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 (d)

FOR THE

Test Year Ended: 6/30/2007

VOLUME III (a) - (e)

DOCUMENT NUMBER-DATE
01247 FEB 16 08
FPSC-COMMISSION CLERK

LAKE UTILITY SERVICES, INC.

DOCKET NO.: 070693-WS

ADDITIONAL ENGINEERING INFORMATION

664

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 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 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: **3354696** | Plant Name: **Lake Saunders**

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	13,000										1.8	
2	X	24	12,000										2.0	
3	X	24	12,000										1.8	
4		24	10,000											
5	X	24	11,000										1.3	
6	X	24	14,000										1.6	
7	X	24	10,000										1.4	
8	X	24	13,000										1.4	
9	X	24	10,000										1.3	
10	X	24	15,000										1.4	
11		24	9,000											
12	X	24	10,000										1.5	
13	X	24	11,000										1.3	
14	X	24	13,000										1.4	
15	X	24	14,000										1.6	
16	X	24	11,000										1.4	
17	X	24	62,000										0.7	
18		24	12,000											
19	X	24	13,000										1.1	
20	X	24	24,000										1.0	
21	X	24	13,000										1.9	
22	X	24	18,000										1.7	
23	X	24	16,000										1.8	
24	X	24	17,000										1.7	
25		24	14,000											
26	X	24	15,000										1.0	
27	X	24	12,000										1.3	
28	X	24	16,000										1.2	
29														
30														
31														
Total			420,000											
Average			15,000											
Maximum			62,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE SAUNDERS

MONTH/YEAR: FEBRUARY

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		5			4000	F. LTER BACKWASH
2		5			2025	BACKWASH + EYEWASH
3		5			4000	BW
4		5			2000	BW
5		5			4000	BW
6		5			4000	BW
7		5			2025	BW + EW
8		5			4000	BW
9		5			2000	BW
10		5			4000	BW
11		5			2000	BW
12		5			4000	BW
13		5			4025	BW + EW
14		5			2000	BW
15		5			4000	BW
16		5			46,000	BW + HYDRO TANK INSPECTION
17		5			4000	BW
18		5			2000	BW
19		5			4000	BW
20		5			2000	BW
21		5			2025	BW + EW
22		5			4000	BW
23		5			4000	BW
24		5			4000	BW
25		5			2000	BW
26		5			4000	BW
27		5			2025	BW + EW
28		5			4000	BW
29						
30						
31						

TOTAL 132,125

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other BW = BACKWASH
EW = EYEWASH

Operator _____ Plant / PWS # LAKE

CUP # _____ Month FEBRUARY

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	Rea
Previous			24474		22.8				2975.4				
1	1330	13,000	24487		22.8	Ø			2976.1	0.7	Started new M		
2	1200	12,000	24499		22.8	Ø			2976.8	0.7	All excellent		
3	1:30pm	12	24511		22.8	Ø			2977.6	0.8			
4		10											
5		11	24532						2978.8	1.2			
6	1445	14	24546						2579.6	0.8			
7	14:30	10	24556						2980.2	0.6			
8	14:30	13	24569		22.9	0.1			2980.9	0.7			
9	8:30	10	24579		22.9	Ø			2981.5	0.6			
10	19:30	15	24594		22.9	✓			2982.4	0.9			
11		9											
12	1148	10	24613		22.9	—			2983.5	1.1			
13	0735	11	24624		22.9	—			2984.6	0.6			
14	8:30	13	24637		22.9	—			2984.9	0.3			
15	1550	14	24651		22.9	Ø			2985.7	0.8	Tank inspection		Sco
16	0930	11	24662		22.9	Ø			2986.3	0.6	Tank Insp (MI) M		achine
17	0800	62	24724		22.9	Ø			2989.9	3.6	~~Collected IN the~~		~~use~~
18		12											
19	1100	13	24749		22.9	—			2991.4	1.5			
20	1020	24	24773		22.9	—			2992.7	1.3			
21	1230	13	24786		22.9	Ø			2993.5	0.8	Collected in the use B		
22	3:30pm	18	24804		22.9	—			2994.5	1.0			
23	1330	16	24820		22.9	Ø			2995.3	0.8	Major P OE sampli		
24	1400	17	24837		22.9	Ø			2996.2	0.9			
25		14											
26	1615	15	24866		22.9	—			2997.9	1.7			
27	6:15	12	24878		22.9	—			2998.7	0.8			
28	10:30	16	24891		22.9	—			2999.6	0.9			
29													
30													
31													
Total		420	420										
Average													
Maximum													
Minimum													

