. P.O.E.	CL2 RES. RT	ORP	INIT
1	1250	843668	2907	294498	2052	437649	951	3003	1.3	1.0	650	AC
2	0820	846575	2615	296550	2140	439600	582	2722	1.2	0.8	615	CS
3	0750	849190	3718	298690	1285	439182	2638	3923	0.8	0.7	400	CS
4	0720	852908	4362	299975	1772	441820	3030	4802	2.0	1.4	670	CS
5	1030	857270	2956	301747	1016	444850	2185	3201	1.8	1.2	650	CS
6	7:00	860226	3066	302763	849	447035	2321	3170	1.9	1.2	685	RC
7	0700	863292	4863	303612	2041	449356	3417	5458	1.5	1.0	680	RAP
8	1215	868155	2723	305653	913	452773	1990	2903	1.7	1.2	650	AC
9	7:00	870878	3607	306566	2600	454763	1232	3832	1.1	0.6	675	RC
10	9:15	874485	3609	309166	2473	455995	1138	3611	1.3	0.9	580	CS
11	8:00	878094	3624	311639	2554	457133	1269	3823	1.3	0.8	580	SP
12	7:30	881718	3688	314193	2680	458402	1281	3961	1.4	0.9	550	SP
13	8:00	885406	3444	316873	2506	459683	1115	3621	2.2	1.5	620	SP
14	1015	888850	4541	319379	3016	460798	1709	4725	2.0	1.4	705	RAP
15	1420	893391	2834	322395	2063	462507	904	2967	1.8	1.2	715	AC
16	7:45	896225	3355	324458	973	463411	2689	3662	2.2	2.0	705	SP
17	8:00	899580	4256	325431	1633	466100	2845	4478	1.0	2.2	690	SP
18	8:00	903836	4433	327064	1923	468945	2867	4790	1.0	1.5	640	SP
19	8:00	908269	4231	328987	1882	471812	2805	4687	0.6	0.6	625	SP
20	0820	912500	4080	330869	1477	474617	2849	4326	0.9	0.9	615	CS
21	0815	916580	5591	332346	2628	477466	3480	6108	1.0	1.0	665	RAP
22	1320	922171	3474	334974	1457	480946	2242	3699	1.2	0.9	635	AC
23	8:00	925595	3855	336431	2714	483188	1312	4026	0.8	0.8	620	SP
24	9:00	929450	4145	339145	2320	484500	1956	4276	0.8	0.7	620	CS
25	7:00	933595	4296	341465	2726	486456	1814	4540	0.8	0.5	640	SP
26	8:00	937891	3775	344191	2779	488270	1610	4389	1.2	0.9	650	SP
27	0820	941666	3791	346970	2641	489080	1014	3655	1.8	1.3	650	CS
28	0830	945457	3849	349611	2561	490894	1469	4030	1.2	1.5	675	RAP
29	7:00	949306	3989	352172	2657	492363	1553	4210	1.3	0.8	700	SP
30	0740	953295	3545	354829	1221	493916	2598	3819	0.9	0.4	490	CS
31	8:00	956840	3921	356050	1639	496514	2475	4114	0.8	1.3	620	CS
1	7:00	960767		357689		498989			0.7	1.3	640	SP
TOTAL				63191		61340						
AVG												

TOTAL 124,531

AVG 4,017

GREATER GROVES WATER TREATMENT PLANT

MONTH/YEAR OCTOBER 2006

DAY	H.S.P. PUMP #1	HRS	H.S.P. PUMP #2	HRS	H.S.P. PUMP #3	HRS	H.S.P. PUMP #4	HRS	WELL #1 ETM	HRS	WELL #2 ETM	HRS	CL2 IN.	TOTAL IN.	CL2 GAL	GEN ETM	HRS
1	19939.1	16.0	20115.2	13.2	17805.8	10.5	10268.7	8.0	17894.8	16.3	17763.7	7.3	29	4	55.6	756.5	0
2	19955.1	11.6	20128.4	13.4	17816.3	8.4	10276.1	3.1	17911.1	17.1	17771.0	4.5	65	2	15.9	756.5	0
3	19972.7	19.7	20141.8	17.5	17824.7	14.3	10279.8	10.0	17928.2	11.0	17775.5	20.4	63	10	139.0	756.5	1.2
4	19992.4	23.5	20159.3	20.7	17839.0	17.0	10289.8	13.0	17939.2	14.1	17795.9	23.3	53	15	208.5	757.7	0
5	20015.9	17.3	20180.0	14.3	17856.0	11.1	10302.8	7.4	17953.3	8.1	17819.2	16.8	7/30 84	—	—	757.7	K
6	20033.2	18.2	20194.3	14.0	17867.1	8.9	10310.2	6.1	17961.4	6.8	17836.0	17.8	—	17	236.3	757.7	—
7	20051.4	26.1	20208.3	22.8	17876.0	18.4	10316.3	13.6	17968.2	16.4	17853.8	26.2	67	13	180.7	757.7	—
8	20077.5	15.8	20231.1	13.2	17894.4	10.0	10329.9	5.3	17984.6	37.3	17880.0	15.3	54	5	69.5	757.7	K
9	20093.3	21.4	20244.3	18.7	17904.4	16.0	10335.2	0	17991.9	20.7	17895.3	9.6	49	4	55.6	757.7	0
10	20114.7	20.0	20263.0	16.8	17920.4	12.8	10335.2	7.5	18012.6	20.9	17910.9	8.7	45	4	55.6	757.7	1.1
11	20134.7	20.4	20279.8	17.2	17933.2	13.3	10342.7	6.9	18033.5	20.4	17913.6	9.8	41	—		758.8	K
12	20155.1		20297.0		17946.5		10349.6		18053.9		17923.4		84 total			758.8	K
13	20176.8	20.8	20315.6	16.8	17961.6	12.0	10357.3	12.3	18075.3	20.0	17933.4	8.7	78	15	208.5	758.8	0
14	20197.6	15.4	20332.4	22.7	17973.6	18.1	10363.6	5.2	18095.3	24.2	17942.1	13.2	63	20	278	758.8	—
15	20223.0	15.9	20355.1	13.9	17991.7	11.7	10368.8	5.3	18119.5	16.4	17955.3	7.1	43	19.0		758.8	K
16	20238.9	20.7	20369.0	17.8	18063.4	14.1	10374.1	6.2	18135.9	7.8	17962.4	20.7	34	—	88.8	758.8	K
17	20259.6	22.8	20386.8	21.1	18017.5	19.2	10380.3	5.6	18143.7	13.2	17983.1	22.1	5/Jan 81	6	83.4	758.8	K
18	20282.4	22.9	20407.9	21.6	18036.7	20.2	10385.9	8.7	18156.9	15.4	18005.2	22.2	75	6	83.4	758.8	K
19	20305.3	23.0	20429.5	21.7	18056.9	20.7	10394.6	9.1	18172.3	15.2	18027.4	21.8	69	6	83.4	758.8	
20	20328.3	22.0	20451.2	19.7	18077.2	16.1	10402.7	8.9	18187.5	11.9	18049.2	22.0	63	6.5	90.4	758.8	0
21	20350.3	28.6	20470.9	27.9	18093.3	15.1	10411.6	14.7	18199.4	21.2	18071.2	27.0	56.5	9.5	132.1	758.8	—
22	20378.9	18.2	20498.8	17.2	18118.4	16.3	10426.3	9.4	18220.6	11.7	18098.2	17.5	47	5.0	69.5	758.8	K
23	20397.1	22.7	20516.0	20.2	18134.7	17.1	10735.7	9.7	18232.3	21.7	18115.7	10.3	42	5.0	69.5	758.8	0
24	20419.8	21.8	20536.2	20.1	18151.8	18.1	10445.4	9.1	18254.0	21.2	18136.0	12	37	6.0	83.4	758.8	2.7
25	20441.6	22.2	20556.3	20.8	18169.9	19.2	10454.5	10.9	18275.2	21.8	18135.0	14	31	6	83.4	761.5	K
26	20463.8	22.9	20577.1	21.0	18189.1	19.0	10465.4	10.1	18297.0	21.3	18152.0	12.6	25/84	11	152.9	761.5	K
27	20486.7	21.7	20598.1	19.2	18208.1	19.0	10475.5	5.0	18319.3	21.1	18164.6	8.0	73	8	111.2	761.5	K
28	20508.4	21.1	20617.3	19.0	18224.1	16.0	10480.5	10.2	18340.4	20.5	18172.6	11.4	65	8	111.2	761.5	K
29	20529.5	22.9	20636.3	21.6	18240.6	18.1	10490.7	9.8	18360.9	21.4	18184.0	12.2	57	3	41.7	761.5	K
30	20552.4	21.2	20657.3	18.5	18259.7	15.0	10500.5	6.8	18382.3	9.8	18196.2	20.1	54	5	69.5	761.5	0
31	20573.6	20.9	20675.8	18.5	18274.7	15.8	10507.3	11.5	18392.1	14.7	18216.3	20.2	49	6	83.4	761.5	K
1	20594.5		20694.3		18290.5		10518.8		18406.8		18236.5		43			716.5	
													13.9 GAL PER IN.			TOTAL	

PAGE 03/03 LK GROVES 3522420565 09:01 11/06/2006

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November . 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)	PWS Identification Number:	3354881-1
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	2,844	Total Population Served at End of Month:	9,954
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES	Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 12/05/06
Signature and Date

Steve Pfouts
Printed or Typed Name

C-14204
License Number

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

PWS Identification Number: 3354881-1 | Plant Name: GREATER GROVES

IH. Daily Data for the Month/Year of: November , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	4,782,000										1.3	
2	X	24	4,002,000										1.2	
3	X	24	4,351,000										1.3	
4	X	24	4,911,000										1.0	
5	X	24	3,792,000										1.2	
6	X	24	3,956,000										1.3	
7	X	24	3,359,000										1.4	
8	X	24	4,106,000										1.0	
9	X	24	3,803,000										1.5	
10	X	24	4,144,000										1.6	
11	X	24	4,008,000										2.0	
12	X	24	4,590,000										1.5	
13	X	24	3,812,000										1.0	
14	X	24	4,046,000										1.4	
15	X	24	4,175,000										1.6	
16	X	24	2,932,000										1.5	
17	X	24	3,888,000										1.6	
18	X	24	4,892,000										2.0	
19	X	24	2,741,000										1.4	
20	X	24	3,467,000										1.7	
21	X	24	3,808,000										2.0	
22	X	24	3,835,000										2.0	
23	X	24	4,257,000										1.6	
24	X	24	3,878,000										2.1	
25	X	24	4,709,000										2.1	
26	X	24	3,397,000										1.7	
27	X	24	3,498,000										1.6	
28	X	24	3,733,000										1.4	
29	X	24	3,001,000										1.3	
30	X	24	3,528,000										1.3	
Total			117,401,000											
Average			3,913,367											
Maximum			4,911,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

11-07-06 1115

Lab Receipt Date & Time: 11-7-06 1700
Analysis Date & Time: 11-7-06 1715
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-11260 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [ ] Standard Coliform test
- [ ] HPC
- [X] Other: MF

System Name: Lake Utility Services Inc South PWS I.D. 3 3 5 4 8 8 1

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Chuck Schneider Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other: _____

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 11-7-06

To be completed by collector at time of sample | To be completed by lab

Total Coliform Analysis Method: 9222B
Fecal or E.coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
LG 1	Lake Groves Well # 1	1100	R	0			A			1
LG 2	Lake Groves Well # 2	1105	R	0			A			2
LG 3	16147 Magnolia Hill Street	0805	D	0.7			A			3
LG 4	2825 Long Leaf Pine Street	0820	D	0.7			A			4
LG 5	LS#11 Orange Tree Holly	0830	D	0.7			A			5
LG 6	15719 Heron Hill Street	0845	D	0.6			A			6
LG 7	16014 Hawk Hill Street	0855	D	0.6			A			7

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other: _____

Person performing analysis is (Please see instructions on reverse):

- [X] A certified Operator (# C7368)
- [ ] Employed by a certified lab
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

11-07-06 1155

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Lab Receipt Date & Time: 11.7.06 0700
Analysis Date & Time: 11.7.06 1915
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-11-260 Sub Contract Lab ID:
Analysis Requested: (please check all that apply)
[ ] Standard Coliform test
[ ] HPC
[X] Other: MF

System Name: Lake Utility Services Inc. South PWS I.D. 3 3 6 4 8 8 1

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Mark Schwade Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other:
Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other
Sample Collection Date: 11-7-06

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Date Qualifier[2]	Lab Sample Number
LG 8	LS 5 Savanas Main Entranc	0910	D	0.6			A			1
LG 9	3549 Green Cove Blvd.	0925	D	0.7			A			2
LG 10	LS18 Tradds Landing West	0940	D	0.8			A			3
LG 11	LS19 Tradds Landind East	0955	D	0.8			A			4
LG 12	LS20Tradds Landing Hattera	1010	D	0.8			A			5

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [X] Other:

Person performing analysis is (Please see instructions on reverse):
[X] A certified Operator (# 2368) [ ] Employed by a certified lab
[ ] Supervised by a cert operator (#) [ ] Employed by DEP or DOH

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only
[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

WATER LOSS RECORD

Lake Groves WTP Nov 2006

DATE	ADDRESS		RESIDUA	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Nov. 2006	Eye Wash						3gpd	150
	ORP						200gpd	6,000
	Fire Flow Test				2		250gpm	8,000
								Total 14,150gal

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

GREATER GROVES WP

2425 U.S.HWY 27 CLERMONT P.W.S. # 3354881-1

MONTH AND YEAR NOVEMBER 2006

DAY	TIME	P.O.E. METER	TOTAL	WELL #1	TOTAL	WELL #2	TOTAL	WELL'S 1& 2	CL2 RES. P.O.E.	CL2 RES. RT	ORP	INIT
1	7:00	960767	4292	357689	1820	498989	2962	4782	0.7	1.3	640	SP
2	8:00	965059	3710	359509	1338	501951	2664	4002	1.0	1.2	650	SP
3	8:00	968769	4016	360847	1596	504615	2755	4351	0.8	1.3	670	SP
4	0910	972785	4592	362443	951	507370	2960	4911	1.0	1.0	665	RAP
5	1045	977377	3283	364394	1392	510330	2400	3792	1.1	1.2	670	AC
6	8:00	980660	3860	365786	1323	512730	2633	3956	1.0	1.3	660	SP
7	8:00	984520	2987	367109	680	515363	2679	3359	0.8	1.4	650	SP
8	8:00	987507	3812	367789	1268	518042	2838	4106	0.4	1.0	620	SP
9	7:30	991319	3475	369057	1177	520880	2626	3803	1.1	1.5	660	SP
10	9:30	994794	3819	370234	1529	523506	2615	4144	1.0	1.6	650	SP
11	0800	998613	3835	371763	1598	526121	2410	4008	1.6	2.0	685	RAP
12	0600	2448	4165	373361	1707	528531	2883	4590	1.5	1.5	700	AC
13	0700	006613	3487	375068	1092	531414	2720	3812	1.7	1.0	700	AC
14	0940	10100	3775	376160	1494	534134	2552	4046	1.2	1.4	675	SP
15	0715	013875	3806	377654	1348	536686	2827	4175	1.7	1.6	690	AC
16	9:00	017681	2686	379002	740	539513	2192	2932	1.2	1.5	675	SP
17	0715	020367	3580	379742	1249	541705	2639	3888	1.5	1.6	680	AC
18	0820	023947	4518	380991	1962	544344	2930	4892	2.4	2.0	690	RAP
19	1115	28465	2846	382453	1631	547274	1110	2741	2.0	1.8	695	AC
20	0730	031311	3076	384584	2278	548384	1179	3467	2.2	1.7	705	AC
21	0130	034301	3587	386762	2477	549573	1331	3808	1.9	2.0	720	AC
22	0745	037974	3638	389359	2409	550901	1426	3835	2.2	2.0	720	AC
23	0615	041612	4040	391748	2547	552330	1410	4257	2.0	1.6	720	RAP
24	0915	045652	3696	394595	2547	553740	1331	3878	2.3	2.1	705	RAP
25	0840	049348	4435	397142	2942	555071	1767	4709	2.5	2.1	710	RAP
26	1130	53783	3208	400084	2225	556838	1172	3397	2.2	1.7	700	AC
27	8:00	56991	3180	402307	965	558010	2533	3498	1.4	1.0	685	SP
28	8:30	60171	3348	403274	1011	560543	2722	3733	1.2	1.4	670	SP
29	8:30	63519	3231	404285	691	563265	2305	3001	1.1	1.3	670	SP
30	8:30	66750	3173	404981	399	565510	2629	3528	1.1	1.3	670	SP
31		6										
1		69923		405510		568199			1.4	1.7	670	SP
TOTAL				48191		62210						
AVG												

675

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - SOUTH (GREATER GROVES)			PWS Identification Number:	3354881-1
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	2,844		Total Population Served at End of Month:	9,954	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	4,320,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07 | Steve Pfouts | C-14204

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: 3354881-1 | Plant Name: GREATER GROVES

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	3,895,000										1.7	
2	X	24	3,395,000										1.5	
3	X	24	4,688,000										1.1	
4	X	24	3,160,000										1.4	
5	X	24	3,773,000										1.3	
6	X	24	4,000,000										1.6	
7	X	24	3,503,000										1.7	
8	X	24	3,710,000										1.6	
9	X	24	4,544,000										2.0	
10	X	24	3,503,000										1.7	
11	X	24	3,279,000										1.8	
12	X	24	3,993,000										1.6	
13	X	24	3,837,000										1.6	
14	X	24	2,838,000										1.6	
15	X	24	2,983,000										1.7	
16	X	24	2,366,000										1.5	
17	X	24	4,593,000										1.5	
18	X	24	3,288,000										1.8	
19	X	24	3,784,000										1.6	
20	X	24	3,846,000										2.1	
21	X	24	3,323,000										2.2	
22	X	24	3,071,000										2.2	
23	X	24	3,224,000										1.6	
24	X	24	2,808,000										1.3	
25	X	24	2,486,000										2.0	
26	X	24	2,664,000										0.8	
27	X	24	3,533,000										0.8	
28	X	24	3,511,000										0.8	
29	X	24	3,452,000										0.9	
30	X	24	3,442,000										1.1	
31	X	24	4,062,000										1.3	
Total			108,554,000											
Average			3,501,742											
Maximum			4,688,000											

...SIDUAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

12-05-06 1400

Lab Receipt Date & Time: 12-6-6 0900
Analysis Date & Time: 12-6-6 0900
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements

Report Number: 06-12-086 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

[ ] Standard Coliform test
[ ] HPC
[X] Other: MF

System Name: Lake Utility Services Inc South PWS I.D. 3 3 5 4 8 8 1

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Chuck Schwades Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other:

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 12-5-06

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
LG 8	15413 Lafite Lane	920am	D	1.4			A			8
LG 9	15210 Lafite Lane	930am	D	1.3			A			9
LG 10	15455 Margaux Dr.	950am	D	1.3			A			10
LG 11	LS10 Sienna Ridge 15154 Margaux	1005am	D	1.3			A			11
LG 12	LS16 US 27 Showcase Citrus	1020am	D	1.3			A			12

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.3

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:

Person performing analysis is (Please see instructions on reverse):

[X] A certified Operator (# C 7368 [ ] Employed by a certified lab
[ ] Supervised by a cert operator (#) [ ] Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date reviewed by DEP/DOH
DEP/DOH Reviewing Official

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

...R BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

12-05-06 1400

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Lab Receipt Date & Time: 12-6-6 800
Analysis Date & Time: 12-6-6 900
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-12-0556 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [ ] Standard Coliform test
- [ ] HPC
- [X] Other: MF

System Name: Lake Utility Services Inc South PWS I.D. 3 3 5 4 8 8 1

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Chuck Schwades Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other: _____

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 12-5-06

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Date Qualifier[2]	Lab Sample Number
LG 1	Lake Groves Well # 1	700am	R	0.0			A			1
LG 2	Lake Groves Well # 2	715am	R	0.0			A			2
LG 3	LS8 Weston Hills 15433 Bay Vista	800am	D	1.3			A			3
LG 4	LS9Weston Hills 2853 Mayflower	815am	D	1.4			A			4
LG 5	3126 Effingham Dr.	835am	D	1.4			A			5
LG 6	LS15 Mission Park Callerton Dr	845am	D	1.3			A			6
LG 7	15354 Petrus Lane	905am	D	1.4			A			7
Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.				1.4						

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other: _____

Person performing analysis is (Please see instructions on reverse):

- [X] A certified Operator (# C 7368
- [ ] Employed by a certified lab
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH _____
DEP/DOH Reviewing Official

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: ~~GREATER GROVES WATER PLANT~~ (Lake Louisa)			PWS Identification Number: 3354883-2
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 5,088	Total Population Served at End of Month: 17,808		
PWS Owner: LAKE UTILITY SERVICES INC. - North			
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont	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: ~~GREATER GROVES WATER PLANT~~ (LAKE LOUISA)			Plant Telephone Number: 407-869-1919
Plant Address: 9525 Lake Louisa Rd.	City: CLERMONT	State: Fl	Zip Code: 34711
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,944,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Steve Pfouts	C	14204	Days-Sat
	James Carroll	C	8494	Days Mon.-Fri.
	William H. Coates	C	8333	Days Mon - Fri

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2/3/06
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: **3354883-2** | Plant Name: **GREATER GROVES WATER PLANT (Lake Louisa)**