vders

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	Read#	Used	PPM	PSI	w/A Bal.	Elec.	Comments
	47 gal	gal	DSA		2/12	N/A				64	66		
→ Da	ily 46 sheet	0.5	0.5A		2.2	1.8				58	63		DSA #A-7141 1400
Lay	46.0	0.5			2.4	2.0				41	57%	65406	DSA #A-7141 PW 1230
	45.0	1.0			2.3	1.8				60	65		SP
	43				2.0	1.3				44	62		
	43	-			2.8	1.6				42	59		
	42	"			2.2	1.4				50	64		SP
	41.5	0.5			2.3	1.4				54	30%		SP
	41	0.5			2.2	1.3				44	67		SP
	40	1.0			2.3	1.4				50	68		SP
	38	2			2.1	1.5				46	68		
	37	1			1.7	1.3				42	65		Added Air
	36	1			1.8	1.4				54	69		
Was Week	35	1			2.0	1.6				60	34% A	65607	DSA #A-7141 PW 1620
Version	34.5	0.5			1.7	1.4	3. 1530 manual	1730 backwash		40	30%	65622	DSA A-7141 1012
delete	31.0	3.5			1.0	0.7	No backwashes		this Am?	50	36%	65703	DSA #A-7141 0830
										~~55~~	~~66~~		
	29				0.4	1.1				55	62	65785	
	28	1			1.0	1.0				56	62	~~65766~~	65766
Tank Sample	27.5	0.5			2.1	1.9	All 3 BW'ed, moved	towels		65	30% A	65782	DSA #A-7141 1300
	26.5	1.0			2.0	1.7				52	30%		SP
5 50?)	26.0	0.5			2.1	1.8	All 3 BW'ed, moved	towels		44 =	35%	65823	DSA #A-7141 PW [redacted]
	25.0	1.0			1.9	1.7	All 3 BW'ed? (Ow Day)!			49 =	32%	65844	DSA #A-7141 PW 1430
	23	2			1.7	1.0				50	32		
	23.5	0.5			2.1	1.3				50	20		SP
	22	0.5			2.1	1.2				52	20		SP

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

624

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 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 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: **3354696** | Plant Name: **Lake Saunders**

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	11,000										1.2	
2	X	24	19,000										1.1	
3	X	24	19,000										1.3	
4		24	11,000										1.3	
5	X	24	11,000											
6	X	24	36,000										1.2	
7	X	24	9,000										1.6	
8	X	24	26,000										0.8	
9	X	24	17,000										0.3	
10	X	24	20,000										0.3	
11	X	24	12,000										2.0	
12	X	24	13,000										1.1	
13	X	24	21,000										0.9	
14	X	24	21,000										0.6	
15	X	24	18,000										0.7	
16	X	24	17,000										1.2	
17	X	24	15,000										1.1	
18		24	18,000											
19	X	24	20,000										1.0	
20	X	24	10,000										0.8	
21	X	24	11,000										1.2	
22	X	24	21,000										1.3	
23	X	24	14,000										1.1	
24	X	24	10,000										1.0	
25	X	24	15,000										1.0	
26		24	18,000											
27	X	24	18,000										1.3	
28	X	24	11,000										1.3	
29	X	24	15,000										1.5	
30	X	24	14,000										1.1	
31	X	24	10,000										1.2	
Total			501,000											
Average			16,161											
Maximum			36,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Flushing and Flushing

SYSTEM/SUB #: Lake Saunders

MONTH/YEAR: March 2006

DATE	SIZE	TYPE (see below)	ESTIMATED STARTING TIME	ESTIMATED DURATION	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					2	Leak @ Storage Tank
14					2	BW
15					4	BW
16					2	BW
17					4	BW
18					2	BW
19					4	BW
20					2	BW
21					4	BW
22					2	BW
23					4	BW
24					2	BW
25					4	BW
26					2	BW
27					4	BW
28					2	BW
29					4	BW
30					2	BW
31					4	BW

92,000 TOTAL

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

BW - Back Wash Filter

Form Modified 1/30/04

File: Flushing & Water Loss Record

Operator _____ **Plant / PWS #** Lake S

CUP # _____ **Month** March

Date	Time	Total G.P.D.	POE / 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	Rea
Previous		→	24894		22.9	~~—~~	~~—~~	~~—~~	2999.6	0.9			
1		11	24905		22.9	—			3000.2	0.6			
2	9:00	19	24924		22.9	—			3001.3	1.1			
3	12:30	19	24943		22.9	—			3002.4	1.1			
4		11											
5	0818	11	~~25036~~	2496.5	22.9	—			3003.6	1.2			
6	1600	36	25001	~~2506~~	22.9	—			3005.7	2.1			
7	0815	9	25010		22.9	—			3006.2	0.5			
8	1445	26	25036		22.9	Ran 2 mins.	Monthly	Samples	3007.7	1.5	Repaired	Clz	Line
9	1030	17	25053		22.9	~~0~~			3008.7	1.0	Replaced	Clz T	ube 2
10	1430	20	25073		22.9	~~0~~	Clz pump 8	↓6	3009.8	1.1	Hand delivered		43 E
11		12								0.7			
12	0530	13	25088		22.9	—			3011.3	0.8			
13	0930	21	25119	Adding Disc Air	22.9		9 am shutdown	1130 am start up	3012.5	1.2	Repairing	Eff. 4"	line E
14	0700	21	25140		22.9				3013.7	1.2			
15	0950	18	25158		22.9				3014.7	1.0			
16	1030	17	25175		22.9		Bad Order	Rescinded	3015.7	1.0	Notices Allout		by Li
17	8:30	15	25190		22.9				3016.6	0.9			
18		18											
19	0800	20	~~25238~~	2521.8	22.9				3018.2	1.6			
20	0945	10	25238		22.9				3019.5	0.7			
21	0910	11	25249		22.9				3020.1	0.6			
22	1420	21	25270		22.9				3021.4	1.3			
23	1430	14	25284		22.9	—			3022.1	0.7			
24	1140	10	25294		22.9	—			3022.7	0.6			
25	1100	15	25309						3023.6	0.9			
26		18											
27	1700	19	25345		22.9	—			3025.4	2.2			
28	1200	11	25356		22.9	—			3026.4	0.6			
29	1430	15	25371		22.9	—			3027.3	0.9			
30	1000	14	25385	5	22.9	—			3022.9	0.6			
31	2010	10	25395		22.9				3028.8	0.9			
Total		501	501										
Average													
Maximum													
Minimum													

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	Read#	Used	PPM	PSI	AIR	Int.	Comments
	22				2.1	1.2				52	20	SP	added Air
	21	1.0			2.0	1.1				42	30	SP	
	20	1.0			2.1	1.3				45	30	SP	Added Air
	19	1.0			2.2	1.3				45	40	SP	
	17		2		2.0	1.2				44	65	I/C	
	14	1	1.0		2.4	1.6				52	65	I/C	Added Air
	16		—		3.0	0.8				48	69	I/C	
	15		1.0		0.7	0.3	Added 30	min Air		44=	32%	DSA	A-7141 DW 1545
	14		1.0		0.5	0.3	↑ 1.0 Cl_2			43=	32%	DSA	A-7141 DW 1130
Orders	13		1.0		2.2	2.0	for Mon.	3/13		41=	32%	DSA	A-7141 DW 1630
			1.0		1.1	1.1							
	12	psi	1.0	psi						56	69	I/C	
Hydrotank	10	65=35%	1.0	42=42%	1.2	0.9	(Added 2 hrs	Air)	"Above"	47	48=35% Air	DSA	A-7141 DW 1300
	9		1.0		0.9	0.6				50R	62	CS	0730
	8 ↗ 57		1.0		1.0	0.7				49=	37%	DSA	A-7141 DW 1000
	56.5		0.5		1.4	1.2		64=33%		42=	40%	DSA	A-7141 DW 1130
	55.0		1.5		1.3	1.1				42	40%	SP	
	53.0		2.0		1.2	1.0				50	69	I/C	
	54.0		—		1.0	0.8				52	69	I/C	
	53.0		—		1.6	1.2				44	65	I/C	Added Air
	50.0		1.0		1.4	1.3				56	68	I/C	
	52.0		—		1.5	1.1				46	65	I/C	
	51.0		1.0		1.6	1.0				48	65	I/C	
	48.0		3.0		1.2	1.0				54	63	I/C	
	48.0		—		1.8	1.3				50	69	I/C	Added Air
	47.0		1.0		1.6	1.3				46	65	I/C	Added Air
	46.0		1.0		1.0	1.5				54	65	I/C	Added Air
	46.0		-		1.7	1.1				44	65	I/C	
	45.50		.50		1.9	1.3				48	65	I/C	

664

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 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.

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: **3354696** | Plant Name: **Lake Saunders**

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	17,000											
2	X	24	17,000										1.1	
3	X	24	33,000										1.2	
4	X	24	11,000										1.0	
5	X	24	29,000										1.3	
6	X	24	24,000										1.3	
7	X	24	21000										1.3	
8	X	24	17,000										1.2	
9		24	4,000											
10	X	24	18,000										1.0	
11	X	24	18,000										1.1	
12	X	24	6,000										1.0	
13	X	24	14,000										0.9	
14	X	24	15,000										1.2	
15		24	22,000											
16	X	24	22,000										1.0	
17	X	24	22,000										1.2	
18	X	24	15,000										1.0	
19	X	24	14,000										1.1	
20	X	24	14,000										1.1	
21	X	24	23,000										1.0	
22		24	18,000											
23	X	24	19,000										1.0	
24	X	24	11,000										0.8	
25	X	24	22,000										0.7	
26	X	24	20,000										0.8	
27	X	24	20,000										0.9	
28	X	24	27,000										0.7	
29	X	24	32,000										1.1	
30		24	21,000											
31		24												
Total			566,000											
Average			18,866											
Maximum			33,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: LAKE SOUNDVIEW

MONTH/YEAR: April 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1		5			4000	BW
2		5			2025	BW + EW
3		5			4000	BW
4		5			2000	BW
5		5			4000	BW
6		5			4000	BW
7		5			2025	BW + EW
8		5			4000	BW
9		5			2000	BW
10		5			4000	BW
11		5			2000	BW
12		5			4000	BW
13		5			4025	BW + EW
14		5			2000	BW
15		5			4000	BW
16		5			4000	BW
17		5			4000	BW
18		5			2000	BW
19		5			4000	BW
20		5			2000	BW
21		5			2025	BW + EW
22		5			4000	BW
23		5			4000	BW
24		5			4000	BW
25		5			2000	BW
26		5			4000	BW
27		5			2025	BW + EW
28		5			4000	BW
29		5			2000	
30						
31						

92,125

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other BW = Backwash
EW = Eyewash