JANUARY, 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	1,254,000										1.5	
2	X	24	1,118,000										1.5	
3	X	24	1,182,000										1.4	
4	X	24	1,776,000										1.3	
5	X	24	1,891,000										1.2	
6	X	24	2,020,000										1.5	
7	X	24	1,705,000										1.6	
8	X	24	1,460,000										1.5	
9	X	24	1,836,000										1.5	
10	X	24	1,660,000										1.5	
11	X	24	1,156,000										1.5	
12	X	24	1,720,000										1.4	
13	X	24	1,994,000										1.4	
14	X	24	1,674,000										1.5	
15	X	24	953,000										1.3	
16	X	24	1,877,000										1.4	
17	X	24	1,870,000										1.4	
18	X	24	1,979,000										1.4	
19	X	24	1,596,000										1.3	
20	X	24	1,910,000										1.3	
21	X	24	1,325,000										1.4	
22	X	24	1,623,000										1.1	
23	X	24	2,060,000										1.0	
24	X	24	1,497,000										1.1	
25	X	24	1,769,000										1.5	
26	X	24	1,417,000										1.5	
27	X	24	1,679,000										1.4	
28	X	24	1,403,000										1.2	
29	X	24	1,900,000										1.3	
30	X	24	1,983,000										1.2	
31	X	24	2,049,000										1.3	
Total			51,336,000											
Average			1,656,000											
Maximum			2,060,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LA45 Louisa

MONTH/YEAR: Jan 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

44,640 CUT = 1440 GPD

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

WS # 3354881-2 Cl_2 Remote Address _____

_____ Year 2006 Electric Meter First _____ Last _____

2 M	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
2.1		8990.1		850/450													
.1	0	990.1	0	650/550	46.25			1.7	1.5	25.2	104				1000	CJ	
.1	0	990.1	0	350/300	33.13			1.8	1.5	24.1	104	—			0930	CS	
.2	2.1	990.1	0	310	39.34			1.9	1.4	23.4	104				1300	CJ	
.2	0	990.1	0	240	59.0			1.4	1.3	16.7	103				0900	CJ	
.2	0	990.1	0	160/650	61.63			1.3	1.2	165	104				0855	CJ	
.2	0	990.1	0	760	81.52			1.9	1.5	165	105				0900	CJ	
.2	"	990.1	"	690	63			1.8	1.6	18'	104				8:55	SP	
.2	"	990.1	"	950/600	50			1.8	1.5	18.6	103				0840	JC	
.2	0	990.1	0	850/650	70.06			1.7	1.5	17.0	104				0830	CJ	
.2	0	990.1	0	475	72.5			1.7	1.5	18.1	105				0910	CJ	
.4	6.2	990.2	0.1	425	40			1.6	1.5	16.4	104				0815	CJ	
.2	9.8	990.2	0	340	66.75			1.5	1.4	17.0	105				0900	CJ	
2	4.0	990.2	0	260	67.25			1.5	1.4	17.0	105				1200	CJ	
.5	18.3	995.0	4.8	260/780	60			1.7	1.5	16.5	105						
.8	23.3	9018.3	23.3	260/700	49			1.6	1.3	16.1	104					JC	
0	27.2	9045.5	27.2	260/650	74.5			1.7	1.4	16	104				1130	CJ	
8.9	20.9	9066.4	20.9	260/575	72.5			1.6	1.4	15.4	105				0830	CJ	
.8	27.9	9069.7	3.3	269/500	67			1.6	1.4	18'	104				12:35	SP	
.2	23.4	9078.0	8.3	419	71.5			1.5	1.3	16.4	104				1120	CJ	
.4	24.2	9080.7	2.7	330/400	62 est			1.6	1.3	15.7	104				1145	CJ	
.2	20.8	9080.7	"	850/550	51			1.7	1.7	18.5	103				8:45	SP	
7	26.5	9088.4	7.7	450/250	52			1.6	1.1	21.5	104				1105	JC	
.3	25.6	9114.0	25.6	550/160	84			1.4	1.0	25.1	105					JC	
.7	22.4	9117.3	3.3	850/100	57			1.4	1.1	25.5	103				11:30	SP	
.1	24.4	9117.3	0	775	64.75			1.4	1.5	25.9	105				1150	CJ	
8	23.7	117.3	"	100/710	47			1.8	1.5	16'	105				11:30	SP	
9	3.1	137.3	"	100/620	76			1.7	1.4	23'	104				10:50	SP	
0	6.1	159.4	22.1	100/550	57			1.6	1.2	20.5	105				8:45	SP	
0	"	183.5	24.1	100/650	77			1.6	1.3	16.1	103					JC	
0	"	209.8	26.3	100/350	75			1.7	1.2	24'	105				11:35	SP	
0	"	9235.5	25.7	100/275	71.5			1.7	1.3	24	105				1350	CJ	

Operator _____
Operator _____
Operator _____
Operator _____

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700

Month Jan

Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs
Previous		1057701		34489		15169.0		38739		6907.5			6644.2	
1	0930	1059899	2198	35743	1254	15494.2	252	38739	0	6907.5	0	1254	669.3	25.1
2	0830	1061893	1994	36861	1118	21609	32.6	38739	0	6907.5	0	1118	693.1	22.9
3	12.30	1064159	2266	38043	1182			38739	0	6907.5	0	1182	716.5	19.4
4	0830	1065725	1566	39297	1254	264.4		39261	522	6923.3	15.8	1776	739.9	17.4
5	0810	1067751	2026	40477	1180	15267.0	22.6	39972	711	6944.8	21.5	1891	764.2	24.3
6	0830	1069786	2035	41697	1210	15310.9	23.9	40782	810	6968.7	23.9	2020	787.9	23.6
7	8.40	1071598	1812	42690	1003	15331.7	20.8	41484	702	6989.4	20.7	1705	812.3	24.5
8	0833	1073633	2039	43573	883	348.8	17.1	42061	577	7006.5	17.1	1460	836.0	23.7
9	0840	1075701	2068	44651	1078	371.3	22.5	42819	758	7029.3	22.8	1836	859.7	23.7
10	0840	1077648	1947	45630	979	391.4	20.1	43500	681	7049.4	20.1	1660	884.1	24.4
11	0745	1079612	1964	46376	746	404.9	13.5	43910	410	7061.5	12.1	1156	6907.7	23.6
12	0830	1081879	2267	47394	1018	425.9	21.0	44612	702	7082.5	21.0	1720	6932.1	24.4
13	1130	1084161	2282	48560	1166	4501	24.2	45440	828	7106.7	24.2	1994	959.3	27.2
14		1085962	1801	49548	988	—	—	46126	686	—	—	1674	962.1	2.8
15		1087118	2156	50124	576	481.5		46503	377	7139.1		953	962.1	0
16	1100	1090641	2523	51232	1108	504.4	22.9	47272	769	7160.9	22.8	1877	962.1	0
17	0830	1092439	1798	52335	1103	527.1	22.7	48039	767	7183.6	22.7	1870	962.1	
18	12.05	1094593	2154	53566	1231	550.0	22.9	48787	748	7205.9	22.3	1979	962.5	0.4
19	1140	1096545	1952	54511	945	569.8	19.8	49438	651	7225.2	19.3	1596	962.5	0
20	1115	1098575	1970	55640	1129	592.9	23.1	50219	781	7248.3	23.1	1910	962.5	0
21	8:30	1100070	1555	56427	787	608.8	15.9	50757	538	7264.2	15.9	1325	962.5	0
22		1102372	2372	57392	965	628.4	19.6	51415	658	7283.8	19.6	1623	962.5	0
23	1239	1104723	2351	58588	1196	654.0	25.6	52279	864	7309.4	25.6	2060	962.5	0
24	11.00	1106395	1672	59497	909	671.5	17.5	52867	588	7326.9	17.5	1497	962.5	0
25	1124	1108202	1807	60602	1105	692.4	20.9	53531	664	7346.1	19.2	1769	962.5	0
26	1600	1110051	1849	61448	846	709.4	17	54102	571	7363.1	17	1417	962.5	0
27	10.20	1111742	1891	62447	999	729.7	20.3	54782	680	7383.3	20.2	1679	962.9	0.4
28	8:30	1113647	1705	63281	834	746.6	16.9	55351	569	7400.2	16.9	1403	963.0	0.1
29		1115705	2058	64406	1125	769.6	23.0	56126	775	7423.6	23.4	1900	963.0	0
30	1105	1117847	2142	65533	1177	793.7	24.1	56932	806	7447.9	24.1	1983	963.0	0
31	1300	1119674	1827	66854	1271	818.2	24.5	57710	778	7471.3	23.4	2049	963.8	0.8
Total				32368	32,365			18971	18971			51336		
Average														
Maximum														
Minimum														

668

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 , 2006

A. Public Water System (PWS) Information

PWS Name: ~~GREATER GROVES WATER PLANT~~ (Lake Louisa) LAKE UTILITY SERVICES-INC.-NORTH		PWS Identification Number: 3354883-2
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: LAKE UTILITY SERVICES INC.		
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont / 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: ~~GREATER GROVES WATER PLANT~~ (LAKE LOUISA) WTP		Plant Telephone Number: 407-869-1919	
Plant Address: **9525 Lake Louisa Rd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **1,944,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Steve Pfouts	C	14204	Days-Sat
	James Carroll	C	8494	Days Mon.-Fri.
	William H. Coates	C	8333	Days Mon - Fri

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: 3354883-2 | Plant Name: ~~GREATER GROVES WATER PLANT~~ (Lake Louisa) WTP

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	1,631,000										1.4	
2	X	24	1,812,000										1.6	
3	X	24	2,214,000										1.5	
4	X	24	1,372,000										1.5	
5	X	24	1,746,000										1.7	
6	X	24	2,040,000										1.3	
7	X	24	1,651,000										1.3	
8	X	24	1,806,000										1.4	
9	X	24	1,756,000										1.2	
10	X	24	1,706,000										1.3	
11	X	24	1,243,000										1.0	
12	X	24	1,777,000										1.4	
13	X	24	1,973,000										1.7	
14	X	24	1,461,000										1.6	
15	X	24	2,178,000										1.5	
16	X	24	1,683,000										1.6	
17	X	24	1,547,000										1.5	
18	X	24	1,689,000										1.5	
19	X	24	1,440,000										1.3	
20	X	24	2,052,000										1.1	
21	X	24	1,397,000										1.0	
22	X	24	1,545,000										1.1	
23	X	24	2,108,000										1.1	
24	X	24	1,725,000										1.0	
25	X	24	1,134,000										1.2	
26	X	24	1,371,000										1.1	
27	X	24	2,252,000										1.0	
28	X	24	1,807,000										1.2	
29														
30														
31														
Total			48,116,000											
Average			1,718,429											
Maximum			2,252,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Louisa

MONTH/YEAR: Feb 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14					4,000	Clean Storage Tank
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

2,800 CC-17

6,800

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

WS # 3354881-2 Cl_2 Remote Address _____

April Year 2006 Electric Meter First _____ Last _____

P 2 M	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
0		9235.5		100/275													
0	0	9258.7	23.2	210	55			1.4	1.4	20.4	- -				1215	ES	
0	0	9282.4	23.7	850/775	65			2.0	1.6	17.8	105	—			1200	ES	
0	0	9310.1	27.7	690	79.75			2.0	1.5	25.5	105				1545	ES	
0	0	9328.0	17.9	850/640	49.3			2.0	1.5	24'	108				9:20	SP	
0	—	349.4	21.4	850/550	84			2.0	1.7	20'	103					JC	
0	—	377.1	27.7	850/480	67			1.9	1.3	17.8	105				1105	JC	
0	0	400.9	23.8	850/410	69			1.8	1.3	22.5	105				10.25	SP	
0	0	422.8	21.9	850/340	60			1.7	1.4	20.5	105				8:45	SP	
0	0	451.0	28.2	850/250	90			1.4	1.2	21.5	105				12:35	SP	
0	0	476.5	25.5	850/180	65			1.5	1.3	24'	105				14:05	SP	
0	0	494.7	18.2	790/180	52			1.9	1.0	20	104				0820	BC	
0	—	519.3	24.6	790/180	81			2.0	1.4	18.8	105						
0	—	545.5	26.2	610/180	85			2.0	1.7	16.1	105						
1	0 1	572.5	27.0	560	49			1.8	1.6	22.6	105				1480	ES	Clean storage tank
1	0	597.9	25.4	850/850	—			1.7	1.5	25	105				15:35	SP	
1	0	620.6	22.7	850/760	78			1.9	1.6	18	105				15:25	SP	
1	0	641.4	20.8	690	69.25			1.8	1.5	23.9	105				1100	ES	
1	0	665.8	24.4	620	65			2.0	1.5	15.5	105				11.30	SP	
1	—	685.1	19.3	550	62			2.0	1.3	14.2	105						
1	-	9715.7	30.6	460	79			1.4	1.1	25.1	105				1300	ES	
1	0.6	9737.2	21.5	410	48.5			1.4	1.0	20.9	105				1055	ES	
1	0	9758.3	21.1	350	52.25			1.4	1.1	15.6	105				0800	ES	
1	0	9783.8	25.6	260	72.5			1.4	1.1	14.0	105				0910	ES	
1	0	9810.1	26.3	190/870	63.0			1.3	1.0	25.2	105				1130	BS	
1	0	831.6	21.5	190/810	36			1.6	1.2	18	105				9:15	SP	
1	—	9:49.9	18.3	190/740	56			1.7	1.1	12	95						
1	0	880.7	30.8	190/611	123	3.5	3.5	1.5	1.0	19	105				1020	BC	
1	0	9905.2	24.5	560	69			1.4	1.2	22.7	104				1050	ES	

Operator _____
Operator _____
Operator _____
Operator _____

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700

Month Feb

Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs
Previous		1119674		66854		818.2		57710		471.3			963.8	
1	1145	1121593	1919	67845	991	837.3	19.1	58350	640	490.3	19	1631	963.9	0
2	1130	1123636	2043	68945	1100	858.6	21.3	59062	712	511.6	21.3	1812	963.9	0.1
3	1515	1125773	2117	70283	1338	884.8	26.2	59938	876	537.9	26.2	2214	963.9	Ø
4	9:05	1127061	1288	71128	845	900.5	15.7	60465	527	553.5	15.7	1372	963.9	Ø
5		1125759	1698	72146	1018	922.1	21.6	61193	728	575.1	21.6	1746	963.9	–
6	1035	1131125	2366	73382	1236	946.2	24.1	61997	804	599.2	24.1	2040	963.9	–
7	9:55	1132901	1776	74369	987	966.0	19.8	62661	664	619.0	19.8	1651	965.1	1.2
8	8:15	1134582	1681	75482	1113	987.6	21.6	63354	693	639.8	20.8	1806	965.1	Ø
9	12:05	1136816	2234	76481	999	007.8	20.2	64111	757	662.4	22.6	1756	965.1	Ø
10	13:35	1138922	2106	77356	875	028.1	20.3	64942	831	687.3	24.9	1706	965.1	Ø
11	0805	1140500	1578	78065	709	044.3	16.2	65476	534	703.4	16.1	1243	965.1	Ø
12	0854	1142618	2118	79052	987	067.8	23.5	66266	790	726.9	23.5	1727	965.1	–
13	1034	1144844	2626	80143	1091	94.0	26.2	67148	882	753.2	26.3	1973	965.1	–
14	1340	1146485	1644	80957	814	16113.5	19.5	67795	647	7772.6	19.4	1461	969.0	3.9
15	15:05	1149057	2569	82223	1266	141.9	28.4	68707	912	800.0	27.4	2178	969.0	Ø
16	14:55	1151263	2206	83192	969	163.5	21.6	69421	714	821.5	21.5	1683	979.0	10.0
17	1030	1153283	2020	84045	853	184.2	20.7	6970115	694	842.2	20.7	1547	999.0	20.0
18	11:05	1155566	2283	85047	1002	205.0	20.8	70802	687	863.0	20.8	1689	024.2	24.4
19	0624	1157559	1993	85842	795	224.4	19.4	71447	645	882.3	19.3	1440	043.5	19.3
20	1230	1160329	2770	86996	1154	251.4	27.0	72345	898	909.3	21.0	2052	7074.1	30.6
21	1025	1162292	1963	87810	814			72928	583			1397	7095.6	21.5
22	0:20	1164158	1866	88710	900	289.6		73573	645	7946.5		1545	7115.0	20.2
23	0840	1166696	2438	89876	1166	318.0	28.4	74515	942	7974.8	28.3	2108	7141.2	25.4
24	1100	1168944	2248	90851	975	340.7	22.7	75265	750	7997.5	22.7	1725	7146.7	5.5
25	9:00	1170737	1793	91484	633	355.8	15.1	75766	501	8012.6	15.1	1134	146.7	Ø
26	0330	1172265	1532	92242	758	374.2	18.4	76379	613	8031.0	18.4	1371	146.7	–
27	1000	1174673	2408	93489	1247	404.5	30.3	77384	1005	8061.3	30.3	2252	176.8	30.1
28	1020	1176575	1902	94510	1021	428.3	23.8	78170	786	8085.1	23.8	1807	179.5	2.7
29														
30														
31														
Total				27656				20460						
Average					48116							48116		
Maximum														
Minimum														

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH (GREATER GROVES) (Lake Louisa)**		PWS Identification Number: **3354883-2**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: LAKE UTILITY SERVICES INC.		
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont 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: **GREATER GROVES WATER PLANT (LAKE LOUISA)**		Plant Telephone Number: 407-869-1919	
Plant Address: **9525 Lake Louisa Rd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **1,944,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Steve Pfouts	C	14204	Days-Sat
	James Carroll	C	8494	Days Mon.-Fri.
	William H. Coates	C	8333	Days Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Charles G. Schwades	C-7368
	Printed or Typed Name	License Number

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

PWS Identification Number: **3354883-2** | Plant Name: **GREATER GROVES WATER PLANT (Lake Louisa)**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	1,815,000										1.2	
2	X	24	1,480,000										1.1	
3	X	24	1,425,000										1.2	
4	X	24	1,332,000										1.1	
5	X	24	1,744,000										1.0	
6	X	24	1,924,000										1.1	
7	X	24	1,760,000										1.2	
8	X	24	1,714,000										1.0	
9	X	24	1,486,000										1.3	
10	X	24	1,612,000										1.4	
11	X	24	1,749,000										1.4	
12	X	24	1,655,000										1.3	
13	X	24	1,799,000										1.3	
14	X	24	1,492,000										1.4	
15	X	24	1,598,000										1.4	
16	X	24	1,780,000										1.5	
17	X	24	1,735,000										1.5	
18	X	24	1,228,000										1.4	
19	X	24	1,583,000										1.3	
20	X	24	1,469,000										1.3	
21	X	24	1,270,000										1.1	
22	X	24	1,732,000										1.2	
23	X	24	1,189,000										1.4	
24	X	24	1,370,000										1.2	
25	X	24	1,690,000										1.4	
26	X	24	1,545,000										1.2	
27	X	24	1,704,000										1.3	
28	X	24	1,455,000										1.1	
29	X	24	1,515,000										1.2	
30	X	24	2,035,000										1.1	
31	X	24	1,231,000										1.5	
Total			49,116,000											
Average			1,584,387											
Maximum			2,035,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE LOUISA

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

44,640

LLD - Hydrant Flushing

Form Modified 1/30/04

File: Flushing & Water Loss Record

WS # 3354881-2 Cl_2 Remote Address _____

_____ Year 2006 Electric Meter First _____ Last _____

2 M	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
7		9905.2		560													
7		9930.8	25.6	475	70.25			1.4	1.2	17.4	105	–			1230	CS	
2	0.1	9954.9		704/625	58.5			1.4	1.1	23.5	105				1230	CS	
3	0	9977.7	22.8	580	65.5			1.4	1.2	24.3	105				1130	CS	
8	∅	10000.0	22.3	500	47			1.3	1.1	21'	102				9.40	SP	
8	–	10027.6	23.6	420	65			1.5	1.0	12'	105						
8	–	49.5	25.9	340	77			1.4	1.1	13.3	105				1040	AC	
6	0.0	73.4	23.9	280	60			1.4	1.2	17.3	105				1100	CS	
5	0	97.2	23.8	225	44.5			1.2	1.0	14.1	105				1050	CS	
2	0	120.3	23.1	85/190	51.50			1.6	1.3	14.2	105				1005	CS	
6	0	145.0	24.7	710	66			1.6	1.4	21.5	105				1030	CS	
6	0	166.8	21.8	630	80			1.7	1.4	13	104				0820	BC	
6	–	188.5	22.7	560	72			1.7	1.3	11.3	105						
6	–	214.6	25.1	490	62.5			1.5	1.3	20.4	105				0835	CS	
6	–	239.5	24.9	425	60.25			1.6	1.4	12.9	105				0920	CS	
5	0.9	268.1	28.6	360	57.50			1.6	1.4	23.2	103				1430	CS	
5	0	286.0	17.9	800	62.25			1.7	1.5	9.5	104				0745	CS	
5	0	310.2	24.2	710	68.75			1.7	1.5	19.2	104						
5	∅	335.3	25.1	650	44			1.7	1.4	16'	105				8:55	SP	
5	–	362.3	27.0	580	56			1.8	1.3	11.4	105					AC	
5	–	396.6	29.3	525	50.75			1.5	1.3	27.1	106				1230	CS	
1	0.9	413.1	26.5	460	53.75			1.4	1.1	26.3	104				1445	CS	
4	0	434.2	21.1	375	71.0			1.4	1.2	23	104				1130	CS	
4	0	454.1	19.9	325	38.5			1.6	1.4	17.1	104				0740	CS	
4	0	483.6	29.5	26 460				1.4	1.2	27.5	105				1315	CS	
4	∅	502.7	19.1	770	69			1.7	1.4	13.5	105				8.20	SP	
4	–	527.1	24.4	640	65			1.6	1.3	12.9	105				0810	AC	
4	0	549.9	22.8	620	65.5			1.5	1.3	17.1	105				0750	CS	
4	0	573.9	24.0	560	54.25			1.4	1.1	18.1	105				0745	CS	
6	27.4	591.6	17.7	490	54.50			1.4	1.2	22.9	104				1605	CS	
1	19.3	610.9	19.3	390	84.00			1.3	1.1	15.0'	107				1130	DSA	#A-7141 D.V
3	20.2	631.0	20.1	85/175	69.00			1.8	1.5	15.1	104				0730	CS	