SAUNDERS

Address Cl_2 Remote _____

Year 2006

Electric Meter First _____ Last _____

	Chlorine						Phosphate						
Hrs	H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	Read#	Used	PPM	PSI	Air	Ind	Comments
	460												
	4.2		4.0		1.6	1.1				42	65	AC	
	40		2.0		1.5	1.2				54	65	AC	
	39		1.0		1.3	1.0				54	69	AC	Added Air
	37		2		1.8	1.3				41	69	AC	
	36		1		1.7	1.3				46	69	AC	Added Air
	34		2		1.7	1.3				42	65	AC	Added Air
	33		1		1.6	1.2				40	65	AC	
10K	33		—		1.4					60		ASA	A-7141 C600
	33		—		1.3	1.0				44	62	AC	Added Air
	31		2		1.3	1.1				42	65	AC	
	31		—		1.4	1.0				44	65	AC	
	29		2		1.3	0.9				58	69	AC	
	28		1		1.6	1.2				52	69	AC	
	26		2		1.4	1.0				46	69	AC	
	24		2		1.5	1.2				62	69	AC	Back Sample
	23		1		1.4	1.0				62	69	AC	
	~~22~~		~~1~~		1.5	1.1				60	62	SP	
	21		1		1.5	1.1				60	62	SP	
	20		1		1.5	1.0				50	62	AC	
	17		3		1.4	1.0				52	62	AC	
	16		1		1.6	0.8				56	62	AC	
	15.5		0.5		1.3	0.7				60	62	AC	
	14.5		1.0		1.5	0.9				60	62	AC	
	13.0		1.5		1.4	0.9				42	62	AC	
	12.0		1.0		1.3	0.7				60	62	AC	
	60		—		1.0	1.1				60	62	AC	

Operator _____ Plant / PWS # _____

CUP # _____ Month APRIL

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			25395		22.9				3028.8				
1		17											
2	0530	17	25429		22.9	—			3030.6	1.8			
3	1735	33	25462		22.9	—			3032.7	2.1			
4	0900	11	25473		22.9	—			3033.3	0.6			
5	1430	29	25502		22.9	—			3035.1	1.8			
6	1920	24	25526		22.9	—			3036.6	1.5			
7	1930	21	25547		22.9	—			3037.7	1.1			
8	2145	17	25564		22.9	—			3038.7	1.0			
9	0545	4	25568		22.9	—			3038.9	0.2	Power loss Ct		Alc
10		18	25581		22.9	—			3039.7	0.8			
11	1900	18	25604		22.9	—			3041.1	1.4			
12	0830	6	25610		22.9	—			3041.5	0.4			
13	0315	14	25624		22.9	—			3042.3	0.8			
14	0330	15	25639		22.9	—			3043.2	0.9			
15		22											
16	1400	22	25683		22.9	—			3045.8	2.6			
17	0900	22	25705		22.9	—			3047.1	1.3			
18	0900	15	25720		22.9	—			3048.0	0.9			
19	9:00	14	~~25734~~		22.9	—			~~3048.9~~	~~0.9~~			
20	9:00AM	14	25748		22.9	—			3049.7	0.8			
21	0415	23	25771		22.9	—			3051.0	1.3			
22		18											
23	1220	19	25807		22.9	—			3053.2	2.2			
24	0945	11	25819		22.9	—			3053.9	0.7			
25	0730	22	25841		22.9	—			3055.2	1.3			
26	0700	20	25861		22.9	—			3056.4	1.2			
27	0315	20	25881		22.9	—			3057.5	1.1			
28	0410	27	25908		22.9	—			3059.1	1.6			
29	1910	32	25940		22.9	—			3061.0	1.9			
30		21	25961										
31													
Total		566	566	566									
Average				18.866									
Maximum													
Minimum													

649

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: May 2006

A. Public Water System (PWS) Information

PWS Name: Pebble Creek Utilities			PWS Identification Number: 6291372
PWS Type: ☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☒ Consecutive			
Number of Service Connections at End of Month: 1406	Total Population Served at End of Month: 3315		
PWS Owner: Pebble Creek Utilities, Inc.			
Contact Person: Patrick C. 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: Pebble Creek			Plant Telephone Number: 800-272-1919
Plant Address: 10210 Reagents Park Drive	City: Tampa	State: Fl.	Zip Code: 33647
Type of Water Treated by Plant: ☐ Raw Ground Water ☒ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 720,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Joseph M Kuhns	C	6754	Monday, Wednesday, Friday
Other Operators:				

II. Certification by Lead/Chief Operator

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

Joseph M Kuhns 6-7-06 — Joseph M Kuhns — C-6754

Signature and Date — Printed or Typed Name — License Number

p. 2

Jun 13 06 10:30a

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

PWS Identification Number: 6291372 | Plant Name: Pebble Creek

II. Daily Data for the Month/Year of: 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, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Mentioned Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, 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 hrs	1160000		73.5								73.5	X Estimate flows
2			1090000											
3	X		1150000		73.5								73.5	3-10-06 Replacement
4			1060000											master meter reader
5	X		1040000		73.5								73.5	obtained.
6			1140000											
7			1160000											
8	X		1090000		73.5								73.5	
9			1150000											
10	X		1090000		73.5								73.5	
11			1050000											
12	X		1030000		73.5								73.5	
13			1030000											
14			1080000											
15	X		1130000		73.5								73.5	
16			1130000											
17	X		1140000		73.5								73.5	
18			1140000											
19	X		1130000		73.5								73.5	
20			1140000											
21			1160000											
22	X		1130000		73.5								73.5	
23			1130000											
24	X		1080000		73.5								73.5	
25			1090000											
26	X		1160000		73.5								73.5	
27			1090000											
28			1090000											
29			1090000											
30	X	✓	1090000		73.5								73.5	
31	X		1030000		73.5								73.5	
Total														
Average														
Maximum			1160000											

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

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 407-260-8110 fax

MF

Lab Receipt Date & Time: 5/16/06 1545
Analysis Date & Time: 5/16/06
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 Saunders

System Address Merry Ln + Carrolls Ct
PWS I.D. 3354695
City Eustis
System or Owner's Phone # 407-869-1919 Fax # 352-2420565
Collector Jesse E. Carroll Collector's Phone # 321-388-7895 Chuck

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: 5/16/6 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 Res'd (mg/L)	pH	Lab Sample Number	Non-Coliform	Confirm Total	Confirm Fecal or E. coli	Q[2]
LS1	Well 1	0847	R	—		2359	0	A		
LS2	Well 2	0858	R	—		2360	0	A		
LS3	15400 Carrolls Ct.	0830	D	1.1		2361	0	A		
LS4	31635 Gladys Ln.	0840	D	1.4		2362	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.) 1.25

[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 (# 8494) ☐ 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

...LITIES, INC. OF FLORIDA
...30 WEATHERSFIELD AVENUE
...ALTAMONTE SPRINGS, FL 32...

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.)

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

FILE COPY

See page 4 for instructions.

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

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

PASS TO CHURCH LEAD - PER CHUCK S.

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 **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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	21,000										1.3	
2	X	24	17,000										1.6	
3	X	24	26,000										1.4	
4	X	24	6,000										1.3	
5	X	24	32,000										1.4	
6		24	15,000											
7	X	24	15,000										1.5	
8	X	24	15,000										1.5	
9	X	24	20,000										1.3	
10	X	24	11,000										1.5	
11	X	24	10,000										1.4	
12	X	24	9,000										1.2	
13	X	24	10,000										1.3	
14		24	18,000											
15	X	24	18,000										1.4	
16	X	24	12,000										1.4	
17	X	24	28,000										1.4	
18	X	24	18,000										1.4	
19	X	24	43,000 *										1.5	Due to Backwash activity
20		24	15,000											
21	X	24	15,000										1.4	
22	X	24	29,000										1.8	
23	X	24	13,000										1.1	
24	X	24	17,000										1.3	
25	X	24	29,000										1.1	
26	X	24	30,000										1.4	
27		24	19,000											
28	X	24	19,000										1.3	
29	X	24	13,000										1.3	
30	X	24	22,000										1.5	
31	X	24	22,000										1.3	
Total			587,000											
Average			18,935											
Maximum			43,000 *											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Lake Saunders

MONTH/YEAR: May 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1	1½	5	30	67	2,000	#1 Filter Backwashed
2	1½	5	30	67	2,000	#3 "
3	1½	5	30	67	2,000	#1 "
4	1½	5	30	67	2,000	#3 "
5	1½	5	30	67	2,000	#1 "
6	1½	5	30	67	2,000	#3 "
7	1½	5	30	67	2,000	#1 "
8	1½	5	30	67	2,000	#3 "
9	1½	5	30	67	2,000	#1 "
10	1½	5	30	67	2,000	#3 "
11	1½	5	30	67	2,000	#1 "
12	1½	5	30	67	2,000	#3 "
13	1½	5	30	67	2,000	#1 "
14	1½	5	30	67	2,000	#3 "
15	1½	5	30	67	2,000	#1 "
16	1½	5	30	67	2,000	#3 "
17	1.5 / 2.5	2,5	60 / 28	67 / 250	9,000	#1 and #1 " and 7,000 hydrant flush
18	1.5 / 2.5	2,5	90 / 28	67 / 250	16,000	#3 and #2 and #1 " and 7,000 hyd. flush
19	1.5 / 2.0	5	60 / 20	67 / 250	9,000	#1 and #2 " Flush tank
20	1½	5	30	67	2,000	#3 "
21	1½	5	30	67	2,000	#1 "
22	1½	5	30	67	2,000	#3 "
23	1½	5	30	67	2,000	#1 "
24	1½	5	60	67	4,000	#3 and #2 "
25	1½	5	30	67	2,000	#1 "
26	1½	5	60	67	4,000	#3 and #2 "
27	1½	5	30	67	2,000	#1 "
28	1½	5	30	67	2,000	#3 "
29	1½	5	30	67	2,000	#1 "
30	1½	5	30	67	2,000	#3 "
31	1½	5	60	67	4,000	#1 and #2 "

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

96,000 gals total

Idevs

Address Cl_2 Remote _____

Year 2006

Electric Meter First 67209 (April 30th, 2006) **Last** 68108 (May 31st, 2006)