Operator _____
Operator _____
Operator _____
Operator _____

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700

Month May

Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs
Previous		1176575		94510		4483		78170		8085.1			179.5	
1	1200	1178688	2113	95560	1050	452.5	24.2	78935	765	8108.2	23.1	1815	181.7	2.2
2	1200	1180902	2214	96400	840	472.2	19.7	79575	640	8127.9	19.7	1480	189.9	8.2
3	1100	1182982	1980	97195	795	491.5	19.3	80205	630	147.1	19.2	1425	189.9	0
4	925	1184778	1896	97955	760	508.9	17.4	80777	572	164.5	17.4	1332	189.9	0
5	0900	1187007	2229	98922	967	532.4	23.5	81554	777	184.0	23.5	1744	195.5	5.6
6	1008	1189524	2517	99991	1069	558.3	25.9	82409	855	213.9	25.9	1924	221.4	25.9
7	0930	1191554	2030	100990	999	581.6	23.3	83170	761	237.2	23.2	1760	245.3	23.9
8	1040	1193676	2122	102000	1010	604.1	22.5	83874	704	258.6	21.4	1714	254.0	8.7
9	0935	1195901	2225	102830	830	624.1	20.0	84530	656	278.6	20.0	1486	277.1	23.1
10	1000	1198037	2136	103732	902	646.0	21.9	85240	710	8300.4	21.8	1612	282.4	5.3
11	0800	1200048	2011	104770	1038	667.8	21.8	85951	711	322.2	21.8	1749	286.7	4.3
12	0615	1202380	2332	105695	925	690.1	22.3	86681	730	344.5	22.3	1655	309.3	22.6
13	0805	1204963	2583	106695	1000	714.5	24.4	87480	799	369.9	24.4	1799	334.5	25.2
14	0850	1207169	2206	107552	857	734.1	19.6	88115	635	3884	19.5	1492	359.4	24.9
15	1400	1209765	2616	108500	948	755.1	19.0	88765	650	408.4	19.0	1598	388.0	28.6
16	0715	1211698	1913	109509	1009	778.8	23.7	89536	771	432.1	23.7	1780	405.9	17.9
17	0800	1213901	2203	110500	991	801.4	22.6	90290	744	454.6	22.5	1735	430.1	24.2
18	8:40	1216110	2309	111218	718	817.3	15.9	90790	510	470.5	15.9	1228	441.6	11.5
19	1145	1218957	2847	112186	968	836.3	19.0	91405	615	489.4	18.9	1583	468.5	26.9
20	1200	1221377	2420	113043	857	855.2	18.9	92017	612	508.3	18.9	1469	492.8	24.3
21	1715	1223686	2309	113755	712	872.3	17.1	92575	558	525.4	17.1	1270	518.2	25.4
22	1100	1225762	2076	114777	1022	895.5	23.2	93285	710	547.4	22.0	1732	525.9	7.7
23	0710	1227844	2082	115485	708	910.2	14.7	93766	481	562.2	14.8	1189	545.8	19.9
24	1245	1230449	2605	116270	785	928.3	18.1	94351	585	580.3	18.1	1370	557.8	7.0
25	8:05	1232318	1869	117237	967	950.5	22.2	95074	723	602.4	22.1	1690	557.0	4.2
26	0515	1234481	2163	118122	885	970.8	20.3	95714	640	622.7	20.3	1545	581.4	24.4
27	0720	1237777	2846	119118	996	992.8	22.0	96442	728	6446	21.9	1704	604.2	22.8
28	0715	1239352	1579	119992	874	7010.7	17.9	97023	581	662.5	17.9	1455	618.2	14.0
29	1535	1242369	3013	120886	894	7030.1	19.4	97644	621	681.8	19.3	1515	630.9	2.7
30	1030	1244609	2240	122042	1156	7057.1	27.0	98523	879	708.8	27.0	2035	639.0	8.1
31	0700	1246530	1929	122751	709	7073.2	16.1	99045	522	724.9	16.1	1231	640.1	1.1
Total				28241				20,875				49,116.0		
Average												1584.387		
Maximum														
Minimum														

6/08

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH (GREATER GROVES) (Lake Louisa)**		PWS Identification Number: **3354883-2**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month: **18,126**	
PWS Owner: LAKE UTILITY SERVICES INC.		
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont	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: **GREATER GROVES WATER PLANT (LAKE LOUISA)**			Plant Telephone Number: 407-869-1919
Plant Address: **9525 Lake Louisa Rd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **1,944,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Steve Pfouts	C	14204	Days-Sat
	James Carroll	C	8494	Days Mon.-Fri.
	William H. Coates	C	8333	Days Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/3/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-2** | Plant Name: **GREATER GROVES WATER PLANT (Lake Louisa)**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	1,467,000										1.4	
2	X	24	1,571,000										1.1	
3	X	24	1,535,000										1.2	
4	X	24	1,722,000										1.3	
5	X	24	2034,000										1.2	
6	X	24	1,591,000										1.2	
7	X	24	1,757,000										1.1	
8	X	24	1,844,000										1.2	
9	X	24	2,037,000										1.2	
10	X	24	1,486,000										1.3	
11	X	24	1,759,000										1.5	
12	X	24	285,000										1.2	
13	X	24	1,793,000										1.4	
14	X	24	1,573,000										1.4	
15	X	24	1,592,000										1.4	
16	X	24	1,870,000										1.3	
17	X	24	1,568,000										1.3	
18	X	24	1,117,000										1.0	
19	X	24	1,630,000										1.4	
20	X	24	1,851,000										1.2	
21	X	24	1,799,000										1.3	
22	X	24	1,927,000										1.3	
23	X	24	1737,000										1.3	
24	X	24	1,658,000										1.4	
25	X	24	1,755,000										1.0	
26	X	24	1,819,000										1.1	
27	X	24	1,766,000										1.2	
28	X	24	1,838,000										1.2	
29	X	24	1,793,000										1.2	
30	X	24	1,675,000										1.1	
31														
Total			49,829,000											
Average			1,666,968											
Maximum			2,034,000											

05/08/2006 13:55 3522420565 LK GROVES PAGE 08/09

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Louise

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	ESTIMATED BROKEN TIME (HRS)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

CL 17 - 1GPM = 1440 X 30

43,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

NS # 3354881-2 Cl_2 Remote Address _____

_____ Year 2006 Electric Meter First _____ Last _____

2 M	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	H_2O From Grove	Comments
1,3		631.0		850/1115														
5	25.2	656.3	25.3	700	62			1.8	1.4	13'	104	E			8:35	SP	1069	
.9	23.4	679.7	23.4	620	63			1.8	1.1	11.2	105	C					1046	
.3	22.4	702.1	22.4	550	57			1.7	1.2	13.4	105	0			0730	W	925	
2	23.9	726.0	23.9	475	68.75			1.7	1.3	13.6	104	0			0730	CS	518	
.6	27.4	753.4	27.4	375	80.75			1.5	1.2	12.4	104	C			1040	CS	810	
.6	21.0	774.3	20.9	310	49.0			1.4	1.2	10.9	105	0			0745	CS	669	
2	23.6	798.0	23.7	225	69.75			1.3	1.1	16.7	104	C					620	
1.1	25.9	823.9	25.9	770	78			1.8	1.2	15	104	E			8:55	SP	1,070	
6	26.5	850.3	26.4	680	73			1.4	1.2	17.1	103	—				TC	656	
2	19.6	870.0	19.7	600	72.75			1.6	1.3	17.4	104	0			0730	CS	342	
6	24.4	895.5	5.5	525	70			1.6	1.5	19.4	104	0			0740	CS	302	
4	5.8	897.0	21.5	500	11.75			1.4	1.2	9.	105	0				CS	1796	
.2	6.0	900.2	3.2	790				1.7	1.4	14.6	105	C			0745	CS	425	
8		900.2	0	720	67			1.7	1.4	12.3	105	0	1445		0730	CS	879	
.3	23.5	900.2	Ø	650	64			1.6	1.4	14.5	104	0			8:50	SP	992	
.6	25.3	900.2	—	560	74			1.6	1.3	11.2	103	—				TC	1,029	
9	21.3	900.2	0	500	58.5			1.6	1.3	16.4	105				0730	CS	672	
0	24.1	900.2	0	460	40.0			1.1	1.0	26.6	105				0800	CS	1,229	
0	240	901.1	0.9	405	50			1.6	1.4	10.9	105				0800	CS	907	
6	27.6	901.1	0	325	68.75			1.4	1.2	11.4	105				1115	CS	1260	
7	23.1	901.1	0	250	64.75			1.5	1.3	14.9	105				0730	CS	255	
.5	22.8	901.1	0	170/950	75.5			1.4	1.3	16.0	105				9:05	SP	315	
.2	23.7	901.1	—	770	72.5			1.7	1.3	11.5	105					TC	349	
0	230	901.1	0	790	68.0			1.6	1.4	14.2	105				0750	CS	796	
9	27.8	902.0	0.9	650	50			1.3	1.0	18.7	105				1135	CS	925	
5	9.7	902.0	0	550	93.5			1.4	1.1	12.1	105				1100	CS	523	
4	23.9	902.0	0	800	50			1.5	1.2	13.0	105				1400	CS	783	
7	20.3	902.0	0	725	72.25			1.5	1.2	14.3	105				0730	CS	204	
8	12.1	902.0	Ø	650	68			1.5	1.2	14'	105				8:45	LP	660	
0	13.2	902.0	—	580	61			1.5	1.1	9.6	104					TC	722	
																	23,260,000	

Operator _____
Operator _____
Operator _____
Operator _____

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700

Month Apr

	Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs
	Previous		1246538		122751		7073.2		99045		724.9			640.1	
	1	8:20	1249074	2536	123619	868	7091.8	18.6	99644	599	743.4	18.5	1467	640.1	
	2	0850	1251691	2617	124564	945	7111.2	19.4	100270	626	8762.7	19.3	1521	640.1	
	3	0700	1254051	2360	125466	902	7130.8	19.6	100903	633	782.4	19.7	1535	640.1	–
	4	0720	1256291	2240	126452	986	7153.5	22.7	101639	736	805.0	22.6	1722	640.1	–
*	5	1010	1259135	2844	127711	1259	7178.8	25.3	102414	775	1829.2	25.2	2034	640.1	–
	6	0715	1261415	2280	128663	952	7198.7	20.1	103053	639	849.0	19.8	1591	641.0	0.9
	7	0705	1263792	2377	129688	1025			103785	732			1757	641.0	0
	8	8:40	1266706	2914	130791	1103	7244.5		104526	741	8948		1844	641.0	
*	9	1145	1269359	2653	132042	1231	7269.5	27.0	105332	806	8919.7	24.9	2037	649.1	8.1
	10	0700	1271257	1898	132840	818	289.3	19.8	105980	648	9395	19.8	1466	649.3	0.2
	11	0710	1273312	2061	133845	1005	312.8	23.5	106734	754	9630	23.5	1759	649.3	0
	12		1275393	2081	134011	166	316.4	3.6	108853	119	966.6	3.6	285	655.1	5.8
	13	0715	1277611	2218	135100	1089			107557	704			1793	677.9	12.8
	14	0700	1280063	2452	135985	885	359.7		108245	688	9009.8		1573	701.5	
	15	8:35	1282647	2584	136968	983	378.6	18.9	108854	609	9028.7	18.9	1592	727.0	25.5
*	16	1000	1285516	2869	139887	1119	402.0	23.4	109605	751	9052.1	23.4	1870	752.2	25.2
	17	0700	1287780	2240	138962	875	423.4	21.4	110298	693	9073.5	21.4	1568	773.6	21.4
	18	0730	1290126	2346	139685	723	435.8	12.4	110692	394	9085.7	12.2	1117	799.0	24.4
	19	0730	1292663	2537	140768	1083	453.7	17.9	111239	547	9103.0	17.3	1630	822.0	34.0
*	20	1045	1295774	3111	141892	1124	476.2	22.5	111766	727	9125.4	22.4	1851	849.5	27.5
	21	0700	1297828	2054	142944	1052	499.7	23.5	112713	747	9148.9	23.5	1799	869.7	20.2
	22	8:50	1300104	2276	144065	1121	524.5	24.8	113519	806	9173.7	24.8	1927	895.4	25.7
	23	0850	1302627	2523	145062	997	547.5	23.0	114253	740	9196.7	23.0	1737	919.2	23.8
	24	0720	1305014	2387	146017	955	569.4	21.9	114962	709	9218.6	21.9	1658	942.0	22.8
*	25	1105	1307644	2630	147022	1005	592.9	23.4	115712	750	9241.9	23.3	1755	969.8	27.8
	26	1030	1309986	2342	148137	1115	615.9	23.1	116416	704	9263.9	22.0	1819	993.3	23.5
	27	1000	1312535	2549	149129	992	640.0	24.1	117190	774	9288.0	24.1	1766	1017.2	23.9
	28	0700	1314577	2042	150255	1126	662.3	22.3	117902	712	9310.3	22.3	1838	1037.6	20.4
*	29	8:30	1317030	2453	151378	1123	683.5	21.2	118572	670	9331.3	21.0	1793	1062.8	25.2
	30	0735	1319627	2597	152327	949	706.2	22.7	119298	726	9354.0	22.7	1675	1086.0	23.2
	31														
	Total			73099	29576	29516				20253	2053		49929		
	Average									675.1			1664.3		
	Maximum												2034		
	Minimum												285		

* Hour 24hr period

663

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

over permitted capacity (1 day)

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH (GREATER GROVES) (Lake Louisa)**		PWS Identification Number: **3354883-2**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: LAKE UTILITY SERVICES INC.		
Contact Person: Patrick Flynn	Contact Person's Title: REGIONAL DIRECTOR	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Clermont 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: **GREATER GROVES WATER PLANT (LAKE LOUISA)**			Plant Telephone Number: 407-869-1919
Plant Address: **9525 Lake Louisa Rd.**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: **1,944,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Days Mon-Fri
Other Operators:	Daniel S. Anderson	A	7141	Days-Sat
	Steve Pfouts	C	14204	Days-Sat
	James Carroll	C	8494	Days Mon.-Fri
	William H. Coates	C	8333	Days Mon - Fri

II. Certification by Lead/Chief Operator

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

6-5-06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **3354883-2** | Plant Name: **GREATER GROVES WATER PLANT (Lake Louisa)**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	1,707,000										1.1	
2	X	24	1,779,000										1.1	
3	X	24	1,871,000										1.0	
4	X	24	1,746,000										1.0	
5	X	24	1,858,000										1.0	
6	X	24	1,989,000										1.2	
7	X	24	1,713,000										1.4	
8	X	24	1,661,000										1.3	
9	X	24	1,816,000										1.2	
10	X	24	1,572,000										1.2	
11	X	24	1,696,000										1.3	
12	X	24	1,693,000										1.3	
13	X	24	1,821,000										1.2	
14	X	24	1,600,000										1.0	
15	X	24	1,883,000										1.0	
16	X	24	1,484,000										0.9	
17	X	24	1,409,000										1.1	
18	X	24	1,699,000										1.0	
19	X	24	1,788,000										1.0	
20	X	24	1,777,000										1.0	
21	X	24	1,578,000										1.0	
22	X	24	1,701,000										1.0	
23	X	24	1,808,000										1.0	
24	X	24	1,786,000										1.0	
25	X	24	1,793,000										1.2	
26	X	24	1,723,000										1.4	
27	X	24	1,796,000										1.2	
28	X	24	1,670,000										1.6	
29	X	24	1,674,000										1.0	
30	X	24	1,586,000										1.2	
31	X	24	1,829,000										1.0	
Total			53,506,000											
Average			1,726,000											
Maximum			1,989,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE LOUISA

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
		5		1 Gal/min	1440	CL17
1		5			1440	
2		5			1440	
3		5			1440	
4		5			1440	
5		5			1440	
6		5			1440	
7		5			1440	
8		5			1440	
9		5			1440	
10		5			1440	
11		5			1440	
12		5			1440	
13		5			1440	
14		5			1440	
15		5			1440	
16		5			1440	
17		5			1440	
18		5			1440	
19		5			1440	
20		5			1440	
21		5			1440	
22		5			1440	
23		5			1440	
24		5			1440	
25		5			1440	
26		5			1440	
27		5			1440	
28		5			1440	
29		5			1440	
30		5			1440	
31		5			1440	

TOTAL 44,640

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

NS # 3354881-2 Cl_2 Remote Address _____

_____ Year _____ Electric Meter First _____ Last _____

2 M	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
.0		902.0		580													
24	23.4	902.0	0	500	73			1.4	1.1	13.5	105	—			0715	CB	
6	24.2	902.0	0	440	60			1.4	1.1	13.6	105				0745	CB	
3	24.1	902.9	0.9	325	60.25			1.3	1.0	12.6	104				0730	CB	
3	25.6	902.9	0	290	73			1.2	1.0	8.5	105				0900	CB	
5	22.2	902.9	0	225	58			1.2	1.0	14.3	105				0730	CB	
9	26.4	902.9	0	~~330~~ 270	72			1.7	1.2	7.8	105				9:20	SP	
7	22.8	902.9	—	~~610~~ 520				1.7	1.4	5.1	105					AC	
6	23.1	902.9	—	605	76.5			1.6	1.3	9.6	105				0730	CB	
4	23.6	902.9	—	540	69.5			1.5	1.2	17.2	105				0700	CB	
0	7.6	903.1	0.2	480	53.25			1.5	1.2	10.8	104				7:30	SP	
0	13.0	903.1	0	390	78.75			1.5	1.3	12.4	104				1030	CB	
9	2.9	903.1	0	725	62.25			1.5	1.3	20.6	104				0730	CB	
6	5.7	903.1	0	650	69			1.3	1.2	13'	104				9:15	SP	
2	22.6	903.1	—	590	53			1.2	1.0	12.4	105					AC	
7	27.5	903.1	0	525	62.50			1.2	1.0	12.0	105				1120	CB	
1	3.4	903.1	0	475	50.0			1.1	0.9	19.3	100				0730	CB	
6	1.5	903.4	.3	425	49			1.4	1.1	18.8	105				1030	CB	SP
4	3.8	903.4	0	360	57.75			1.2	1.0	13.0	105				0730	CB	
6	18.2	903.4	0	305	52.0			1.1	1.0	19.4	105	—			0730	CB	
6	9.0	903.4	0	~~350~~ 250	47			1.0	1.0	12	105				9:05	SP	
2	22.6	903.4	—	~~350~~ 300	45			1.3	1.0	9.6	105				0734	AC	
8	23.6	903.4	0	225	67.5			1.3	1.0	11.0	105				0730	CB	
9	28.1	904.7	1.3	650	~~125~~	75		1.2	1.0	13.0	108				11:30	SP	
0	20.1	905.3	0.6	580	65.5			1.2	1.0	9.9	104				0730	CB	
5	10.5	905.3	0	~~650~~ 710	45.75			1.4	1.2	12.0	105				0735	JMW	
6	24.1	905.3	0	710	77.5			1.9	1.4	15.1	100				0740	JMW	
7	26.1	920.8	15.5	650	54			1.3	1.2	14	105				9:05	SP	
2	24.7	945.3	24.5	570	72			2.0	1.6	4.9	103					AC	
3	23.1	968.4	23.1	440	80			1.2	1.0	12.8	105				0701	AC	
3	22.0	990.4	22	435	55			1.4	1.2	13.4	107				0725	JMW	
9	24.6	1015.0	24.6	355	76			1.2	1.0	7.9	102				0750	JMW	

Operator _____
Operator _____
Operator _____
Operator _____

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700

Month _____

Date	Time	POE MTR READ (1348627)	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs
Previous		1322144		152327		706.2		119298		364.0			086.0	
1	0645	1322141	2574	153282	955	729.6	23.4	120050	752	377.4	23.4	1707	109.4	23.4
2	0715	1324556	2415	154309	1027	753.1	23.5	120802	752	400.9	23.5	1779	133.6	24.2
3	0700	1327181	2625	155584	1275	773.2	20.1	121398	596	419.7	18.8	1871	157.7	24.1
4	0830	1330204	3023	156560	976	797.2	24.0	122168	770	443.7	24.0	1746	183.3	25.6
5	0700	1332597	2393	157684	1124	820.3	23.1	122902	734	466.8	23.1	1858	205.5	22.2
6	0905	1335523	2926	158947	1263	843.3	23.0	123628	726	489.6	22.8	1989	231.8	26.3
7	0820	1338343	2870	159932	985	866.0	22.7	124356	728	512.4	22.8	1713	254.7	22.9
8	0700	1341204	2811	160862	930	889.0	23	125087	731	535.3	22.9	1661	277.8	23.1
9	0700	1343534	2330	161982	1126	910.8	21.8	125777	690	557.0	21.7	1816	301.4	23.6
10	7:00	1345826	2292	163000	1012	929.0	18.2	126337	560	574.7	17.7	1572	325.8	24.4
11	1000	1348624	2798	163958	958	952.2	23.2	127075	738	597.9	23.2	1696	352.5	26.7
12	0700	1350301	1677	164992	1034	973.2	21.0	127734	659	618.8	20.9	1693	373.6	21.1
13	9.00	1352618	2317	166048	1056	997.2	24.0	128499	765	642.7	23.9	1821	399.2	25.6
14	0727	1355146	2528	166962	914	1019.0	21.8	129185	686	664.4	21.7	1600	421.8	22.6
15	1050	1357983	2837	168061	1099	1043.8	24.8	129969	784	689.2	24.8	1883	449.3	27.5
16	0700	1359714	1731	168984	923	1061.7	17.9	130530	561	707.0	17.8	1484	469.3	20.0
17	1000	1361707	1993	169869	885			131054	524			1409	495.5	26.2
18	0700	1363759	2052	170826	957	1102.6		131796	742	746.8		1699	517.4	21.9
19	0700	1366110	2351	171965	1139	1122.0	19.4	132421	626	766.1		1788	541.6	24.2
20	8:50	1368662	2552	173141	1153	1141.8	19.8	133046	624	786.2		1777	567.2	25.6
21	0825	1371257	2589	174043	902	1163.2	21.4	133722	676	807.6	21.4	1578	589.7	22.5
22	0700	1373854	2603	175003	960	1186.6	23.4	134463	741	831.0	23.4	1701	613.3	23.6
23	1:00	1376665	2811	176104	1101	1209.1	22.5	135170	707	853.5	22.5	1808	641.5	28.2
24	0700	1379798	2133	177193	1079			135877	707			1786	661.6	20.1
25	0705	1381267	2469	178290	1107	1254.9		136563	686	878.0		1793	685.4	23.8
26	0710	1383850	2583	179265	975	1278.3	23.4	137311	748	921.5	23.5	1723	709.5	24.1
27	0850	1386760	2610	180431	1166			137941	630			1796	720.0	10.5
28	0940	1389378	2618	181476	1045	1323.3		138566	625	961.4		1670	720.0	—
29	0750	1392196	2582	182417	941	1346.5	23.2	139299	733	984.7	23.3	1674	720.0	
30	0655	1394933	2467	183344	927	1367.7	21.2	139958	659	1006.8	21.1	1586	720.0	—
31	0730	1397733	2800	184523	1179	1389.6	21.9	140608	650	1026.6	20.7	1829	721.0	1.0
Total				32196	32196			21,310	21,310					
Average			1125											
Maximum				53,505										
Minimum														