#2 Hrs	Chlorine: H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	Phosphate: Read#	Used	Elec Read	PSI	Air	Int	Comments
	60							calc.	67209				
	53		7.0		1.9	1.3				42	62	1C	
	53		—		1.8	1.6				48	62	1C	
	50		3.0		1.9	1.4				44	62	1C	
	49.5		0.5		1.8	1.3				42	62	1C	
	48		0.5		1.8	1.4				58	62	1C	
	46.0		2.0		1.8	1.5				48	62	1C	
	45.0		1.0		2.0	1.5				58	62	1C	
r Damm.	43.5		1.5		1.7	1.3				65	10%?	DSA	A-7141 DW 113 hrs
tir Comp.	43.0		0.5		1.9	1.5				65	10%?	DSA	A-7141 DW 154 hrs
	42.5		0.5		2.0	1.4				42	10%	SP	
	41.5		0.5		1.9	1.2				48	10%	SP	
	41.0		0.5		1.8	1.3				54	10	1C	
	39.0		2.0		1.9	1.4				44	10	1C	
	38.0		1.0		1.9	1.4	(@ 1.5 hrs. of Air)			50	10	1C	Sample Sent
ut Drain Air Comp	36.0		2.0		1.9	1.4	New Sight Glass		67703	40	10%	DSA	A-7141 DW 130
00 gals.	35.0		1.0		1.8	1.4	16k after	meter read		40	5%	DSA	A-7141 DW
re Pipe leak	32.0		3.0		1.9	1.5	+9k BW = +25k			40 =	5%	DSA	A-7141 DW 1600
	31.0		1.0		1.7	1.4				48	5	1C	Added Air
	28.0		3.0		2.0	1.8				52	5	1C	Added Air
	28.0		—		1.5	1.1				60	5	1C	Added Air
	26.5		1.5		1.6	1.3	#2 BW 2K +	Flush 5k		60	10%	DSA	#A-7141 DW Added Air 1600
	25		1.5		1.5	1.1				42	10%		
.3 Auto BW	23		2.0		1.7	1.4				42	10%	DSA	#A-7141 DW 1600
	20	3.0	[illegible]		1.8	1.3				50	10	1C	
	20	—	—		1.7	1.3				52	10	1C	
	18		2.0		1.9	1.5				46	10	1C	Added Air
n (1+3)	17		1.0		1.6	1.3	Added 30	min Air	68108	40 =	25/30%	DSA	#A-7141 DW 1700

Operator _____ Plant / PWS # Lake S.

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	Rea
Previous			25960	25961	22.9				3061.0				
1	0955	2	25982		22.9	—			3063.6	2.6			
2	0740	17	25999		22.9	—			3064.6	1.0			
3	1915	26	26025		22.9	—			3066.1	1.5			
4	0430	6	26031		22.9	—			3066.5	0.4			
5	1920	32	26063		22.9	—			3068.5	2.0			
6		15											
7	1410	15	26093		22.9	—			3070.2	2.7			
8	0745	15	26108		22.9	—			3071.2	1.0			
9	1100	20	26128		22.9	—			3072.4	1.2	Sight glass	Cracked	
10	1515	11	26139		22.9	—	#3 Backwashed		3073.1	0.7	Removed SI	ght glass	30 m
11	2:00	10	26149		22.9	—			3073.7	0.6			
12	2:00	9	26158		22.9	—			3074.2	0.5			
13	0700	10	26168		22.9	—			3074.8	0.6			
14		18											
15	0745	18	26204		22.9	—			3077.0	2.2			
16	0810	12	26216		22.9	—			3077.7	0.7			
17	1100	28	26244	Flushed	23.0	0.1	Flushed whole Dist.		3079.6	1.9	Backwashed #2		Mc Mann
18	1130	18	26262	Replaced Air Valve	23.0	Ø	Backwashed All 3	filters 9/16	3080.6	1.0	Flushed	entire main	
19	1430	43	26305	Added 20 min air	23.0	Ø	Backwashed #2 + 21 Auto manual		3083.3	2.7	Air (3 hrs)	leaked out	
20		15											
21	0530	15	26335		23.0	—			3085.2	1.9			
22	0750	29	26364	26364	23.0	—			3086.8	1.6			
23	0830	13	26377		23.0	—			3087.7	0.9			
24	1430	17	26394		23.0	Ø	Backwashed #2 Manual		3088.7	1.0	Air = 1 hr.	calib.	
25	8:30	29	26423		23.0	—			3090.3	1.6			
26	1530	30	26453		23.0		Manual BW #2		3091.9	1.6	Air added	d 1/2	hr.
27		19											
28	1240	19	26491		23.0	—			3093.7	1.8			
29	0740	13	26514		23.0	—			3094.9	0.2			
30	0850	22	26526		23.0	—			3096.1	1.2			
31	1615	22	26548	Plug Valve	23.0		Manual BW #2		3097.3	1.2	Placed N	EW	towel
Total		587	587										
Average		18.935											
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. **(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: 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: 3354695 | Plant Name: LAKE SAUNDERS

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	19,000										1.4	
2	X	24	16,000										1.6	
3		24	20,000											
4	X	24	21,000										1.3	
5	X	24	15,000										1.2	
6	X	24	8,000										0.8	
7	X	24	18,000										1.6	
8	X	24	25,000										1.4	
9	X	24	16,000										1.3	
10		24	17,000											
11	X	24	17,000										1.6	
12	X	24	15,000										1.4	
13	X	24	7,000										1.2	
14	X	24	19,000										1.5	
15	X	24	10,000										1.6	
16	X	24	12,000										1.8	
17	X	24	16,000										1.1	
18		24	9,000											
19	X	24	10,000										1.0	
20	X	24	4,000										1.0	
21	X	24	13,000										1.1	
22	X	24	14,000										1.1	
23	X	24	12,000										1.1	
24		24	12,000											
25	X	24	13,000										1.0	
26	X	24	7,000										1.1	
27	X	24	9,000										1.0	
28	X	24	8,000										1.1	
29	X	24	9,000										1.1	
30	X	24	6,000										1.0	
31														
Total			397,000											
Average			13,233											
Maximum			25,000											