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (GREATER GROVES) LAKE LOUISA		PWS Identification Number:	3354883-2
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	5,088	Total Population Served at End of Month:	17,808	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES	Plant Telephone Number:		
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA	Zip Code: 34711
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number:	3354883-2	Plant Name:	GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,743,000										1.1	
2	X	24	1,806,000										1.0	
3	X	24	2,171,000										1.2	
4	X	24	1,394,000										1.3	
5	X	24	1,666,000										1.2	
6	X	24	1,685,000										1.1	
7	X	24	1,789,000										1.1	
8	X	24	1,731,000										1.3	
9	X	24	1,960,000										1.3	
10	X	24	1,929,000										1.3	
11	X	24	1,501,000										1.1	
12	X	24	1,344,000										1.0	
13	X	24	1,357,000										1.0	
14	X	24	1,608,000										0.8	
15	X	24	1,689,000										0.8	
16	X	24	1,800,000										1.0	
17	X	24	1,556,000										1.0	
18	X	24	1,739,000										0.8	
19	X	24	1,620,000										1.0	
20	X	24	1,609,000										1.0	
21	X	24	1,751,000										1.1	
22	X	24	1,824,000										1.1	
23	X	24	1,877,000										1.1	
24	X	24	1,648,000										0.8	
25	X	24	1,681,000										0.5	
26	X	24	1,404,000										0.7	
27	X	24	1,392,000										0.7	
28	X	24	1,654,000										0.6	
29	X	24	1,444,000										0.8	
30	X	24	1,748,000										1.0	
31													0.0	
Total			50,120,000											
Average			1,670,667											
Maximum			2,171,000											

WATER LOSS RECORD

Lake Louisa WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Louisa WTP							43,200
								Total 43,200

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

JUNE 2006

Operator Domenic Gentilucci C12562 | Lake Louisa WTP | CUP # 2700

Operator _____

Operator _____ | 9525 Lake Louisa Rd. | Month 3

Operator _____

Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs
Previous		1397133				389.6				26.6			721.0	
1	0650	1399750	2172	185641	1079	412.7	23.5	141332	664	50.0	21.0	1743	721.0	Ø
2	0650	1401922	2508	186720	1196	436.2	17.3	141996	610	71.0	19.2	1806	721.0	Ø
3	8:05	1404430	3254	187916	1376	453.5	20.3	142606	795	090.2	18.6	2171	721.0	—
4	1127	1407684	1940	189292	818	473.8	23.7	143401	576	108.8	25.2	1394	721.0	Ø
5	0655	1409624	2103	190110	1056	497.5	19.4	143977	610	134.1	19.2	1666	721.0	Ø
6	0645	1411727	2444	191166	1095	516.9	19.5	144587	590	153.3	18.8	1685	721.0	0.7
7	0700	1414171	2765	192261	1080	536.4	22.6	145177	709	172.1	22.5	1789	721.7	0
8	0700	1416936	2642	193341	1004	559.0	23.2	145886	727	194.6	23.2	1731	721.7	Ø
9	0650	1419578	2942	194345	1223	582.2	23.6	146613	737	217.8	23.5	1960	721.7	Ø
10	8:50	1422520	2939	195568	1210	605.8	22.9	147350	719	241.3	22.9	1929	721.7	0
11	0840	1425459	2126	196778	878	628.7	20.0	148069	623	264.2	20.0	1501	721.7	Ø
12	0655	1427585	1614	197656	871	648.7	15.2	148612	473	284.2	15.0	1344	721.7	Ø
13	0655	1429199	1904	198527	895	663.9	16.7	149165	472	299.2	15.2	1357	721.7	Ø
14	0725	1431103	2129	199462	1014	680.6	17.9	149637	594	314.4	18.7	1608	721.7	Ø
15	0655	1433232	2299	200426	1065	698.5	20.0	150231	624	333.1	19.9	1687	721.7	0.1
16	0700	1435531	2430	201491	1139	718.5	21.1	150855	661	353.0	20.9	1800	721.8	Ø
17	8:50	1437961	2376	202630	948	739.6	19.3	151516	608	373.9	19.2	1556	721.8	Ø
18	0608	1440337	2514	203578	980	758.9	24.0	152124	759	393.1	24.0	1739	721.8	—
19	0655	1442851	2026	204558	989	782.9	20.1	152883	631	417.1	20.0	1620	721.8	—
20	0630	1444877	2235	205547	1053	803.0	18.3	153514	586	437.1	17.6	1609	721.8	—
21	0630	1447112	2663	206600	1070	821.3	21.8	154070	681	454.7	21.6	1751	721.8	—
22	0630	1449775	2540	207670	1106	843.1	22.7	154751	718	476.3	22.7	1824	721.8	—
23	0630	1452315	2802	208776	1159	865.8	22.9	155469	718	499.0	22.8	1877	721.8	—
24	8:55	1455117	1979	209935	972	888.7	21.4	156187	676	521.8	21.3	1648	721.8	—
25	0745	1457096	1892	210907	974	910.1	22.4	156863	707	543.1	22.4	1681	721.8	0.1
26	0655	1458988	1604	211881	939	932.5	15.0	157570	465	565.5	14.9	1404	721.9	15.0
27	0635	1460592	1766	212820	897	947.5	16.3	158035	495	580.4	15.6	1392	736.9	5.7
28	0700	1462358	1941	213717	993	189638	20.9	158530	661	596.0	20.9	1654	742.6	—
29	0645	1464299	2032	214710	1012	189847	14.1	159191	432	616.9	13.7	1444	742.6	—
30	0600	1466331	2244	215722	1114	190858	20.7	159623	634	630.6	22.1	1748	742.6	27.7
/				216836				160257						
Total				31,195				13,925						
Average					50120									
Maximum					670,688									
Minimum														

LAKE LOUISA
JUNE 2006

WS # 3354881-2 **Cl_2 Remote Address** _____

_____ **Year** 2006 **Electric Meter First** _____ **Last** _____

P 2 'M	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
.9		1015.0		355													
1.4	24.1	1038.5	6.4	290	67.0			1.1	1.1	11.7	105				0715	DW	
.5	25.2	1044.9	4.4	220/850	42			1.1	1.0	18.7	101				0720	DW	
2.7	27.6	049.3	27.6	800	88			1.5	1.2	14'	104				8:20	SP	
6.3	19.3	76.9	19.3	700	50			1.6	1.3	14.7	105					JC	
3.6	23.6	96.2	6.5	1050	50			1.4	1.2	15.6	105				0720	DW	
7.2	24.6	102.7	9.1	590	53.25			1.3	1.1	20.2	103				0710	DW	
.8	23.8	111.8	23.8	525	66.0			1.3	1.1	11.6	104				0735	EJ	SAMPLED DIST FACILITY
5.6	23.5	135.6	23.5	775	80			1.5	1.3	8.2	104				0730	EJ	
7.1	26.0	159.1	26.0	695	82			1.5	1.3	13.4	105				0715	DW	
5.1	24.1	185.1	24.1	610	61			1.5	1.3	2.4	105				9:05	SP	
9.2	21.7	209.2	21.7	540	42			1.4	1.1	13.5	105					JC	
2.9	24.1	2339	3.9	498	58			1.2	1.0	16.8	105				0650	DW	
5.0	24.8	234.8	2.8	440	36			1.1	1.0	24.7	106				0650	DW	
3.8	23.2	257.6	8.0	400	92			1.1	0.8	17.1	106				0745	DW	
3.0	24.8	282.4	6.4	300	43			1.0	0.8	17.1	105				0650	DW	
7.8	25.7	252.0	5.3	250/850	66			1.0	1.0	19.2	102				0735	DW	
3.5	21.1	257.3	21.0	770	64			1.3	1.0	11.5	105				9:05	SP	
4.6	24.2	278.3	24.4	700	80			1.3	0.8	6.0	101						
8.9	24.1	302.7	6.4	625	70			1.2	1.0	16.1	105				0650	DW	
3.0	23.9	309.1	6.6	555	57			1.2	1.0	19.2	102				0650	DW	
6.9	24.0	315.7	24.0	495/850	59			1.5	1.1	13.8	105				0650	DW	
0.9	24.2	339.7	24.2	735	77.25			1.10	1.1	11.8	105				0650	DW	
5.1	26.4	3639	26.4	655	58			1.5	1.1	14.8	104				0655	DW	
1.5	27.8	390.3	6.7	590	60			1.1	0.8	8.5	104				9:00	SP	
4.3	27.7	392.0	15.2	530	55			1.0	0.5	18.8	100					JC	
2.0	0.1	412.2	8.2	475	30			0.9	0.7	21.9	102				0715	DW	
2.1	2.6	421.0	11.0	445	50			0.8	0.7	25.2	105				0705	DW	
1.7	—	439.0	23.3	395	59			2.6	0.6	23.6	103				0730	DS	
4.7	—	461.3	23.7	335	45			1.0	0.8	20.2	99				0640	DW	
4.7	—	485.0	0.2	290/350				1.3	1.0	27.4	100					DW	

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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: JULY , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (GREATER GROVES) LAKE LOUISA			PWS Identification Number:	3354883-2
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES		Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

PWS Identification Number: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month Year of: JULY , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,525,000										1.0	
2	X	24	1,530,000										1.1	
3	X	24	1,473,000										1.0	
4	X	24	1,366,000										0.8	
5	X	24	1,600,000										1.0	
6	X	24	1,639,000										1.2	
7	X	24	1,672,000										1.0	
8	X	24	1,463,000										1.1	
9	X	24	1,776,000										0.7	
10	X	24	1,527,000										0.8	
11	X	24	1,469,000										1.0	
12	X	24	1,501,000										0.9	
13	X	24	1,519,000										0.8	
14	X	24	1,744,000										0.7	
15	X	24	1,497,000										0.7	
16	X	24	1,760,000										1.0	
17	X	24	1,566,000										1.0	
18	X	24	1,434,000										0.7	
19	X	24	1,594,000										0.7	
20	X	24	1,671,000										1.0	
21	X	24	1,923,000										1.0	
22	X	24	1,805,000										1.2	
23	X	24	1,398,000										1.0	
24	X	24	1,559,000										1.0	
25	X	24	1,444,000										0.9	
26	X	24	1,657,000										1.0	
27	X	24	1,652,000										1.0	
28	X	24	2,133,000										0.8	
29	X	24	1,311,000										1.1	
30	X	24	1,555,000										1.0	
31	X	24	1,183,000										1.0	
Total			48,946,000											
Average			1,578,903											
Maximum			2,133,000											

WATER LOSS RECORD

Lake Louisa WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
							1440	
							1440	
							1440	
							1440	
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							1440	
							1440	
							1440	
7/27/06	Spring Valley						1440	
							1440	Total 44,640
							1440	

1

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

Operator D. Gentilucci C12562

Operator

Operator

Operator

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700 /

Month July

Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs	HS E
Previous															
1	9:30	1468575	1929	216836	1366	019.0	5.3	160257	159	650.7	4.9	1525	769.8	23.0	72
2	0825	1470504	2003	218802	1227	24.3	26.5	160416	303	655.6	9.8	1530	792.8	23.2	72
3	0700	1472507	1962	219429	1076	50.8	17.3	160719	347	665.4	12.8	1473	816.0	24.0	72
4	0737	1474469	1886	220505	987	64.1	13.3	161116	379	678.2	12.4	13666	840.0	22.7	72
5	0630	1476355	2136	221492	998	77.4	19.3	161495	612	690.6	19.2	1600	862.7	24.3	73
6	0630	1478491	1958	222480	965	96.7	21.2	162107	674	709.8	21.1	1639	887.0	23.5	72
7	0620	1480449	1888	223445	1056	117.9	19.9	162781	616	730.9	19.2	1672	910.5	26.8	72
8	9:00	1482337	1185	224501	943	137.8	16.3	163397	520	750.1	16.0	1463	937.3	22.6	72
9	0727	1484222	2021	225444	1010	154.1	22.3	163917	766	766.1	22.3	1776	959.4	23.2	7
10	0645	1486243	1829	226454	960	176.4	19.8	164683	567	788.4	19.7	1527	983.1	23.6	73
11	0630	1488072	1820	227414	910	196.2	18.0	165250	559	808.1	17.6	1469	1000.7	24.8	73
12	0700	1489892	1969	228324	903	214.2	19.0	165809	598	825.7	18.7	1501	31.5	—	73
13	0628	1491861	2081	229227	992	233.2	16.7	166407	527	844.4	16.5	1519	31.5	—	73
14	0635	1493942	2313	230219	1067	249.9	21.3	166934	677	860.9	21.1	1744	31.5	—	73
15	7:00	1496255	1424	231286	834	271.2	20.5	167611	663	882.0	20.7	1497	31.5	—	73
16	0540	1498779	2368	232420	988	291.7	24.5	168274	772	902.7	24.2	1760	31.5	—	7
17	0635	1500547	1752	233108	974	316.2	18.8	168946	592	926.9	18.7	1566	31.5	—	73
18	0610	1502299	1887	234082	889	335.0	17.2	169638	545	945.6	18.4	1434	31.5	—	73
19	0635	1504186	2199	234971	964	352.2	20.2	170183	630	964.0	18.5	1594	31.5	—	73
20	0625	1506385	2088	235935	987	372.4	21.7	170813	684	985.5	21.6	1671	31.5		7
21	0620	1508473	2379	236922	1133	394.1	25.1	171497	790	1004.1	25.0	1923	55.1	28.3	7
22	1015	1510852	2238	238055	1220	419.2	18.5	172287	585	029.1	18.1	1805	83.4	27.8	7
23	1020	1513090	1643	239275	830	437.7	18.2	172872	568	47.2	18.3	1398	107.2	20.3	7
24	0630	1514733	1622	240105	1027	455.9	17.7	173440	532	65.5	17.1	1559	127.5	24.3	73
25	0700	1516355	1869	241132	878	473.3	18.1	173972	566	82.6	17.7	1444	151.8	24.0	73
26	0700	1518224	2085	242010	982	491.4	21.3	174538	675	100.3	21.2	1657	175.8	23.8	7
27	0640	1520309	1829	242992	991	512.7	21.1	175213	661	121.5	21.0	1652	199.6	24.2	7
28	0655	1522138	2446	243983	1300	533.8	26.4	175874	833	142.5	26.2	2133	223.8	30.9	7
29	1330	1524584	1737	245283	924	560.2	10.1	176707	587	168.7	12.4	1311	254.7	17.9	7
30	0745	1526321	2050	246207	1121	570.3	16.7	177094	434	181.1	13.9	1555	272.6	23.0	7
31	0700	1528371	1744	247328	874	587.0	10.4	177528	309	195.0	9.9	1183	295.6	23.5	7
Total			48946		31366				17271						
Average									17580						
Maximum															
Minimum															
134		1530115		248202		597.4		177837		204.9			319.1		7

S # 3354881-2 Cl_2 Remote Address _____

_____ Year 2006 Electric Meter First _____ Last _____

	hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
	–	485.2	–	800	50			1.4	1.0	18'	102					SP	
	–	485.2	–	750	30			1.7	1.1	24.3	105					JC	
	–	485.2	–	720	40			1.5	1.0	27.3	104					JC	
	–	485.2	–	680	37			1.3	0.8	26.4	103					JC	
	0	485.2	0	640	50			1.4	1.0	26.5	100					DW	
	–	485.2	–	790	77			1.5	1.2	15.6	105						
	ø	485.2	ø	710	60			1.4	1.0	18.6	101					DW	
	–	485.2	–	650	53			1.4	1.1	23'	105					SP	
	–	485.2	–	590	6825			1.3	0.7	18.6	100					JC	
	–	485.2	–	510	55			1.4	0.8	18.6	100					DW	
	–	485.2	–	455	45			1.5	1.0	20.4	100					DW	
	–	485.2	23.7	410	48			1.0	0.9	21.2	100					DW	
	–	508.5	24.0	360	55			1.0	0.8	19.7	103					DW	
	–	532.5	26.5	305	40			1.1	0.7	22.0	100					DW	
	–	559.0	20.7	265/850	65			1.0	0.7	18'	103					SP	
	–	579.7	25	260/780	7775			1.4	1.0	15.5	80					JC	
	–	6047	23.5	698	48			1.4	1.0	17.6	100					DW	
	–	6283		650	57			1.1	0.7	26.6	105					DW	
	–	6526		590	67			1.2	0.7	19.3	99					DW	
	–	6760		515/780	77			1.5	1.0	16.5	89					DW	
	ø	6767	ø	700		Cl2 conv?		1.5	1.0	16.7	100					DW	
	–	676.7	–	615	66			1.8	1.2	19.4	105				1045	DSA	A-7141 on
	–	676.7	–	540	50			1.7	1.0	22.6	106					JC	
	–	676.7	–	490	60			1.6	1.0	27.4	105					DW	
	–	676.7	–	430	36			1.2	0.9	25.6	104					DW	
	–	676.7	–	390	835			1.1	1.0	18.4	94					DW	
	–	676.7	–	300	53			1.1	1.0	15.5	92					DW	
	0.1	676.7	ø	240/850	83			1.0	0.8	22.9	104					DW	
	0.1	676.7	–	240/765	38.4			1.6	1.1	26.5	105					DSA	A-7141 on 1400
	–	676.7	–	240/720	49			1.8	1.0	25.4	103					JC	
		676.7	–	670	35			1.6	1.0	26.8	95					DW	

676.7

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (LAKE LOUISA)		PWS Identification Number:	3354883-2	
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175		
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code:	32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE LOUISA	Plant Telephone Number:			
Plant Address:	9525 Lake Louisa Rd.	City: CLERMONT	State: FLORIDA	Zip Code:	34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06	Steve Pfouts	C-14204
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: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,559,000										0.8	
2	X	24	1,866,000										1.0	
3	X	24	1,607,000										0.5	
4	X	24	1,957,000										1.1	
5	X	24	1,372,000										1.4	
6	X	24	1,115,000										1.0	
7	X	24	1,119,000										1.1	
8	X	24	1,564,000										1.3	
9	X	24	1,515,000										1.0	
10	X	24	1,662,000										1.0	
11	X	24	1,768,000										1.1	
12	X	24	1,673,000										1.2	
13	X	24	1,612,000										1.0	
14	X	24	1,457,000										1.0	
15	X	24	1,368,000										0.8	
16	X	24	1,722,000										0.9	
17	X	24	1,678,000										0.9	
18	X	24	1,617,000										1.0	
19	X	24	1,827,000										1.1	
20	X	24	1,385,000										1.0	
21	X	24	1,441,000										1.1	
22	X	24	1,518,000										0.8	
23	X	24	1,637,000										0.9	
24	X	24	1,695,000										0.8	
25	X	24	1,748,000										0.8	
26	X	24	1,873,000										1.0	
27	X	24	1,448,000										1.0	
28	X	24	1,457,000										0.8	
29	X	24	1,492,000										0.7	
30	X	24	1,662,000										1.0	
31	X	24	1,759,000										1.0	
Total			49,173,000											
Average			1,586,226											
Maximum			1,957,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/21/06 1545

Analysis Date & Time: 8/21/06 16:30

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

System Name Lake Utility System Inc. North
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
System or Owner's Phone # 407-869-1919
Collector Domenic Gentilucci

PWS I.D # 3364883
Fax # 352-242-0565
Collector's Phone # 407-948-9838

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/21/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count** (MF)

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
						Total Coliform: ☐ SM 9222B-MF or ☐ COLITAG Fecal or E. coli ☐ SM 9221E-MF or ☐ COLITAG				
N1	Vistas Well # 2	0655AM	R			8652	0	A		
N2	Lake Louisa Well # 1	0705AM	R			8653	0	A		
N3	Lake Louisa Well # 3	0720AM	R			8654	0	A		
N4	Oranges	0750AM	R			8655	0	A		
N5	Higland Point	0805AM	R			8656	0	A		
N6	Lake Crescent Hills	0815AM	R			8657	0	A		
N7	Crescent West	0825AM	R			8658	0	A		
N8	Lake Ridge	0930AM	R			8659	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Person performing analysis is
☒ A certified operator (#C12562) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required_____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/21/06 1545

Analysis Date & Time: 8/21/06 1633

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ ____ °C
Disinfectant Check ☑ Not Detected ☐ ____ mg/L

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

System Name Lake Utility System Inc. North
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
System or Owner's Phone # 407-869-1919
Collector Domenic Gentilucci

PWS I.D # 3354883
Fax # 352-242-0565
Collector's Phone # 407-948-9638

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other ____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/21/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count** (MF)

Total Coliform: ☑ SM 9222B-MF or ☐ COLITAG
Fecal or E. coli: ☐ SM 9221F-MF or ☐ COLITAG

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[2]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
N9	Amber Hill	0955AM	R			8660	A	A		
N10	Clermont 1 Well #1	1040AM	R			8661	A	A		
N11	Clermont 1 Well #2	1045AM	R			8662	A	A		
N12	Crescent Bay	1320PM	R			8663	A	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: ____

Person performing analysis is
☒ A certified operator (#C12582) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____
Date State notified by lab of positive results: ____

Lab Signature: ____
Title: ____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required ____

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; ~~N = Entry to Distribution; P = Plant Tap; O = Special (clearance, etc.)~~

62-550.730 Reporting Format - Effective 01/95

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Revised 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/22/06 1442

Analysis Date & Time: 8/22/06 1520

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

System Name Lake Utility System Inc. North
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
System or Owner's Phone # 407-869-1919

PWS I.D # 3354883
Fax # 352-242-0565

Collector Domenic Gentilucci

Collector's Phone # 407-948-9838 (MF)

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/22/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count**

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Confirm Fecal or E. coli	Q[2]
						Total Coliform: ☐ SM 9222B-MF or ☐ COLITAG				
						Fecal or E. coli ☐ SM 9221E-MF or ☐ COLITAG				
N1	12412 Eryn Ct.	0755AM	D	0.4		8783	0	A		
N2	11108 Mandarin Dr.	0810AM	D	0.6		8784	0	A		
N5	3929 Derby Glen	0908AM	D	0.8		8785	0	A		
N6	1104 Calloway Cir.	0916AM	D	1.3		8786	0	A		
N3	3760 Liberty Hill Dr.	0845AM	D	0.9		8787	0	A		
N4	1345 Misty Glen	0855AM	D	1.1		8788	0	A		
N8	1410 Lake Mist Lane	0935Am	D	0.8		8789	0	A		
N7	1454 Lakemist Lane	0927AM	D	1.4		8790	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.9

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____
Person performing analysis is
☒ A certified operator (# D 12562) Employed by a certified lab
Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry-to-Distribution; P = Plant Tap; S = Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED

FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 8/22/06 1442

Analysis Date & Time: 8/22/06 1530

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L

System Name Lake Utility System Inc. North
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
PWS I.D # 3354883 (MF)
System or Owner's Phone # 407-869-1919 Fax # 352-242-0565
Collector Chuck Schwades Collector's Phone # 407-948-9839

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/22/06 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Confirm Total	Confirm Fecal or E. coli	Q[2]
						Total Coliform: ☐ SM 9222B-MF or ☐ COLITAG Fecal or E. coli ☒ SM 9221E-MF or ☐ COLITAG				
N12	4003 Greystone Dr.	10:30am	D	0.8		8791	A	A		
N13	3782 Beacon Ridge Way	10:40am	D	0.7		8792	A	A		
N14	3897 Beacon Beacon Ridge Way	10:45am	D	0.8		8793	A	A		
N15	4040 Beacon Ridge Way	11:00am	D	0.7		8794	A	A		
N16	1595 Misty Glen	11:05am	D	0.9		8795	A	A		
N10	10702 Vista Del Sol Cir.	10:05am	D	0.8		8796	A	A		
N11	10852 Vista Del Sol Cir.	10:15am	D	0.8		8797	A	A		
N9	10534 Vista Del Sol Cir.	10:00am	D	0.8		8798	A	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.8

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____
Person performing analysis is
☒ A certified operator (# C 7388) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT

FLOWERS CHEMICAL LABORATORIES INCORPORATED
FLDOH Lab Certification #E83018
481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Pickup at 10:36am

Lab Receipt Date & Time: 8/23/06 1410
Analysis Date & Time: 8/23/06 1600
Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☑ Not Detected ☐ _____ mg/L

Analysis Requested:
☐ **Present / Absent Standard Coliform Test** (MF)
☐ **HPC**

System Name Lake Utility System Inc. North
System Address 200 Weathersfield Ave.
City Altamonte Springs Fl. 32714
System or Owner's Phone # 407-869-1919
Collector Domenic Gentilucci

PWS I.D # 3345883 (MF)
Fax # 352-242-0565
Collector's Phone # 407-948-9838

Type of Supply (check only one)
☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

Reason for Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 8/23/06 **P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count**

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E coli	Q[2]
						Total Coliform: ☐ SM 9222B-MF or ☐ COLITAG				
						Fecal or E. coli: ☐ SM 9221E-MF or ☐ COLITAG				
V1	13845 Vista Del Sol Cir.	0730am	D	0.7		8956	0	A		
V2	10411 Calle DeFlores Dr.	0745am	D	2.0		8957	0	A		
V3	13715 Colina Ct.	0810am	D	0.6		8958	0	A		
V4	10306 Toro Dr.	0830am	D	1.0		8959	0	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric Other: _____

Person performing analysis is
☒ A certified operator (#C 12562) ☐ Employed by a certified lab
☐ Supervised by a cert operator (#_____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 92714

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required_____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

62-550.730 Reporting Format - Effective 01/9

C:\Documents and Settings\Lake Groves\Desktop\Bacto Sampeling Plan\North Apr Aug Dec\North Bactos Apr. Aug. Dec.3.doc
Revised 01/04

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WATER LOSS RECORD

Lake Louisa WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 44,640

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

09/05/2006 14:41 3522420565 LK GROVES PAGE 08/21

Operator D. Gentilucci C12562

Operator Chuck Schneider

Operator Steve Foote

Operator Daniel S. Anderson #A-0007141 DW

Lake Louisa WTP

9525 Lake Louisa Rd.

CUP # 2700 / P

Month Aug

Date	Time	POE MTR READ	FLOW	Well #1 METER	Total	Well #1 ETM	hrs	Well #3 METER	Total	Well # 3 ETM	hrs	Well 1 + 3 Flow	HSP 1 ETM	hrs	HSP ETM
Previous															
1	0625	1530115	1902	248202	977	577.4	19.2	177837	582	204.9	18.7	1559	341.1	24.5	724
2	0635	1532017	2866	249179	1058	616.6	25.7	178419	808	223.6	25.6	1866	343.6	0.8	724
3	0715	1534883	1646	250237	942	642.3	21.2	179227	665	249.2	21.2	1607	344.4	2.1	748
4	0745	1536529	1903	251179	1285	663.5	21.4	179892	672	270.4	21.3	1957	346.5	.6	772
5	1115	1538432	2032	252464	946	684.9	13.9	180564	426	291.7	13.5	1372	346.5	—	800
6	1120	1540464	1471	253410	825	698.8	9.7	180990	290	305.2	9.4	1115	346.5	—	824
7	0630	1541935	1565	254235	827	708.5	10.2	181280	292	314.6	9.3	1119	346.5	—	843
8	0635	1543500	2059	255062	977	718.7	19.7	181572	587	323.9	25.2	1564	346.5	—	867
9	0715	1545559	1860	256089	900	728.4	19.5	182159	615	349.1	22.3	1515	346.5	—	892
10	0615	1547419	1932	256939	987	757.9	21.5	182774	675	371.3	24.2	1662	346.5	—	915
11	0625	1549351	2387	257926	1093	779.4	21.5	183449	675	395.5	26	1768	346.5	—	937
12	9:45	1551738	2197	259019	981	800.9	22.1	184124	692	421.5	23.4	1673	346.5	—	966
13	7:50	1553935	1743	260000	912	823.0	22.3	184816	700	444.9	22.9	1612	346.5	—	988
14	0700	1555678	1631	260912	901	845.3	17.8	185516	556	467.8	23.9	1457	346.5	—	12
15	0630	1557317	2005	261813	864	863.1	16.8	186072	504	491.7	23.4	1368	346.5	—	35
16	0620	1559322	2533	262677	974	879.9	23.7	186576	748	515.1	24.4	1722	346.5	—	59
17	0630	1561855	1796	263651	961	903.6	23.3	187324	717	539.5	23.6	1678	346.5	—	84
18	0620	1563651	2282	264612	984	926.9	20.3	187941	633	563.1	20.2	1617	346.5	—	107
19	7:50	1565933	2024	265596	1033	947.2	25.2	188674	794	583.3	25.2	1927	346.5	.6	132
20	0910	1567957	1645	266629	985	972.4	13.0	189468	400	608.5	12.8	1385	346.5	—	158
21	0730	1569602	1794	267614	1025	985.4	13.8	189868	416	621.3	13.4	1441	346.5	—	180
22	0820	1571396	2158	268673	940	999.2	19.1	190284	578	634.7	18.5	1518	346.5	—	205
23	0835	1573554	1923	269579	1060	1018.3	20.3	190862	637	653.2	20.3	1637	346.5	21.8	229
24	0625	1575477	1915	270579	1023	38.6	21.5	191499	672	673.5	21.4	1695	368.3	24.5	236
25	0650	1577392	1741	271602	1155	60.1	19.1	192171	593	694.9	18.8	1748	392.8	6.4	229
26	8:45	1579133	1854	272757	1154	79.2	22.9	192764	715	713.7	22.6	1873	393.2	8.5	261
27	1100	1580991	1259	273915	959	102.1	17.3	193479	489	736.6	15.6	1448	401.7	19.7	266
28	0650	1582250	1584	274874	932	119.4	17.0	193968	525	752.2	16.7	1457	421.4	3.1	266
29	0645	1583834	1824	275806	906	136.4	19.2	194493	586	768.9	18.7	1492	424.5	2.9	281
30	0615	1585658	1728	276712	1060	155.6	19.4	195079	602	787.6	19.3	1662	427.4	24.0	296
31	0635	1587386		277772	1093	176.0	24.2	195681	666	806.9	24.5	1759	451.4	3.3	290
Total		1589233		278865	30663	199.2		196347	18,510	831.4			454.7		314
Average															
Maximum															
Minimum															

99,173

1,586,226

3354883-2 Cl_2 Remote Address _____

_____ Year 2006 Electric Meter First _____ Last _____

hrs	HSP 3 ETM	hrs	Cl_2 Gal	Cl_2 Used	CL2 W-1 SET	CL2 W-3 SET	CRP	CRT	GST	PSI	RAIN	GEN. ETM	hrs	Time In/Out	OP. Init	Comments
–	676.7	–	660	57.25	4	4	0.9	0.8	27.5	105		139.3	1.0		DW	Gen. Run 1 hour
24.0	676.7	14.6	600	58	4	4	1.3	1.0	18.9	87		140.3	–		DW	
3.2	681.3	2.3	~~540~~ 850	80	4	4	0.6	0.5	10.0	99		140.3	–		DW	
28.6	693.6	0	770	70	4	4	1.9	1.1	22.3	101		140.3	0		DW	
23.7	693.6	5.3	700	60	4	4	2.1	1.4	27.2	100		140.3	–	1145	DSA	#A-7141
19.2	698.9	–	650	40	4	4	2.2	1.0	26.9	100		140.3	–		TC	
–	698.9	–	610	30	4	4	2.1	1.1	27.2	101		140.3	–		DW	
25.3	698.9	4.1	580	70	3.75	3.75	1.2	1.3	20.8	100		140.3	0.9		DW	Gen. Run
22.4	703.0	4.2	510	55	3.75	3.75	1.3	1.0	15.7	101		141.2	–		DW	
24.1	707.2	3.9	445	81	3.75	3.75	1.3	1.0	16.1	101		141.2	–		DW	
27.5	711.1	6.3	~~360~~ 800	76	3.75	3.75	1.3	1.1	20.8	100		141.2	–		DW	
21.8	717.4	6.0	720	78	3.75	3.75	1.7	1.2	15.1	102		141.2	–		SP	
23.3	723.4	3.0	640	80.4	3.75	3.75	1.5	1.0	81	100		141.2	–		SP	
23.4	726.4	–	555	55	3.75	3.75	1.4	1.0	24.6	100		141.2	–		DW	C12562
25.3	726.4	3.7	500	50	3.75	3.75	1.2	0.8	23.5	100		141.2	0.9		DW	C12562
24.6	730.1	9.7	830	82	3.5	3.5	1.3	0.9	14.6	100		142.1	–		DW	C12562
23.2	739.8	4.3	745	88	3.5	3.5	1.5	0.9	7.1	100		142.1	–		DW	C12562
25.5	744.1	5.0	655	54	3.5	3.5	1.6	1.0	23.2	100		142.1	–		DW	C12562
25.7	749.1	4.3	600	80	3.5	3.5	1.6	1.1	12.1	100		142.1	0		SP	
21.3	753.4	–	520	50	3.5	3.5	1.6	1.0	24 26	100		142.1	–	0940	DSA	#A-0007141 DW
24.9	753.4	–	470	30	3.5	3.5	2.0	1.1	27.2	100		142.1	–		DW	C12562
24.4	758.4	5.4	440	46	3.5	3.5	1.1	0.8	26.7	100		142.1	0.9		DW	
25.5	758.8	0.1	390	67	3.5	3.5	1.6	0.9	13.1	100		143.0			DW	
23.9	758.9	–	320	58	3.5	3.5	1.2	0.8	12.7	99		143.0			DW	
25.4	758.9	0	~~260~~ 340	70	3.5	3.5	1.0	0.8	22.7	100		143.0	0		DW	
21.1	759.9	23.4	770	80	3.5	3.5	1.4	1.0	24.6	102		143.0	–		SP	
–	783.3	–	690	50	3.5	3.5	1.3	1.0	25.0	100		143.0	–		TC	
21.0	783.3	0.1	640	50	3.5	3.5	1.3	0.8	25.6	100		143.0	–		DW	
3.0	783.4	20.9	590	50	3.5	3.5	1.1	0.7	24.2	100		143.0	0.9		DW	
–	804.3	3.7	850	49	3.5	3.5	1.5	1.0	20.1	100		143.9	–		DW	
24.0	808.0	0.5	750	75	3.5	3.5	1.7	1.0	24.1	100		143.9			DW	
	808.5		675		3.5	3.5	1.5	1.0	25.2	100		143.9				

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (LAKE LOUISA)			PWS Identification Number:	3354883-2
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE LOUISA			Plant Telephone Number:	
Plant Address:	9525 Lake Louisa Rd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 10/04/06 Steve Pfouts C-14204

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: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,573,000										1.0	
2	X	24	1,842,000										1.0	
3	X	24	1,132,000										1.1	
4	X	24	1,632,000										1.0	
5	X	24	1,386,000										1.0	
6	X	24	1,731,000										0.8	
7	X	24	1,583,000										0.7	
8	X	24	1,662,000										0.9	
9	X	24	1,941,000										1.0	
10	X	24	1,037,000										0.9	
11	X	24	1,409,000										0.7	
12	X	24	1,509,000										0.9	
13	X	24	1,568,000										1.0	
14	X	24	1,576,000										1.6	
15	X	24	1,698,000										1.2	
16	X	24	1,981,000										1.3	
17	X	24	1,392,000										1.7	
18	X	24	1,532,000										1.3	
19	X	24	1,448,000										1.1	
20	X	24	1,351,000										1.2	
21	X	24	1,855,000										1.1	
22	X	24	1,884,000										1.0	
23	X	24	1,742,000										1.0	
24	X	24	701,000										0.6	
25	X	24	1,593,000										0.4	
26	X	24	1,490,000										1.2	
27	X	24	1,645,000										1.2	
28	X	24	1,645,000										1.2	
29	X	24	1,838,000										1.2	
30	X	24	1,761,000										1.0	
31														
Total			47,137,000											
Average			1,571,233											
Maximum			1,981,000											

LAKE LOUISA

10440 VISTA DEL SOL CIRCLE PWS # 3354883-2

MONTH AND YEAR Sept - 2006

DATE	TIME	P.O.E. METER	TOTAL P.O.E.	WELL 1 FLOW	TOTAL	WELL 3 FLOW	TOTAL	TOTAL 1 & 3	GALS CL2 IN	USED	CL2 POE	CL2 RT	INITI
1	1010	1589233	1816	278865	890	196347	683	1573	675		1.5	1.0	RAP
2	0920	1591049	1943	279755	1113	197030	729	1842	600	76	1.5	1.0	RAP
3	1015	1592992	1584	280868	808	197759	324	1132	520		1.5	1.1	DSA
4	0935	1594576	1372	281676	1128	198083	504	1632	500	52	1.5	1.0	RAP
5	0630	1595948	1711	282804	875	198587	511	1386	548	54	1.3	1.0	DWJ
6	0635	1597659	1923	283679	973	199098	758	1731	390	85	1.3	0.8	DWJ
7	0645	1599582	1861	284652	974	199856	609	1583	308	70	1.1	0.7	DWJ
8	0625	1601443	1993	285626	1018	200465	644	1662	780	64	1.4	0.9	DWJ
9	0925	1603436	1953	286644	1173	201109	768	1941	710	80	1.4	1.0	RAP
10	1300	1605389	1515	287817	766	201877	271	1037	630	30	1.4	0.9	DSA
11	0735	1606804	1527	288583	905	202148	504	1409	600	45	1.0	0.7	DWJ
12	0625	1608431	1856	289488	941	202652	568	1509	555	50	1.2	0.9	DWJ
13	0705	1610287	1983	290421	941	203220	627	1568	510/850	63	0.6	1.0	DWJ
14	0630	1612270	1938	291370	945	203847	631	1576	780	73	2.6	1.6	DWJ
15	0845	1614208	1620	292315	1076	204478	622	1698	705	60	2.0	1.2	DWJ
16	0845	1615828	2343	293391	1238	205100	743	1981	645	79	1.6	1.3	RAP
17	1145	1618171	1392	294624	789	205873	603	1392	560	60	2.1	1.7	JC
18	0645	1619563	1706	295418	933	206446	599	1532	500	60	1.7	1.3	DWJ
19	0645	1621269	1707	296351	913	207045	535	1448	440	50	1.6	1.1	DWJ
20	0855	1622976	1739	297264	881	207580	470	1351	390	45.5	1.4	1.2	DWJ
21	0630	1624715	1622	298145	1215	208050	640	1855	340	42.5	1.3	1.1	CJ
22	0630	1626337	2229	299360	1144	208690	740	1884	290	71.0	1.3	1.0	CJ
23	0935	1628566	2273	300504	984	209430	758	1742	210	71.0	1.3	1.0	RAP
24	0850	1630839	2100	301488	3	210188	698	701	130	25	0.9	0.6	JC
25	0840	1632939	1776	301491	974	210886	619	1593	105/450	89.5	0.4	0.4	DWJ
26	0625	1634715	1925	302465	845	211505	645	1490	760	54.50	1.3	1.2	CJ
27	0630	1636540	2295	303310	940	212150	705	1645	700	67.80	1.4	1.2	CJ
28	0630	1638834	2084	304250	940	212855	705	1645	575/775	82.0	1.4	1.2	CJ
29	0620	1640918	2451	305190	1097	213560	741	1838	690	76	1.4	1.2	CJ
30	0920	1643369	2740	306287	1021	214301	740	1761	610	72	1.4	1.0	RAP
31													
1	1045	1646137		307504		215041			530		1.1	0.8	JC
TOTAL				28,443		18,694							
AVG													

T.W.L 47137

T-T 3 571 237

WATER LOSS RECORD

Lake Louisa WTP Sept 2006

6068

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Sept. 2006	Eye Wash						5 gpd	
	CI 17 Analyzer						1,440gpd	
								Total 43,350

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

668

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: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (LAKE LOUISA)			PWS Identification Number:	3354883-2
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	5,193			Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919			Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE LOUISA			Plant Telephone Number:	
Plant Address:	9525 Lake Louisa Rd.	City:	CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06
Signature and Date

Steve Pfouts
Printed or Typed Name

C-14204
License Number

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

PWS Identification Number: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,413,000										0.8	
2	X	24	1,655,000										0.8	
3	X	24	1,320,000										0.9	
4	X	24	1,610,000										1.0	
5	X	24	1,983,000										1.2	
6	X	24	2,072,000										0.9	
7	X	24	1,877,000										1.4	
8	X	24	1,437,000										1.1	
9	X	24	1,609,000										0.6	
10	X	24	1,316,000										0.8	
11	X	24	1,620,000										1.2	
12	X	24	1,711,000										1.2	
13	X	24	1,741,000										1.1	
14	X	24	2,084,000										1.4	
15	X	24	1,211,000										2.2	
16	X	24	1,703,000										2.0	
17	X	24	1,127,000										1.4	
18	X	24	1,796,000										1.3	
19	X	24	1,735,000										0.7	
20	X	24	2,010,000										0.8	
21	X	24	2,124,000										1.0	
22	X	24	1,275,000										1.0	
23	X	24	1,861,000										1.0	
24	X	24	1,742,000										1.2	
25	X	24	1,785,000										1.3	
26	X	24	2,033,000										1.2	
27	X	24	1,797,000										1.3	
28	X	24	1,800,000										1.5	
29	X	24	1,921,000										1.5	
30	X	24	1,721,000										1.0	
31	X	24	1,547,000										1.2	
Total			52,636,000											
Average			1,697,935											
Maximum			2,124,000											