Operator Lake Saunders

CUP # June 2006

Plant / PWS # Lake S

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	Re
1615 Previous	5-31	(22)	26548		23.0	—	Manual BW	#2	3097.3	(1.2)	Placed	new to	we ls
1	1400	19	26567		23.0	Ø	#3 Auto	BW ed	3098.4	1.1	Flush	D3+.	To n
2	7:30	16	26583		23.0	Ø	MAN BW	#2	3099.3	0.9	Back Fill	hed #	2 F
3		20				—							
4	1600	21	26624		23.0	—			3101.7	2.4			
5	1500	15	26639		27.0	—			3102.6	0.9			
6	8:30	8	26647		23.0	—			3103.0	0.4			
7	8:00	18	26665		23.0	—			3104.0	1.0			
8	1530	25	26690		23.0				3105.3	1.3	Backwash	#2	
9	630	16	26706		23.0	—			3106.3	1.0			
10		17				-							
11	0720	17	26740		27.0	—			3108.3	2.0			
12	1550	15	26755			Ø			3109.2	0.9			
13	1400	7	26762		23.0	Ø			3109.5	0.3	Backwash	#2 M.	Flus
14	1545	19	26781		23.0	Ø			3110.7	1.2	All E	xcell	nt
15	1230	10	26791		23.0	Ø	#1 dedint	"Auto" BW	3111.2	0.5	Man. BW	#2 on	d #1
16	1545	12	26803		23.0	Ø	#3 manual	BW	3112.0	0.8	Towels	on Lt	2 (#
17	1634	16	26819		27.0	—			3112.9	0.9			
18		9	~~268~~										
19	1600	10	26838		23.0	—			3114.0	~~0.2~~			
20	6:00	4	26842		23.0	—			3114.2	0.2			
21	7:00	13	26855		23.0	—			3115.0	0.8			
22	7:00	14	26869		23.0	—			3115.7	0.7			
23	7:00	12	26881		23.0	—			3116.4	0.7			
24		12				—							
25	1100	13	26906		23.0	—			3117.8	1.4			
26	1440	7	26913		23.0	—			3118.3	0.5			
27	15:00	9	26922		23.0	—			3118.7	0.4			
28	7:30	8	26930		23.0	—			3119.2	0.5			
29	6:00	9	26939		23.0	—			3119.7	0.5			
30	7:30	6	26945		23.0	—			3120.1	0.4			
31													
Total			397,000						2008				
Average			13,233										
Maximum													
Minimum													

Hrs LAKE SAUNDERS JUNE 2006 Address Cl_2 Remote

Year 2006 Electric Meter First 68108 Last

May 31st, 2006

12 Hrs	Chlorine H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	CRT	Phosphate Read#	Used	Elec ~~PPM~~	PSI	Air	Instr.	Comments	
(+3)	17		(1.0)		~~1.6~~	~~1.4~~	Added 30	Air min	68108	40 =	25 & 30%	DSA	#A-7141 DW	1700
ow	16		1.0		1.7	1.4				50	25%	DSA	#A-7141 DW	1430
	15		1.0		2.1	1.6				58	25	SP		
	12		3.0		1.9	1.3				52	25	SP		
	11		1.0		1.5	1.2				42	25	SP		
	10		1.0		1.1	0.8				44	53	SP		
	55		—		2.0	1.6				58	48	SP		
	54		1.0		2.4	1.4				56	48	DW		
	53.5		0.5		2.2	1.3				60	48	SP		
	52.0		1.5		2.0	1.6				56	48	SP		
	51.5		0.5		2.1	1.4				58	45	SP		
+ Post 5K	50.0		1.5		1.4	1.2				47	50%	DSA	#A-7141 DW	1500
Auto Bw)	48.5		1.5		1.8	1.5				56	45%	DSA	#A-7141 DW	1615
	48.0		0.5		1.9	1.6				56	45%	DSA	#A-7141 DW	1330
ob Replace	47.0		1.0		2.1	1.8				44	51%	DSA	#A-7141 DW	1615
	46		1.0		1.8	1.1				60	40	SP		
	44		2.0		1.3	1.0				60	40	SP		
	43.5		0.5		1.7	1.0				62	35	SP		
	43		0.5		1.3	1.1				45	48	SP		
	42		1.0		1.4	1.1				62	40	SP		
	41		1.0		1.3	1.1				50	40	SP		
			~~0.5~~											
	40.5		0.5		1.4	1.0				62	40	SP		
	40		0.5		1.6	1.1				58	40	SP		
	39.5		0.5		1.4	1.0				42	50	SP		
	39		0.5		1.3	1.1				50	45	SP		
	38.5		0.5		1.4	1.1				52	45	SP		
	38		0.5		1.3	1.0				60	40	SP		

WATER LOSS RECORD

Lake SaundersWTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Saunders WTP							92,000
								Total 92,000