LAKE LOUISA 1

10440 VISTA DEL SOL CIRCLE PWS # 3354883-2

MONTH AND YEAR OCTOBER - 2006

DATE	TIME	P.O.E. METER	TOTAL P.O.E.	WELL 1 FLOW	TOTAL	WELL 3 FLOW	TOTAL	TOTAL 1&3	Well #1 ETM	TOTAL HRS	WELL# 2 ETM	TOTAL HRS	CL2 IN	USED	CL2 POE	CL2 RT	INITI
1	0945	1646135	2117	307308	806	215041	611	1413	20775.1	19.0	12426.1	19.4	530	68.75	1.1	0.8	MC
2	0625	1648252	2027	308110	949	215652	706	1655	20795.5	22.9	12446.0	22.9	460	70	0.9	0.9	CJ
3	0645	1650279	2154	309059	857	216358	463	1320	20858.4	16.3	12468.9	15.3	390	53.8	0.9	0.9	DWH
4	0630	1652433	2489	309916	935	216821	675	1610	20834.7	22.1	12484.2	22.0	330	73.3	1.4	1.0	DWH
5	0630	1654922	2219	310851	1281	217496	702	1983	20856.8	23.0	12506.2	22.9	350	81.6	1.3	1.2	DWH
6	0655	1657141	2440	312132	1354	218198	718	2072	20879.8	23.7	12528.1	23.6	765	75	1.7	0.9	DWH
7	0915	1659581	2401	313486	1064	218916	813	1877	20903.5	24.4	12552.7	24.4	690	77	1.9	1.4	RAP
8	1120	1662382	2049	314550	817	219729	620	1437	20929.9	20.1	12577.1	20.1	610	65	1.8	1.1	MC
9	0715	1664431	2005	315367	1124	220349	485	1609	20950.0	16.1	12599.2	15.8	545	45	1.6	0.6	DWH
10	0810	1666436	2249	316491	843	220834	473	1316	20966.1	16.7	12615.0	15.7	500	55	1.1	0.8	DWH
11	0740	1668685	2599	317334	927	221307	693	1620	20982.8	22.8	12630.7	22.6	500	75	1.6	1.2	DWH
12	0735	1671284	2503	318261	975	222000	736	1711	21005.6	23.9	12653.3	24.1	725	73.8	1.7	1.2	DWH
13	0805	1673787	2349	319236	982	222736	759	1741	21029.7	24.8	12677.4	24.8	650	74.4	1.7	1.1	DWH
14	0900	1676136	3252	320218	1179	223495	906	2084	21054.5	25.4	12702.2	25.5	570	84.5	2.0	1.4	RAP
15	1440	1674429	1930	321396	682	224401	529	1211	21083.9	17.3	12731.7	17.2	480	60	1.0	1.0	MC
16	0705	1681358	2331	322078	1096	224930	607	1703	21101.2	19.9	12749.9	19.8	420	65	2.6	2.0	DWH
17	0710	1683689	2589	323174	667	225537	460	1127	21121.1	16.2	12768.7	15.2	355	49.5	1.3	1.4	DWH
18	0645	1686278	3006	324841	1690	225997	706	1796	21137.3	23.4	12785.9	23.4	325	64.6	1.4	1.3	DWH
19	0710	1689284	2343	324931	979	226703	756	1735	21160.7	24.2	12807.3	24.2	350	79	1.3	0.7	DWH
20	0820	1692127	2918	325910	1363	227459	647	2010	21184.9	21.3	12831.5	21.3	770	71	1.5	0.8	DWH
21	0730	1695045	3641	327273	1197	228106	927	2124	21206.2	30.0	12852.8	29.8	695	96	1.5	1.0	RAP
22	1240	1698686	2609	328470	718	229033	557	1275	21236.2	17.9	12882.6	17.9	595	60	1.4	1.0	MC
23	0715	1701295	2639	329188	1239	229590	622	1861	21254.1	20.3	12900.5	20.2	535	75	1.4	1.0	DWH
24	0710	1703834	2720	330427	1148	230212	594	1742	21274.4	20.5	12920.7	19.5	460	48.4	1.4	1.2	DWH
25	0740	1706654	2589	331575	1189	230806	596	1785	21294.9	21.0	12940.2	20.8	400	12	1.4	1.3	DWH
26	6:10	1709243	2766	332764	1339	231402	694	2033	21315.9	20.7	12961.0	20.5	770	59	1.4	1.2	SP
27	0750	1712009	2494	334103	1230	232096	567	1797	21336.6	18.7	12981.5	17.9	685	63	1.7	1.3	DWH
28	0800	1714503	2545	335333	1214	232663	586	1800	21355.3	18.8	12999.4	19.1	610	66	2.0	1.5	RAP
29	6:35	1717048	2575	336547	1278	233249	643	1921	21374.1	20.9	13018.5	20.7	550	65.3	2.1	1.5	SP
30	0710	1719623	2222	337825	1173	233892	548	1721	21395.0	17.8	13038.2	17.5	465	55	1.2	1.0	DWH
31	0705	1721845	2395	338998	1047	234440	500	1547	21412.8	16.5	13056.7	16.2	400	42	1.4	1.2	DWH
1	6:35	1724240		340075		234946			21429.3		13072.9		350		1.4	1.2	SP
TOTAL				32,737		19,899											
AVG																	

TOTAL CL2 KG AVG LOST

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (LAKE LOUISA)			PWS Identification Number:	3354883-2
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE LOUISA			Plant Telephone Number:	
Plant Address:	9525 Lake Louisa Rd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 12/05/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,941,000										1.2	
2	X	24	1,884,000										1.0	
3	X	24	1,720,000										1.0	
4	X	24	2,127,000										1.5	
5	X	24	1,690,000										1.4	
6	X	24	1,811,000										1.1	
7	X	24	1,459,000										1.4	
8	X	24	1,766,000										1.1	
9	X	24	1,919,000										1.3	
10	X	24	1,790,000										1.4	
11	X	24	1,921,000										1.4	
12	X	24	2,033,000										1.2	
13	X	24	1,741,000										1.5	
14	X	24	1,601,000										1.0	
15	X	24	1,894,000										1.0	
16	X	24	1,781,000										1.4	
17	X	24	1,674,000										1.4	
18	X	24	2,147,000										2.0	
19	X	24	1,622,000										1.6	
20	X	24	1,687,000										1.4	
21	X	24	1,439,000										1.6	
22	X	24	1,835,000										1.6	
23	X	24	2,135,000										1.6	
24	X	24	1,683,000										2.1	
25	X	24	2,122,000										2.1	
26	X	24	1,589,000										1.3	
27	X	24	1,692,000										1.7	
28	X	24	1,483,000										1.6	
29	X	24	1,743,000										1.3	
30	X	24	1,884,000										1.3	
Total			53,813,000											
Average			1,793,767											
Maximum			2,147,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

11-07-06 1155

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Lab Receipt Date & Time: 11.7.06 1700
Analysis Date & Time: 11.7.06 1715
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 62-1-261 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [ ] Standard Coliform test
- [ ] HPC
- [X] Other: MF

System Name: Lake Utility System Inc. North PWS I.D. 3 3 6 4 8 8 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other: _____

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 11-7-06

Total Coliform Analysis Method: 9222B
Fecal or E.coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
HP1	Highland Point Well #1	7:50am	R	0.0			A			1
LCH1	Lake Crescent Hills Well #1	8:05am	R	0.0			A			2
CW1	Crescent West Well #1	8:10am	R	0.0			A			3
CB1	Crescent Bay Well #1	8:25am	R	0.0			A			4
V1	Vistas Well #2	9:45am	R	0.0			A			5
LL1	Lake Louisa Well #1	9:50am	R	0.0			A			6
LL3	Lake Louisa Well #3	10:00a	R	0.0			A			7

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other: _____

Person performing analysis is (Please see instructions on reverse):
- [X] A certified Operator (# 0012562)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Or[redacted], Florida 32807
D[redacted] E83294

11-08-06 1240

Lab Receipt Date & Time: 11-8-6 1610
Analysis Date & Time: 11-8-6 1630
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-11-299 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)
[ ] Standard Coliform test
[ ] HPC
[X] Other: MF

System Name: Lake Utility System Inc. North PWS I.D. 3 3 5 4 8 8 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other:

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 11-8-06

Total Coliform Analysis Method: 9222B
Fecal or E.coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
LR1	Lake Ridge Well # 1	8:12am	R	0.0			A			1
A1	Amber Hill Well # 1	8:20am	R	0.0			A			2

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:

Person performing analysis is (Please see instructions on reverse):
[X] A certified Operator (# C-12562 [ ] Employed by a certified lab
[ ] Supervised by a cert operator (#) [ ] Employed by DEP or DOH

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only
[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Report Number: 06-11-364 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

- ☐ Standard Coliform test
- ☐ HPC
- ☒ Other: MF

Lab Receipt Date & Time: 11-10-6 1200
Analysis Date & Time: 11-10-6 1205
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Check: ☐ Not Detected
This sample does not meet the following NELAC requirements:

System Name: Lake Utility System Inc. North PWS I.D. 3 3 5 4 8 8 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other:

Reason For Sampling: (check only one) ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 11-9-06

To be completed by collector or sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
LN 1	10410 Lake Hasson Circle	815am	D	1.6			A			1
LN 2	10524 Lake Hasson Circle	820am	D	1.8			A			2
LN 3	10459 Carlson Circle	830am	D	1.6			A			3
LN 4	10429 Paridise Bay	840am	D	1.9			A			4
LN 5	10852 Crescent Lane	845am	D	1.9			A			5
LN 6	11252 Rose Hill Drive	855am	D	1.8			A			6
LN 7	11141 Oakshore Lane	905am	D	1.4			A			7
				1.7						

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is (Please see instructions on reverse):

- ☒ A certified Operator (# C-12562
- ☐ Employed by a certified lab
- ☐ Supervised by a cert operator (#_____)
- ☐ Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only

- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

Date reviewed by DEP/DOH
DEP/DOH Reviewing Official:

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

Lab Receipt Date & Time: 11-10-6 700
Analysis Date & Time: 11-10-6 800
Sample Acceptance Criteria:
Sample Preservation: [X] On Ice [ ] Not On Ice [ ] °C
Disinfectant Check: [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 06-11-364 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)
[ ] Standard Coliform test
[ ] HPC
[X] Other: MF

System Name: Lake Utility System Inc. North PWS I.D. 3 3 5 4 8 8 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Chuck Schwades Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other:

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 11-9-06

To be completed by collector of sample						To be completed by lab. Total Coliform Analysis Method: 9222B. Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
LN 8	11650 Grand Hills Blvd.	835am	D	1.6			A			8
LN 9	11542 Water Ridge Lane	850am	D	1.6			A			9
LN 10	11714 Grand Bay Blvd.	900am	D	1.6			A			10
LN 11	10227 Northglen Drive	915am	D	1.7			A			11
LN 12	11785 Constance Way	930am	D	1.7			A			12
LN 13	12033 Kathleen Court	940am	D	1.7			A			13

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average. 1.7

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other:

Person performing analysis is (Please see instructions on reverse):
[X] A certified Operator (# C- 7368 [ ] Employed by a certified lab
[ ] Supervised by a cert operator (#) [ ] Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result:
Date State notified by lab of positive result:

Lab signature:
Title:

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH Use Only
[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

[1]DEP Sample Type Codes: D=Distribution (Routine Compliance) C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294

11-17-06 1205

Lab Receipt Date & Time: 11-13-06 1525
Analysis Date & Time: 11-13-06 1530
Sample Acceptance Criteria:
Sample Preservation [X] On ice [ ] Not On ice [ ] °C
Disinfectant Check [ ] Not Detected
This sample does not meet the following NELAC requirements:

Report Number: 611411 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)
[ ] Standard Coliform test
[ ] HPC
[X] Other: MF

System Name: Lake Utility System Inc. North PWS I.D. 3 3 5 4 8 8 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs Fl. 32714
System Owner's Phone #: 407-869-1919 Fax: 352-242-0565
Collector: Domenic Gentilucci Collector's Phone #: 407-948-9839

Type of Supply: (check only one)
[X] Community Water System [ ] Non-Transient Non-community Water System [ ] Transient Non-community Water System
[ ] Limited Use System [ ] Bottled Water [ ] Private Well [ ] Swimming Pool [ ] Other: _____

Reason For Sampling: (check only one) [X] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 11-13-06

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: 9222B Fecal or E.coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/ml)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
LN 14	11519 Patrico Lane	805am	D	1.2			A			1
LN 15	11329 Alameda Sandra	820am	D	1.6			A			2
LN 16	10740 Belo Horizonte	830am	D	1.6			A			3
LN 17	10709 Sienna Drive	845am	D	2.0			A			4
LN 18	10743 Aria Ct.	855am	D	1.8			A			5
LN 19	11849 Caruso Drive	900am	D	1.9			A			6
LN 20	10632 Cresendo Loop	910am	D	2.0			A			7
Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.				1.7						

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Disinfectant Residual Analysis Method: [X] DPD Colorimetric [ ] Other: _____

Person performing analysis is (Please see instructions on reverse):
[X] A certified Operator (# C- 12562 [ ] Employed by a certified lab
[ ] Supervised by a cert operator (# _____) [ ] Employed by DEP or DOH

All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____
Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

Utilities Inc. of Florida
200 Weathersfield Ave.
Altamonte Springs. Fl. 32714

DEP/DOH Use Only
[ ] Satisfactory
[ ] Incomplete Collection Information
[ ] Repeat Samples Required
[ ] Replacement Samples Required

Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (blowdown, etc.)

LAKE LOUISA 1

10440 VISTA DEL SOL CIRCLE PWS # 3354883-2

MONTH AND YEAR November 2006

DATE	TIME	P.O.E. METER	TOTAL P.O.E.	WELL 1 FLOW	TOTAL	WELL 3 FLOW	TOTAL	TOTAL 1&3	Well #1 ETM	TOTAL HRS	WELL# 3 ETM	TOTAL HRS	CL2 IN	USED	CL2 POE	CL2 RT	INITI
1	655	1724240	2371	340045	1283	234940	658	1941	21427.3	21.8	13072.7	21.6	350	54	1.7	1.6	AT
2	650	1727111	2431	341328	1264	235598	620	1884	21451.1	19.9	13094.5	19.7	270	51	1.5	1.0	TAB
3	650	1729542	2625	342592	1169	236218	551	1720	21471.0	18.6	13114.2	18.3	200	50	1.6	1.0	BW
4	0740	1732167	3026	343761	1360	236769	767	2127	21489.6	24.2	13132.5	24.1	790	67	1.9	1.5	BD
5	1020	1735643	2226	345121	1135	237536	555	1690	21517.8	18.0	13156.6	18.0	700	52	1.7	1.7	JC
6	0710	1737469	2452	346256	1241	238091	570	1811	21531.8	18.7	13174.5	18.4	630	59.7	1.7	1.1	BW
7	0715	1739921	2118	347497	971	238661	488	1459	21550.5	17.1	13192.9	16.0	565	48.5	1.6	1.4	BW
8	0705	1742089	2411	348468	1212	239149	554	1766	21567.6	18.0	13208.9	17.8	510	39	1.5	1.1	BW
9	0645	1744450	2518	349680	1307	239703	612	1919	21585.6	20.7	13226.7	20.5	910	72.5	1.8	1.3	BW
10	0715	1746968	2597	350987	1209	240315	581	1790	21606.3	18.2	13247.2	18.0	705	46.7	1.9	1.4	BW
11	0720	1749565	2749	352196	1275	240896	646	1921	21624.5	21.1	13265.2	20.9	650	51	2.0	1.4	
12	0645	1752314	2755	353471	1366	241542	667	2033	21645.6	21.6	13286.1	21.4	580	62	2.1	1.2	JC
13	0725	1755069	2280	354837	1196	242209	545	1741	21661.2	18.0	13307.5	17.8	500	60.3	2.0	1.5	BW
14	0715	1757349	2414	356033	1074	242754	527	1601	21675.2	17.9	13325.3	17.4	445	46	1.6	1.0	BW
15	0730	1759763	2603	357107	1279	243281	615	1894	21705.1	20.3	13342.7	20.0	390	46.5	1.7	1.0	BW
16	0715	1762366	2229	358386	1207	243896	574	1781	21723.4	18.7	13362.7	18.5	325	50	1.7	1.4	BW
17	0725	1764595	2436	359533	1149	244470	525	1674	21742.1	17.4	13381.2	17.1	300	71	1.9	1.4	BW
18	0740	1767031	3037	360742	1408	244995	739	2147	21759.5	24.1	13398.3	23.6	720	72	2.2	2.0	BW
19	1100	1770068	2139	362150	1102	245734	520	1622	21783.6	17.3	13421.9	17.4	630	61	2.0	1.6	
20	0745	1772207	2090	363252	1187	246254	500	1687	21800.8	16.5	13438.3	16.2	550	99.4	2.1	1.4	BW
21	0715	1774297	2366	364439	951	246754	488	1439	21817.4	17.1	13455.5	16.2	495	45	2.8	1.6	BW
22	0630	1776663	2652	365390	1224	247242	611	1835	21834.5	20.1	13471.7	20.0	315	68	2.8	1.6	
23	0535	1779315	2982	366614	1410	247853	725	2135	21854.6	16.0	13491.7	15.8	740	87	2.8	1.6	BW
24	0835	1782297	2535	368024	1126	248578	557	1683	21870.6	26.9	13507.5	26.6	650	53	2.6	2.1	BW
25	0735	1784832	3205	369150	1360	249135	762	2122	21897.5	24.4	13534.1	24.3	540	52	2.5	2.1	BW
26	1115	1787037	2408	370510	1053	249877	536	1589	21921.9	17.9	13558.4	17.4	540	50	2.0	1.9	JC
27	0710	1790445	2336	371563	1135	250433	557	1692	21939.8	19.1	13575.3	18.4	450	55	2.0	1.1	BW
28	0715	1792781	2380	372698	965	250990	518	1483	21958.9	17.6	13594.2	17.1	395	64.5	1.9	1.6	BW
29	0705	1795161	2481	373663	1168	251508	575	1743	21976.5	19.1	13611.5	18.8	325	50	1.8	1.3	BW
30	0705	1797642	2446	374831	1293	252083	591	1884	21995.6	18.6	13630.3	19.4	275	45	1.7	1.3	BW
31																	
1	0710	1800038		376124		252674			22015.2		13649.7		795		2.2	1.6	BW
TOTAL				36,079		12,734											
AVG																	

IS-21 *1 = 1190 *3 = 566

53,813

AVG. 1783.76

6668

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC.- NORTH (LAKE LOUISA)			PWS Identification Number:	3354883-2
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE LOUISA			Plant Telephone Number:	
Plant Address:	9525 Lake Louisa Rd.		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,944,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07	Steve Pfouts	C-14204
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: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

III. Daily Data for the Month Year of: December , 2006

Means of Achieving Four-Log Virus Inactivation/Removal: ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (Choramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	1,645,000										1.6	
2	X	24	1,684,000										2.0	
3	X	24	2,323,000										1.8	
4	X	24	1,465,000										1.4	
5	X	24	1,482,000										1.2	
6	X	24	1,889,000										1.6	
7	X	24	2,079,000										1.7	
8	X	24	1,387,000										1.6	
9	X	24	2,134,000										2.3	
10	X	24	1,947,000										2.0	
11	X	24	1,478,000										1.6	
12	X	24	1,547,000										1.8	
13	X	24	1,738,000										1.6	
14	X	24	1,681,000										1.6	
15	X	24	1,598,000										1.6	
16	X	24	1,352,000										2.0	
17	X	24	2,356,000										1.7	
18	X	24	1,606,000										1.6	
19	X	24	1,586,000										2.0	
20	X	24	1,832,000										2.0	
21	X	24	1,869,000										2.2	
22	X	24	1,643,000										2.0	
23	X	24	1,638,000										2.0	
24	X	24	1,849,000										1.5	
25	X	24	1,356,000										1.6	
26	X	24	1,313,000										1.4	
27	X	24	1,744,000										1.7	
28	X	24	1,838,000										1.7	
29	X	24	1,527,000										1.5	
30	X	24	1,712,000										1.8	
31	X	24	1,611,000										1.6	
Total			52,909,000											
Average			1,706,742											
Maximum			2,356,000											

LAKE LOUISA 1

10440 VISTA DEL SOL CIRCLE PWS # 3354883-2

MONTH AND YEAR December 2006

DATE	TIME	P.O.E. METER	TOTAL P.O.E.	WELL 1 FLOW	TOTAL	WELL 3 FLOW	TOTAL	TOTAL 1 & 3	Well #1 ETM	TOTAL HRS	WELL# 3 ETM	TOTAL HRS	CL2 IN	USED	CL2 POE	CL2 RT	INITI
1	0710	18000 88	2452	376124	1099	252674	546	1645	22015.2	18.1	13671.7	17.9	775	70	2.2	1.6	
2	0720	1802540	2351	377223	1148	253220	536	1684	22033.3	14.0	13667.6	17.7	725	45	2.3	2.0	
3	0430	1804851	3386	378371	1529	253756	794	2323	22051.4		13675.3		650	90	2.5	1.5	
4	1100	1808271	1935	379900	1003	254530	462	1465					590	40	2.1	1.4	CJ
5	0825	1810212	2432	380903	978	255012	504	1482	22083.1	17.9	13726.7	16.9	550	50	2.0	1.2	
6	0735	1812644	2857	381881	1259	255516	650	1889	221110	20.9	13743.6	20.8	500	—	1.8	1.6	
7	715	1815501	2687	383140	1400	256146	679	2079	131.9	22.3	764.4	22.3	825	85	2.2	1.7	SP
8	1030	1818188	2159	384540	952	256825	435	1387	54.2	14.9	786.7	14.4	740	55	2.4	1.6	CS
9	0710	1820347	3241	385492	1388	257260	746	2134	69.1	24.7	801.1	24.6	685	55	2.5	2.3	
10	1040	1823588	2625	386880	1322	258206	625	1947	93.8	20.9	825.7	20.9	610	60	2.2	2.0	TC
11	1015	1826213	1997	388202	1045	258631	433	1478	214.7	14.9	846.6	14.4	550	45	2.1	1.6	CS
12	0650	1828210	2672	389247	992	259064	555	1547	22229.6	18.8	13861.0	18.1	505	45	2.1	1.8	
13	0800	1830882	2455	390239	1196	259619	542	1738	22248.4	18.4	13879.1	18.2	460	48.4	1.9	1.6	
14	0645	1833337	2047	391435	1144	260161	537	1681	222668	18.1	13897.3	17.8	410	50	1.8	1.6	
15	0620	1835384	2350	392579	1084	260698	514	1598	22284.9	17.7	13915.1	17.4	360	50	1.7	1.6	
16	0840	1837734	1698	393663	935	261212	417	1352	22302.6	13.5	13932.5	13.5	334/500	60	2.3	2.0	
17	0717	1839732	3380	394598	1584	261629	772	2356	22316.1	259	13945.4	25.6	740	85	2.2	1.7	TC
18	0720	1842812	2183	396182	1107	262401	499	1606	22342.0	16.7	13971.4	16.5	655	55	2.2	1.6	
19	0640	1844995	2529	397289	1045	262900	541	1586	22358.7	18.9	13987.9	18.7	600	64.6	2.2	2.0	
20	0705	1847524	2577	398334	1225	263441	607	1832	22377.6	20.0	14006.6	19.8	550	50	2.3	2.3	
21	0700	1850101	2443	399559	1292	264048	587	1879	22397.6	19.6	14026.4	19.4	800	59	2.4	2.2	
22	0650	1852544	2293	400841	1104	264635	539	1643	22417.2	18.2	14045.8	18.0	740	60	2.4	2.0	
23	5755	1854837	2262	401945	1118	265174	520	1638	22435.4	17.4	14063.8	17.1	680	50	2.2	2.0	
24	0635	1857099	2320	403063	1264	265644	585	1849	22452.8	19.6	14080.9	19.3	650	80	2.1	1.5	TC
25	0805	1859419	1762	404327	942	266279	414	1356	22472.4	14.0	14100.2	13.6	550	45	2.0	1.6	TC
26	0710	1861181	2105	405269	868	266693	445	1313	22486.4	16.1	14113.8	15.0	505	50	2.0	1.4	
27	0715	1863286	2421	406137	1184	267138	560	1744	225025	18.8	14129.8	18.6	455	53.7	1.9	1.7	
28	0710	1865707	2258	407321	1275	267698	363	1838	22521.3	18.8	14147.4	18.6	400	65	1.9	1.7	
29	0715	1867965	2274	408596	1031	268261	496	1527	22540.1	16.8	14166.0	16.4	335/550	37.7	1.6	1.5	
30	0635	1870239	2291	409627	1170	268757	542	1712	22556.9	18.2	14182.4	18.0	810	59	2.1	1.8	
31	0430	1872530	2228	410797	1082	269299	529	1611	22575.1	17.5	14200.4	17.3	750	49	1.8	1.6	TC
1	0730	1874758		411879		269829			22592.6		14217.7		700		1.6	1.1	TC
TOTAL				35755	35755	17154	17154	52909									
AVG								1706.74									

Total 52,909

634

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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)	PWS Identification Number:	3354883-5
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,291	Total Population Served at End of Month:	18,518
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	LAKE RIDGE	Plant Telephone Number:	
Plant Address:	12651 Lake Ridge Circle	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 1/02/07 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-5 | Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: December , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	277,000										1.6	0,000 Indicates no flow
2	X	24	276,000											
3	X	24	18,000										1.2	
4	X	24	90,000										1.3	
5		24	304,000										1.4	
6	X	24	299,000										1.4	
7	X	24	0,000										2.0	
8	X	24	290,000										2.0	
9	X	24	290,000											
10	X	24	0,000										1.3	
11	X	24	86,000										1.1	
12		24	270,000										1.5	
13	X	24	324,000										1.5	
14	X	24	0,000										1.3	
15	X	24	155,000										1.3	
16	X	24	154,000											
17	X	24	110,000										1.2	
18	X	24	0,000										1.2	
19		24	293,000										1.7	
20	X	24	280,000										1.5	
21	X	24	0,000										1.7	
22	X	24	155,000										1.8	
23	X	24	155,000											
24	X	24	0,000										1.6	
25		24	0,000										1.2	
26	X	24	163,000										1.5	
27	X	24	212,000										1.5	
28	X	24	0,000										1.3	
29	X	24	155,000										1.3	
30	X	24	155,000											
31	X	24	137,000										1.2	
Total			4,648,000											
Average			149,94											
Maximum			324,000											

LAKE RIDGE

12651 LAKE RIDGE CLUB PWS # 3354883-5

MONTH AND YEAR DECEMBER 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1000	387354	277	345.9	6.2	34	1.25	1.0	1.6	705	40	RAP
2			276		6.2	31.5	1.25					
3	0845	387707	8	358.3	0.4	31.5		0.9	1.2	700	40	TC
4	1030	387925	90	358.7	2.1		0.5	1.0	1.3	690	40	TC
5	1150	388015	304	360.8	6.8	31	0.5	1.0	1.4	690	40	RAP
6	1010	388319	299	367.6	6.7	30.5	1.0	1.0	1.4	675	40	RAP
7	1015	388618	0	374.3	0	29.5	0	2.3	2.0	670	40	RAP
8	0710	388618	290	374.3	7.0	29.5	1.25	1.7	2.0	725	40	RAP
9			290		6.0		1.25					
10	1300	389198	—	387.3	—	27	—	1.4	1.3	685	40	TC
11	1030	389484	86	387.3	2.1	27	1.0	1.6	1.1	715	40	TC
12	1320	389754	270	389.3	6.1	26	1.0	1.8	1.5	695	40	RAP
13	0715	389554	324	395.4	7.2	25	1.5	1.7	1.5	690	40	RAP
14	1205	389878	0	402.6	0	29.5	0	2.0	1.3	700	40	RAP
15	1300	389878	155	402.6	4.0	23.5	1.5	1.5	1.3	720	40	RAP
16			154		3.0		1.0					
17	0935	390187	110	409.6	2.6	21	1.0	1.1	1.2	705	40	TC
18	1220	390297	0	412.2	0	20	0	1.6	1.2	720	40	TC
19	1045	390297	293	412.2	6.6	20	1.0	1.5	1.7	720	40	RAP
20	1040	390590	280	418.8	6.3	19	1.0	1.6	1.5	705	40	RAP
21	0825	390870	0	425.1	0	18/49	0	2.0	1.7	710	40	RAP
22	0935	390870	155	425.1	4.0	49	0.5	2.1	1.8	730	40	RAP
23			155		3.2		0.5					
24	0650	391180	—	432.3	—	48	—	1.9	1.6	715	40	TC
25	0725	391180	0	432.3	0	48	0	1.7	1.2	725	40	TC
26	1050	391180	163	732.3	3.8	48	0.5	2.0	1.5	730	40	RAP
27	1020	391343	212	436.1	4.8	47½	0.5	1.7	1.5	715	40	RAP
28	1000	391555	0	440.9	0	47	0	1.6	1.3	715	40	RAP
29	0945	391555	155	440.9	4.0	47	1.0	1.5	1.3	715	40	RAP
30			155		3.1		1.0					
31	0345	391865	137	448.0	3.2	45	1.0	1.6	1.2	720	40	TC
1	0930	392002		451.2		44		1.4	1.0	725	40	TC
TOTAL		4618										
AVG		14994										

1-7 = 180 22-28 = 98

8-14 = 130

15-21 = 142

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)			PWS Identification Number:	3354883-5
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,291		Total Population Served at End of Month:	18,518	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE RIDGE		Plant Telephone Number:	
Plant Address:	12651 Lake Ridge Circle	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 12/05/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-5 | Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: November , 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	354,000										1.5	0,000 Indicates no flow
2	X	24	119,000										1.6	
3	X	24	276,000										1.5	
4	X	24	303,000										1.1	
5		24	302,000											
6	X	24	132,000										1.0	
7	X	24	0,000										1.2	
8	X	24	280,000										1.0	
9	X	24	0,000										1.0	
10	X	24	312,000										0.9	
11	X	24	159,000										1.0	
12		24	159,000											
13	X	24	131,000										1.1	
14	X	24	312,000										0.9	
15	X	24	251,000										1.0	
16	X	24	0,000										1.1	
17	X	24	152,000										1.3	
18	X	24	151,000											
19		24	286,000										0.9	
20	X	24	125,000										0.9	
21	X	24	307,000										0.7	
22	X	24	260,000										2.0	
23	X	24	133,000										1.5	
24	X	24	331,000										1.7	
25		24	331,000											
26	X	24	88,000										0.7	
27	X	24	87,000										1.1	
28	X	24	286,000										1.0	
29	X	24	253,000										1.2	
30	X	24	0,000										1.2	
Total			5,880,000											
Average			196,000											
Maximum			354,000											

LAKE RIDGE

12651 LAKE RIDGE CLUB PWS # 3354883-5

MONTH AND YEAR NOVEMBER 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	0930	381474	354	9212.7	7.9	41.5	1.5	1.0	1.5	690	20	RAP
2	0935	381828	119	220.6	2.8	40	0.5	1.5	1.6	690	20	RAP
3	0940	381947	276	223.4	6.0	39.5	2.5	1.2	1.5	690	20	RAP
4	0615	382223	303	229.4	7.0	37.0	0.25	1.4	1.1	695	20	AC
5			302		6.9		0.25					
6	1040	382828	132	243.3	3.1	36.5	0	1.1	1.0	665	20	AC
7	1144	382960	0	246.4	0	36.5	0	0.8	1.2	670	20	RAP
8	1055	382960	280	246.4	6.3	36.5	—	1.0	1.0	690	20	RAP AC
9	8:15	383240	0	252.7	6	47	—	1.1	1.0	690	30	SP
10	7:15	383240	312	252.7	7.0	47	1.0	1.0	0.9	680	30	SP
11	1140	383552	159	259.7	3.6	46		0.6	1.0	680	30	AC
12			159		3.6		1.0					
13	7:15	383870	131	266.9	3.1	45	0.5	1.2	1.1	690	30	SP
14	7:15	384001	312	270.0	7.0	44.5	0.5	1.1	0.9	685	30	SP
15	1100	384313	251	277.0	5.7	44.0	1.0	1.0	1.0	690	30	RAP
16	7:15	384564	0	282.7	0	43	0	1.2	1.1	690	30	SP
17	1020	384564	152	282.7	3.4	43	2.0	1.0	1.3	690	30	RAP
18			151		3.4		1.5					
19	0715	384867	286	289.5	6.4	40.5	.50	1.1	0.9	685	30	AC
20	1230	385153	125	295.9	2.9	40	.25	0.7	0.9	695	30	AC
21	1000	385278	307	298.8	6.9	39.75	0	0.6	0.7	695	30	AC
22	0900	385585	268	305.7	6.2	39.75	0.5	1.0	2.0	690	30	RAP
23	1000	385848	133	311.9	2.8	39.25	.25	1.0	1.5	690	30	RAP
24	1245	385978	331	314.7	7.5	39	1.5	0.9	1.7	690	30	RAP
25			331		7.4		1.5					
26	1025	386640	84	329.6	2.1	36	.25	1.2	0.7	695		AC
27	1030	386728	87	331.7	2.0	35.75	.25	0.8	1.1	695		AC
28	7:45	386815	286	333.7	6.5	35	1.0	1.0	1.0	695	40	SP
29	7:45	387101	253	340.2	5.7	34	0	1.0	1.2	690	40	SP
30	1240	387354	0	345.9	0	34	0	1.0	1.2	685	40	RAP
31	1000	387354		345.9		34		1.0	1.6	705	40	RAP
1												
TOTAL		5550										
AVG		179.03										

1-7 = 212

-14 = 192

-21

-28 = 217

6034

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: October , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)			PWS Identification Number:	3354883-5
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193		Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE RIDGE			Plant Telephone Number:	
Plant Address:	12651 Lake Ridge Circle		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 11/02/06

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

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

PWS Identification Number: 3354883-5 | Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: October , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	0,000										1.6	0.000 Indicates no flow
2	X	24	0,000										1.7	
3	X	24	0,000										1.0	
4	X	24	690,000										1.0	
5	X	24	610,000										0.6	
6	X	24	704,000										1.5	
7		24	705,000											
8	X	24	669,000										0.7	
9	X	24	469,000										1.0	
10	X	24	647,000										0.7	
11	X	24	696,000										2.5	
12	X	24	417,000										1.8	
13	X	24	275,000										1.3	
14		24	274,000											
15	X	24	1,194,000										0.8	
16	X	24	234,000										0.9	
17	X	24	480,000										2.0	
18	X	24	636,000										1.0	
19	X	24	338,000										1.5	
20	X	24	250,000										1.0	
21		24	249,000											
22	X	24	1,168,000										1.2	
23	X	24	215,000										1.0	
24	X	24	324,000										1.1	
25	X	24	509,000										1.3	
26	X	24	436,000										1.5	
27	X	24	210,000										1.2	
28	X	24	242,000										1.0	
29		24	243,000											
30	X	24	203,000										1.1	
31	X	24	314,000										1.0	
Total			13,401,000											
Average			432,290											
Maximum			1,194,000											

LAKE RIDGE

12651 LAKE RIDGE CLUB PWS # 3354883-5

MONTH AND YEAR October 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	0930	368772	—	909.5	—	48	—	3.0	1.0	655	15	RAP
2	1000	368873	—	909.5	—	48	—	3.5	1.0	655	15	RAP
3	0910	368973	—	909.5	—	48	—	3.5	1.0	655	15	RAP
4	0945	369073	690	909.5	15.5	48	.5	2.5	1.0	750	15	RAP
5	1100	369763	610	8925.0	14.0	47.5	2.0	1.0	0.6	710	10%	DSA
6	1317	369373	701	8939.0	15.8	45.5	4.0	1.0	1.5	700	10	RAP
7			705		15.9		3.5					
8	1030	370782	669	8970.7	15.3	38	3.0	1.0	0.7	710	10	N/C
9	0955	371451	469	9816.0	10.7	35	—	0.8	1.0	710	10	N/C
10	1515	371920	647	996.7	14.6	35	3.0	0.8	0.7	705	40	RAP
11	1225	372567	696	9011.3	15.5	49	3.5	3.0	2.5	730	40	RAP
12	1005	373263	417	26.8	9.6	45.5	1.5	1.1	1.8	720	40	RAP
13	1150	373680	275	36.4	6.0	44	2.3	1.0	1.3	710	40	RAP
14			274		5.8		2.2					
15	0900	374229	1194	48.2	27.2	39.5	4.5	1.3	0.8	725	40	N/C
16	1105	375423	234	75.4	5.4	35	0.5	1.2	0.4	715	30	N/C
17	1100	375657	480	80.8	10.7	34.5	1.0	1.5	2.0	715	30	RAP
18	0940	376137	636	91.5	13.8	33.5	2.5	1.0	1.0	715	30	RAP
19	1030	376773	338	105.3	8.3	31	1.0	1.5	1.5	720	30	RAP
20	0950	377111	250	113.6	6.0	30	1.5	2.0	1.0	630	30	RAP
21			249		5.1		1.5					
22	0735	377610	1168	124.7	26.6	27	1.5	2.2	1.2	655	30	RAP
23	1220	378778	215	151.3	5.0	23.5	1.5	1.0	1.0	650	30	N/C
24	0955	378993	324	156.3	7.1	24	1.0	1.0	1.1	650	30	RAP
25	1040	379317	509	163.4	11.1	49	2.0	1.1	1.3	665	30	RAP
26	0725	379826	436	174.5	10.5	47	1.0	1.5	1.5	670	25	RAP
27	0930	380262	210	185.0	4.9	46	1.0	1.0	1.2	655	25	RAP
28	1135	380472	242	189.9	5.5	45	.50	0.8	1.0	670	25	RAP
29			243		5.5		.50					
30	1000	380957	203	9200 9	4.7	44	1.0	1.1	1.1	670	20	C.S
31	0935	381160	314	9205.6	7.1	43	1.5	0.9	1.0	680	20	RAP
1	0930	381474		212.7		41.5		1.0	1.5	690	20	RAP
TOTAL		13401										
AVG		432.290										

* Leg

N/C

*

AVG FLOW 1-7 — 387
8-14 — 492
15-21 — 483
22-28 —
29-1 —

6034

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)		PWS Identification Number:	3354883-5
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175	
PWS Owner:	LAKE UTILITY SERVICES INC.			
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name:	LAKE RIDGE	Plant Telephone Number:		
Plant Address:	12651 Lake Ridge Circle	City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 10/04/06 — Signature and Date

Steve Pfouts — Printed or Typed Name

C-14204 — License Number

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

PWS Identification Number: 3354883-5 | Plant Name: LAKE RIDGE CLUB

Daily Data for the Month/Year of: September , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	286,000										1.1	0,000 Indicates no flow
2		24	286,000											
3	X	24	1,000										1.1	
4	X	24	0,000										1.5	
5	X	24	270,000										2.0	
6	X	24	322,000										2.0	
7	X	24	0,000										2.0	
8	X	24	288,000										1.4	
9		24	288,000											
10	X	24	0,000										1.1	
11	X	24	0,000										1.0	
12	X	24	319,000										0.8	
13	X	24	305,000										1.5	
14	X	24	157,000										2.0	
15	X	24	197,000										2.1	
16	X	24	441,000										1.3	
17		24	441,000											
18	X	24	190,000										0.9	
19	X	24	238,000										0.8	
20	X	24	359,000										1.0	
21	X	24	490,000										0.7	
22	X	24	0,000										0.6	
23	X	24	0,000										1.8	
24		24	0,000											
25	X	24	0,000										2.4	
26	X	24	0,000										1.6	
27	X	24	0,000										1.5	
28	X	24	8,000										1.6	
29	X	24	0,000										1.5	
30		24	0,000											
31														
Total			4,886,000											
Average			162,860											
Maximum			490,000											

LAKE RIDGE

12651 LAKE RIDGE CLUB PWS # 3354883-5

MONTH AND YEAR Sept 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1105	363157	256	8733.9	6.6	47	0.75	1.60	1.1	O/S	20	RAP
2			256		6.6		0.75	O/S				
3	1545	363759	1	8742.1	0.1	45.5	—	1.4	1.1	O/S	30	
4	1205	363760	—	874.2	—	45.5	0.5	1.40	1.5	O/S	30	RAP
5	1015	363760	270	744.2	6.4	45.0	0.5	1.0	2.0	O/S	30	RAP
6	1055	364030	322	875.36	7.2	44.5	1.0	1.10	2.0	O/S	30	RAP
7	1020	364352	—	760.8	—	43.5	—	0.9	2.0	O/S	30	RAP
8	0920	364352	288	760.8	6.6	43.5	1.5	1.5	1.4	O/S	30	RAP
9			288		6.6		1.5					
10	1600	364928	—	774.0	—	40.5	—	1.4	1.1	O/S	25%	DS.T
11	1030	364928	—	774.0	0.1	40.5	—	1.2	1.0	O/S	25%	SP
12	0950	364928	319	774.1	7.3	41	1.0	0.8	0.8	O/S	25	WSP
13	1040	365247	305	781.4	7.0	40	1.5	1.3	1.5	O/S	25	RAP
14	0945	365552	157	785.4	4.5	35.5	0.5	1.5	2.0	O/S	25	RAP
15	1240	365709	197	792.9	5.9	35	3.0	1.5	2.1	O/S	25	RAP
16	1910	365906	441	796.8	10.3	32	1.25	1.4	1.3	O/S	20	TC
17			441		10.4	~~32.75~~	1.0					TC
18	1250	366788	190	817.5	4.5	32.75	1.75	0.4	0.9	O/S	20	TC *
19	1140	366978	238	822.0	5.6	31	0.5	1.1	0.8	O/S	20	RAP
20	1000	367216	359	827.6	8.2	30.5	—	1.2	1.0	O/S	20	RAP
21	0925	367575	490	835.8	14.2	30.5	—	0.9	0.7	O/S	20	RAP
22	0945	368065		850.0	12.2	30.5	1.5	1.0	0.6	O/S	20	RAP
23	2050	368066		862.2	16.9	29.0	3.0	1.2	1.8	O/S		TC
24					16.9		4.0					
25	1407	368066		896.0	13.3	22	3.0	1.5	2.4	O/S	20	TC
26	0855	368065		909.3	—	19	—	3.5	1.6	O/S	20	RAP
27	0905	368065		909.3	—	19	—	2.5	1.5	O/S	20	RAP
28	0900	368065	8	909.3	0.1	19/48	—	2.5	1.6	O/S	20	RAP
29	0930	368073		909.4	0.5	48	—	3.5	1.5	O/S	20	RAP
30					0.5							
31												
1	0940	368077		909.5		48		3.1	1.6	O/S		TC
TOTAL		4886										
AVG		162.86										

O/S *

* Empty O/S

634

WATER LOSS RECORD

Lake Ridge WTP Sept 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Sept. 2006	ORP Analyzer						200 gpd	
	Eye Wash						5 gpd	
								Total 6,150

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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: August , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)			PWS Identification Number:	3354883-5
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	5,193			Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn			Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.			City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919			Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	LAKE RIDGE			Plant Telephone Number:	
Plant Address:	12651 Lake Ridge Circle			City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Steve Pfouts	C	14204	Days Mon-Fri
Other Operators:	Domenic Gentilucci	C	12562	Days Mon-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sun-Tue
	Raymond Parrish	C	12740	Days Tue-Sat

II. Certification by Lead/Chief Operator

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

Steve Pfouts 9/6/06	Steve Pfouts	C-14204
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: 3354883-5 | Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: August , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	332,000										0.6	0,000 Indicates no flow
2	X	24	546,000										0.6	
3	X	24	585,000										1.0	
4	X	24	292,000										0.9	
5		24	293,000											
6	X	24	121,000										0.6	
7	X	24	0,000										0.8	
8	X	24	342,000										0.6	
9	X	24	549,000										0.7	
10	X	24	557,000										0.6	
11	X	24	515,000										0.6	
12		24	515,000											
13	X	24	0,000										0.7	
14	X	24	190,000										1.5	
15	X	24	403,000										0.9	
16	X	24	581,000										0.8	
17	X	24	641,000										1.0	
18	X	24	347,000										1.1	
19		24	347,000											
20	X	24	564,000										1.0	
21	X	24	258,000										1.3	
22	X	24	318,000										1.3	
23	X	24	615,000										0.7	
24	X	24	0,000										0.9	
25	X	24	243,000										1.5	
26		24	244,000											
27	X	24	0,000										1.1	
28	X	24	0,000										0.9	
29	X	24	264,000										0.8	
30	X	24	216,000										0.8	
31	X	24	0,000										2.5	
Total			9,878,000											
Average			318,645											
Maximum			641,000											

634

WATER LOSS RECORD

Lake Ridge WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 6,200

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

634

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)	PWS Identification Number:	3354883-5
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,193	Total Population Served at End of Month:	18,175
PWS Owner:	LAKE UTILITY SERVICES INC.		
Contact Person:	Patrick Flynn	Contact Person's Title:	Regional Director
Contact Person's Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES	Plant Telephone Number:	
Plant Address:	2425 US HWY 27	City: CLERMONT	State: FLORIDA Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 8-4-06 | Domenic Gentilucci | C-12562

Signature and Date | Printed or Typed Name | License Number

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

031

PWS Identification Number: 3354883-5 | Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: JULY , 2006

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

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	78,000										1.0	0,000 Indicates no flow
2		24	78,000											
3	X	24	0,000										0.7	
4	X	24	280,000										0.6	
5	X	24	318,000										0.6	
6	X	24	0,000										0.7	
7	X	24	0,000										0.9	
8	X	24	88,000										0.6	
9		24	88,000											
10	X	24	0,000										0.8	
11	X	24	131,000										0.9	
12	X	24	260,000										0.8	
13	X	24	0,000										0.9	
14	X	24	417,000										0.9	
15		24	418,000											
16	X	24	0,000										0.7	
17	X	24	0,000										0.7	
18	X	24	276,000										0.7	
19	X	24	302,000										0.8	
20	X	24	0,000										0.8	
21	X	24	399,000										0.9	
22		24	400,000											
23	X	24	0,000										0.6	
24	X	24	0,000										0.5	
25	X	24	276,000										0.7	
26	X	24	311,000										1.0	
27	X	24	0,000										0.7	
28	X	24	332,000										0.6	
29	X	24	341,000										0.7	
30		24	342,000											
31	X	24	0,000										0.6	
Total			5,135,000											
Average			165,645											
Maximum			418,000											

Revised

FILE COPY

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

PWS Identification Number: 3354883-5 Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: JULY , 2006

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant staffed or Visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
													1.0	0.000 Indicates no flow
1	X	24	78,000											
2		24	78,000										0.7	
3	X	24	0,000										0.6	
4	X	24	280,000										0.6	
5	X	24	318,000										0.7	
6	X	24	0,000										0.9	
7	X	24	0,000										0.6	
8	X	24	88,000											
9		24	88,000										0.8	
10	X	24	0,000										0.9	
11	X	24	131,000										0.8	
12	X	24	260,000										0.9	
13	X	24	0,000										0.9	
14	X	24	417,000											
15		24	418,000										0.7	
16	X	24	0,000										0.7	
17	X	24	0,000										0.7	
18	X	24	276,000										0.8	
19	X	24	302,000										0.8	
20	X	24	0.000										0.9	
21	X	24	399,000											
22		24	400,000										0.6	
23	X	24	0,000										0.5	
24	X	24	0,000										0.7	
25	X	24	276,000										1.0	
26	X	24	311,000										0.7	
27	X	24	0,000										0.6	
28	X	24	332,000										0.7	
29	X	24	341,000											
30		24	342,000										0.6	
31	X	24	0,000											
Total			5,135,000											
Average			270.263											
Maximum			418,000											

0.166

WATER LOSS RECORD

Lake Ridge WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
							200	
							200	
							200	

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 , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (LAKE RIDGE CLUB)			PWS Identification Number:	3354883-5
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,088		Total Population Served at End of Month:	17,808	
PWS Owner:	LAKE UTILITY SERVICES INC.				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director	
Contact Person's Mailing Address:	200 Weathersfield Ave.		City: Altamonte Springs	State: Florida	Zip Code: 32714
Contact Person's Telephone Number:	1-407-869-1919		Contact Person's Fax Number:	1-407-869-6961	
Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.com				

B. Water Treatment Plant Information

Plant Name:	GREATER GROVES			Plant Telephone Number:	
Plant Address:	2425 US HWY 27		City: CLERMONT	State: FLORIDA	Zip Code: 34714
Type of Water Treated by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	396,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Domenic Gentilucci	C	12562	Days Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days Tue-Fri
	Daniel Anderson	A	7141	Days Mon-Fri
	Charles Schwades	C	7368	Days Mon-Fri
	James Carroll	C	8494	Days Sat-Tue

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (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

Domenic Gentilucci 7-7-06 | Domenic Gentilucci | C-12562

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: 3354883-5 | Plant Name: LAKE RIDGE CLUB

III. Daily Data for the Month/Year of: JUNE , 2006

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

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

Day of the Month	Days plant staffed or visited by Operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	362,000										1.5	0.000 Indicates no flow
2	X	24	126,000										1.2	
3		24	526,000											
4	X	24	526,000										1.4	
5	X	24	0,000										1.1	
6	X	24	175,000										0.7	
7	X	24	377,000										0.4	
8	X	24	648,000										1.8	
9	X	24	574,000										0.9	
10		24	640,000											
11	X	24	641,000										1.5	
12	X	24	0,000										0.4	
13	X	24	0,000										0.5	
14	X	24	277,000										1.0	
15	X	24	304,000										0.9	
16	X	24	0,000										0.8	
17	X	24	328,000										0.6	
18		24	183,000											
19	X	24	184,000										0.6	
20	X	24	157,000										0.6	
21	X	24	357,000										0.6	
22	X	24	357,000										0.9	
23	X	24	526,000										1.2	
24		24	260,000											
25	X	24	261,000										1.0	
26	X	24	0,000										1.1	
27	X	24	0,000										1.0	
28	X	24	62,000										1.1	
29	X	24	213,000										1.0	
30	X	24	0,000										1.1	
31														
Total			8,064,000											
Average			268,800											
Maximum			648,000											

WATER LOSS RECORD

Lake Ridge WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Ridge WTP							6,000
								Total 6,000

TYPE CODES : 1) WATER BREAKS
2) FLUSHING HYDRANTS
3) METER DEFECT
4) CONSTRUCTION
5) OTHER

METAL HYDRANT DIFFUSER = 3 INCH = 250
STEAMER DIFFUSER = 4.5 INCH = 2500
ORP = 200 gpd

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

over permitted capacity (21 days)

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. - NORTH**	**(LAKE RIDGE CLUB)**	PWS Identification Number: **3354883-5**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **LAKE RIDGE CLUB**		Plant Telephone Number: 407-869-1919
Plant Address: **12651 Lake Ridge Circle**	City: **CLERMONT**	State: **Fl** / Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days - Tue - Sat
	James Carroll	C	8494	DAYS- Sun,Mon,Tue
	Bill Coates	C	8333	Days - Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6-5-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-5** | Plant Name: **LAKE RIDGE CLUB**

MAY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	495,000										2.7	.000 Indicates No Flow
2	X	24	0.000										2.5	
3	X	24	350,000										2.5	
4	X	24	666,000										2.6	
5	X	24	637,000										0.8	
6		24	711,000											
7	X	24	711,000										1.8	
8	X	24	715,000										1.5	
9	X	24	564,000										1.4	
10	X	24	407,000										1.3	
11	X	24	636,000										1.4	
12	X	24	0.000										1.6	
13	X	24	317,000										1.3	
14		24	461,000											
15	X	24	462,000										1.6	
16	X	24	183,000										1.5	
17	X	24	230,000										1.6	
18	X	24	553,000										1.4	
19	X	24	519,000										1.4	
20		24	464,000											
21	X	24	464,000										1.6	
22	X	24	670,000										1.8	
23	X	24	0.000										1.3	
24	X	24	347,000										1.0	
25	X	24	653,000										1.0	
26	X	24	600,000										1.4	
27		24	468,000											
28	X	24	469,000										1.2	
29	X	24	571,000										1.4	
30	X	24	305,000										1.7	
31	X	24	378,000										1.4	
Total			14,006,000											
Average			451,800											
Maximum			715,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Ridge

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (Hrs)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		5			200	ORP METER
2		5			200	" "
3		5			200	" "
4		5			200	
5		5			200	
6		5			200	
7		5			200	
8		5			200	
9		5			200	
10		5			200	
11		5			200	
12		5			200	
13		5			200	
14		5			200	
15		5			200	
16		5			200	
17		5			200	
18		5			200	
19		5			200	
20		5			200	
21		5			200	
22		5			200	
23		5			200	
24		5			200	
25		5			200	
26		5			200	
27		5			200	
28		5			200	
29		5			200	
30		5			200	
31		5			200	

Total 6,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other ORP meter

Form Modified 1/20/04

File: Flushing & Water Loss Record

634

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: APRIL , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. - NORTH**	**(LAKE RIDGE CLUB)**	PWS Identification Number: **3354883-5**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,179**	Total Population Served at End of Month: **18,126**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **LAKE RIDGE CLUB**		Plant Telephone Number: 407-869-1919	
Plant Address: **12651 Lake Ridge Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days , Tue - Sat
	James Carroll	C	8494	DAYS- Sun,Mon,Tue
	Bill Coates	C	8333	Days , Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
5/3/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-5** | Plant Name: **LAKE RIDGE CLUB**

APRIL , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	434,000											.000 Indicates No Flow
2	X	24	435,000										1.5	
3	X	24	695,000										1.9	
4	X	24	0,000										2.0	
5	X	24	296,000										1.9	
6	X	24	610,000										1.7	
7	X	24	554,000										1.8	
8	X	24	335,000										1.7	
9		24	110,000											
10	X	24	110,000										1.5	
11	X	24	0,000										1.4	
12	X	24	317,000										2.0	
13	X	24	303,000										2.0	
14	X	24	0,000										1.5	
15		24	319,000											
16	X	24	320,000										1.4	
17	X	24	568,000										1.8	
18	X	24	1,000										2.0	
19	X	24	342,000										2.2	
20	X	24	634,000										2.1	
21	X	24	529,000										1.9	
22		24	160,000											
23	X	24	160,000										1.6	
24	X	24	574,000										2.3	
25	X	24	0,000										2.6	
26	X	24	346,000										2.4	
27	X	24	526,000										2.4	
28	X	24	0,000										2.3	
29	X	24	348,000										2.0	
30		24	495,000											
31														
Total			9,521,000											
Average			317,300											
Maximum			695,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE Ridge

MONTH/YEAR: APRIL

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					6000	ORP = 200 GPD

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES, INC. - NORTH**	**(LAKE RIDGE CLUB)**	PWS Identification Number: **3354883-5**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **LAKE RIDGE CLUB**		Plant Telephone Number: 407-869-1919	
Plant Address:**12651 Lake Ridge Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days , Tue - Sat
	James Carroll	C	8494	DAYS- Sun,Mon,Tue
	Bill Coates	C	8333	Days , Mon - Fri

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
4/4/06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-5**	Plant Name: **LAKE RIDGE CLUB**

MARCH , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	214,000										1.3	.000 Indicates No Flow
2	X	24	235,000										1.4	
3	X	24	0,000										1.3	
4		24	125,000											
5	X	24	126,000										1.2	
6	X	24	304,000										1.3	
7	X	24	0,000										1.6	
8	X	24	244,000										1.4	
9	X	24	240,000										1.3	
10	X	24	0,000										1.3	
11		24	305,000											
12	X	24	305,000										1.5	
13	X	24	44,000										1.1	
14	X	24	0,000										1.4	
15	X	24	244,000										1.2	
16	X	24	288,000										1.3	
17	X	24	0,000										1.4	
18		24	324,000											
19	X	24	325,000										1.5	
20	X	24	548,000										1.6	
21	X	24	0,000										1.5	
22	X	24	290,000										1.6	
23	X	24	281,000										1.8	
24	X	24	0,000										1.3	
25	X	24	357,000										1.6	
26		24	492,000											
27	X	24	493,000										1.8	
28	X	24	0,000										1.9	
29	X	24	394,000										1.9	
30	X	24	637,000										1.7	
31	X	24	537,000										1.6	
Total			7,352,000											
Average			237,161											
Maximum			637,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Ridge Club

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					25	PC
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					25	PC
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					25	

6,200 = ORP

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

6,250 TOTAL

ORP - 200GPD

PC = Plant eyewash

Form Modified 1/30/04

File: Flushing & Water Loss Record

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

6324

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: FEBRUARY , 2006

A. Public Water System (PWS) Information

PWS Name: ~~LAKE RIDGE CLUB~~ LAKE UTILITY SERVICES, INC - NORTH		PWS Identification Number: 3354883-5
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**	
PWS Owner: **LAKE UTILITY SERVICES INC.**		
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: **LAKE RIDGE CLUB**			Plant Telephone Number: 407-869-1919
Plant Address: **12651 Lake Ridge Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days , Tue - Sat
	James Carroll	C	8494	DAYS- Sun,Mon,Tue
	Bill Coates	C	8333	Days , Mon - Fri

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 3/3/06

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: **3354883-5** | Plant Name: **LAKE RIDGE CLUB**

FEBRUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	183,000										1.3	.000 Indicates No Flow
2	X	24	191,000										1.4	
3	X	24	0,000										1.4	
4		24	0,000											
5	X	24	0,000										1.3	
6	X	24	0,000										1.2	
7	X	24	0,000										1.3	
8	X	24	0,000										1.3	
9	X	24	143,000										1.3	
10	X	24	0,000										1.2	
11		24	60,000											
12	X	24	61,000										1.1	
13	X	24	0,000										1.3	
14	X	24	2,000										1.3	
15	X	24	215,000										1.2	
16	X	24	219,000										1.1	
17	X	24	0,000										1.3	
18		24	128,000											
19	X	24	129,000										1.4	
20	X	24	239,000										1.3	
21	X	24	0,000										1.3	
22	X	24	213,000										1.4	
23	X	24	237,000										1.5	
24	X	24	0,000										1.4	
25		24	115,000											
26	X	24	116,000										1.3	
27	X	24	182,000										1.4	
28	X	24	0,000										1.3	
29														
30														
31														
Total			2,433,000											
Average			152,063											
Maximum			239,000											

Sw 1575

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE Ridge CLUB

MONTH/YEAR: FEB 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE GATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8					10,000	HYDRO TANK INSPECTION
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

5,600 ORP

15,600 TOTAL

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

ORP = 5,600

Form Modified 1/20/04

File: Flushing & Water Loss Record

634.

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE RIDGE CLUB**			PWS Identification Number: **3354883-5**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **5,088**	Total Population Served at End of Month: **17,808**		
PWS Owner: **LAKE UTILITY SERVICES INC. - North**			
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: **LAKE RIDGE CLUB**			Plant Telephone Number: 407-869-1919
Plant Address: **12651 Lake Ridge Circle**	City: **CLERMONT**	State: **Fl**	Zip Code: **34711**
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS Mon-Fri
Other Operators:	Steve Pfouts	C	14204	Days . Tue - Sat
	James Carroll	C	8494	DAYS- Sun.Mon.Tue
	Bill Coates	C	8333	Days . Mon - Fri

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2-3-06
Signature and Date

Charles G. Schwades
Printed or Typed Name

C-7368
License Number

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

PWS Identification Number: **3354883-5** | Plant Name: **LAKE RIDGE CLUB**

JANUARY , 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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	X	24	44,000										1.2	.000 Indicates No Flow
2	X	24	0,000										1.2	
3	X	24	0,000										1.3	
4	X	24	115,000										1.4	
5	X	24	141,000										1.3	
6	X	24	0,000										1.3	
7		24	76,000											
8	X	24	75,000										1.1	
9	X	24	0,000										1.3	
10	X	24	0,000										1.3	
11	X	24	0,000										1.0	
12	X	24	0,000										1.3	
13	X	24	0,000										1.3	
14		24	0,000											
15	X	24	0,000										1.1	
16	X	24	0,000										1.3	
17	X	24	0,000										1.4	
18	X	24	0,000										1.2	
19	X	24	0,000										1.2	
20	X	24	0,000										1.4	
21		24	0,000											
22	X	24	0,000										1.3	
23	X	24	0,000										1.0	
24	X	24	0,000										1.3	
25	X	24	0,000										0.7	
26	X	24	204,000										1.0	
27	X	24	0,000										1.4	
28		24	215,000											
29	X	24	216,000										1.8	
30	X	24	0,000										1.2	
31	X	24	0,000										1.4	
Total			1,086,000											
Average			35,032											
Maximum			216,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Ridge Club

MONTH/YEAR: JAN 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

OIP = 200 GPD

6,200

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

pc Plant Eyewash

6604

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: JANUARY , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE SAUNDERS**			PWS Identification Number: **3354695**
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: **44**		Total Population Served at End of Month: **154**	
PWS Owner: **LAKE UTILITY SERVICES INC.**			
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: **LAKE SAUNDERS**			Plant Telephone Number:
Plant Address: ALANE CT & CARROLLS CT	City: TAVARES	State: Fl	Zip Code:
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 396,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.):C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	A	7141	DAYS Mon - Fri-Sat
Other Operators:	Bill Coates	C	8333	DAYS Mon- Fri
	Charles G. Schwades	C	7368	DAYS
	Steve Pfouts	C	14204	Days . Tue - Sat

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 2-3-06 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

PWS Identification Number: **3354696** | Plant Name: **Lake Saunders**

III. Daily Data for the Month/Year **JANUARY , 2006**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to 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-mm/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	10,000											
2	X	24	10,000										1.7	
3	X	24	11,000										1.7	
4	X	24	9,000										1.6	
5	X	24	12,000										1.6	
6	X	24	9,000										1.7	
7		24	11,000											
8	X	24	11,000										1.3	
9	X	24	13,000										1.0	
10	X	24	11,000										1.3	
11	X	24	14,000										1.4	
12	X	24	9,000										1.4	
13	X	24	11,000										1.3	
14		24	8,000											
15	X	24	9,000										1.0	
16	X	24	20,000										1.5	
17	X	24	9,000										1.2	
18	X	24	12,000										1.1	
19	X	24	12,000										1.3	
20	X	24	12,000										1.2	
21		24	12,000											
22	X	24	12,000										1.1	
23	X	24	17,000										1.3	
24	X	24	4,000										1.3	
25	X	24	21,000										1.1	
26	X	24	6,000										1.8	
27	X	24	12,000										1.6	
28		24	13,000											
29	X	24	13,000										1.3	
30	X	24	12,000										1.6	
31	X	24	10,000										1.4	
Total			355,000											
Average			11,452											
Maximum			21,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE SAUNDERS

MONTH/YEAR: JANUARY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (Hrs)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					4,000	BW
2					2,000	BW
3					4,000	BW
4					2,000	BW
5					4,000	BW
6					2,000	BW
7					4,000	BW
8					2,000	BW
9					4,000	BW
10					2,000	BW
11					4,000	BW
12					2,000	BW
13					4,000	BW
14					2,000	BW
15					4,000	BW
16					2,000	BW
17					4,000	BW
18					2,000	BW
19					4,000	BW
20					2,000	BW
21					4,000	BW
22					2,000	BW
23					4,000	BW
24					2,000	BW
25					4,000	BW
26					2,000	BW
27					4,000	BW
28					2,000	BW
29					4,000	BW
30					2,000	BW
31					4,000	BW

94,000

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other BW / BACKWashing FILTERS

Form Modified 1/30/04

File: Flushing & Water Loss Record

LAKE SAN

Operator _____
Operator _____
Operator _____
Operator _____

~~WTP~~

~~1040 Vista Del Sol Circle~~

Plant / PWS ~~# 0350177~~

Month JANUARY

Date	Time	POE METER	POE FLOW	Well 2 METER	Well 2 FLOW	Well 2 ETM	hrs	Well 1 METER	Well 1 FLOW	Well 1 ETM	hrs	HSP 1 ETM	hrs	HSP 2 ETM	h
Previous		24119		—		22.8		—		2954.7					
1			10												
2		24139	10			22.8				2955.8					
3		24150	11			22.8				2956.4	0.6				
4		24159	9			22.8				2957.0					
5		24171	12			22.8				2957.7	0.7				
6		24180	9			22.8				2958.2	0.5				
7			11							~~2959.6~~					
8		24207	11			22.8			29	59.6	1.4				
9	0845	24215	13			22.8	—		29	60.3	0.7				
10	0700	24226	11			22.8	—		29	60.9	0.6			SAM	
11	10:00	24240	14						29	61.7					
12	1030	24249	9						29	62.3					
13	1100	24260	11						29	62.9	0.6				
14		~~24271~~	8												
15		24277	9			22.8	—		29	63.9	1.0				
16	1300	24287	20			22.8	—		29	65.1	1.2				
17	9:00	24306	9			22.8	—		29	65.6	0.5				
18	8:30	24318	12			22.8			29	66.2	0.6				
19	9:00	24330	12			22.8	ø		29	67.0	0.8				
20	13:00	24342	12			22.8			29	67.9	0.7				
21			12												
22		24360	12			22.8			29	69.0	1.3				
23	1800	24373	17			22.8	—		29	70.1	1.1				
24	6:00	24387	4			22.8	0		29	70.3	0.2				
25	1935	24408	21			22.8	—		29	71.5	1.2				
26	0400	~~24414~~	6			22.8	ø		29	71.9	0.4				
27	15:00	24426	12			22.8	ø		29	72.6	0.7				
28			13												
29		24452	13						29	74.1	1.5				
30	0430	24464	12			22.8	—		29	74.8	0.7				
31		24474	10			22.8	ø		29	75.4	0.6				
Total		355	355												
Average															
Maximum															
Minimum															

ERS

Cl_2 Remote Address _____

Year 2006 Electric Meter First _____ Last _____

SP 3 ETM	hrs	HSP 4 ETM	hrs	Cl_2 Gal.	Cl_2 Used	Cl_2 SET	ORP	CRP	CRT	GST Lvl	PSI	GEN ETM	hrs	RAIN	TIME In/Out	Op INIT.	Comments
				265								Air					
														(Air)			
								2.1	1.7		68					SP	
				25				2.2	1.7		62					SP	
				~~24~~	1			2.2	1.6		48					SP	
				23.5	0.5			2.1	1.6		58					SP	
				23	0.5			2.2	1.7		50					SP	
				20	3			2.3	1.3		44					AC	
				20	—			1.6	1.0		52			65		AC	Added Air
E				19	1			1.7	1.3		46			60		AC	Added Air *
				18	1			1.8	1.4					~~60~~		SP	Added Air
				17	1			1.9	1.4		50			~~68~~ 68	11:00	SP	added Air
				16	1			1.6	1.3		50			10%	7:20	SP	
				14	2			1.8	1.0		60					AC	
				13	1			2.3	1.5		48			69		AC	Added Air
				12	1			1.6	1.2		58			69	8:10	SP	Added Air
				11	1			1.5	1.1		58			69		SP	Added Air
				10.5	0.5			1.6	1.3		42			69		SP	
				FULL 55				1.6	1.2		45			68		SP	Added Air
				55				1.7	1.1		44			[illegible]	6L	AC	
				53	2			1.5	1.3		52			68		AC	Added Air
				52.5	0.5			1.4	1.3		50			68		SP	Added Air
				52.0	0.5			1.3	1.1		46			65		AC	Added Air
				51.5	0.5			2.2	1.8		54			68		OSA	A-7141 OSA
				51	0.5			1.9	1.6		48			67		SP	
				48				1.7	1.3		62			67		AC	
				48	—			2.4	1.6		58			62		AC	Added Air
				47	1			2.2	1.4		~~54~~ 54			65		SP	added Air
																C	SAMPLED