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

064

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. (**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: 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: 3354695 | Plant Name: LAKE SAUNDERS

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	8,000										0.9	
2		24	8,000											
3	X	24	8,000										0.7	
4	X	24	8,000										0.3	
5	X	24	9,000										1.6	
6	X	24	11,000										1.6	
7	X	24	14,000										1.4	
8	X	24	9,000										1.0	
9		24	10,000											
10	X	24	6,000										1.0	
11	X	24	10,000										0.9	
12	X	24	9,000										1.1	
13	X	24	9,000										0.9	
14	X	24	10,000										1.4	
15		24	10,000											
16	X	24	14,000										1.0	
17	X	24	13,000										1.2	
18	X	24	18,000										1.0	
19	X	24	13,000										1.1	
20	X	24	9,000										1.6	
21	X	24	9,000										0.7	
22		24	9,000											
23	X	24	10,000										0.8	
24	X	24	7,000										0.4	
25	X	24	16,000										0.6	
26	X	24	15,000										1.0	
27	X	24	11,000										0.8	
28	X	24	15,000										0.7	
29		24	14,000											
30	X	24	7,000										0.8	
31	X	24	8,000										0.6	
Total			327,000											
Average			10,548											
Maximum			18,000											

WATER LOSS RECORD

Lake Saunders WTP July 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	Lake Saunders Filters & Eye Wash							
								Total 91,000

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

Unders

Address Cl_2 Remote

Year 2006

Electric Meter First ____ Last 69068 8/1/06

#2 Hrs	Chlorine H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	CPP	CRT	Phosphate Read#	Used	PPM	PSI	A/N	FN	Comments
	38"		2.0		~~1.3~~ 1.0					60	40	M	
	36		0.5		1.5	0.9				42	40	A/C	
			0.5										
	35		0.5		1.1	0.7				41	40	A/C	
	34.5		0.5	↑	0.6	0.3				47	40	A/C	Feed Rate
	34		0.5		2.0	1.6				44	40	SP	
	33		1.0		2.1	1.6				58	40	SP	
	32		1.0		2.0	1.4				42	52	SP	
	30.5		1.5		1.8	1.0				44	45	A/C	
			1.5										
	28		2.0		1.6	1.0				41	35	A/C	
	27		1.0		1.4	0.9				58	40	SP	
	26		0.5		1.7	~~1.2~~ 1.1				44	48	SP	
	25.5		0.5		1.4	0.9				~~50~~ 40	40	SP	
	25		1.0		2.0	1.4				50	48	SP	
			1.0										
	23		—		1.6	1.0				50	45	A/C	
	23		2.0		2.0	1.2				54	45	A/C	
(Perforate)	21.0		1.0		1.3	1.0				65	40%	DSA	#A-7141 PW 1430
ht	20.0		—		1.4	1.1				40 =	45%	DSA	#A-7141 PW 1630
	~~Add~~ 55		1.0		2.0	1.6				58	45%	SP	
	54		0.25		1.0	0.7				60	45	SP	
			0.25										
	50.5		0.25		1.1	0.8				60	30	A/C	
	53.25		—	↑	0.6	0.4			56	~~60~~ 40	30	A/C	
	53.25		0.25		0.5	0.6			56	~~50~~ 40	30	A/C	
days)	53.00		1.00		1.3	1.0				65	30%	DSA	1700
days and	52.00		0.50		1.2	0.8	Recirc. TT	Him +	HAA	41 =	40%	DSA	1315 hrs A-7141 PW
	51.50		0.5		0.9	0.7				50 =	35%	DSA	1630 hrs A-7141 PW
			0.5										
	49.5		.25		1.1	0.8				42	30	A/C	
	49.25		0.25		0.8	0.6				48	30	A/C	

~~0.25~~ 49 ~~0.25~~ 0.7 0.5 49 30% DSA A-7141 1700

Operator _____ Plant / PWS # LAKE

CUP # _____ Month JULY

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		[illegible]	[illegible]		23.0	—			3120.1	0.9			
1	2020	8	26961		23.0				3121.0	0.4			
2		8								0.5			
3	1125	8	26977						3121.9	0.4			
4	1446	8	26985						3122.3	0.5			
5	7:30	9	26993						3122.8	0.6			
6	7:30	11	27002						3123.4	0.5			
7	7:00	14	27013						3123.9	0.8			
8	2255	9.	27027						3124.8	0.5			
9		10	2						~~3125.9~~	0.6			
10	1545	6	27046						3125.9	0.4			
11	7:30	10	27052						3126.3	0.5			
12	7:30	9	27062						3126.8	0.5			
13	6:00	9	27071						3127.3	0.5			
14	13:30	10	27080						3127.8	0.7			
15		10								0.6			
16	1235	14	27100						3129.1	0.7			
17	0610	13	27114						3125.8	0.8			
18	1400	18	27127		23.0	Ø			3130.06	1.1	Set 3 Backwash		Tow
19	1600	13	27145		23.0		Reset	1+2 Towels	3131.7	0.8	Fltrs. 1+	2 BW	over
20	2200	9	27158		23.0	Ø			3132.5	0.8			
21	700	9	27167		23.0				3133.0	0.5			
22		9								0.5			
23	0855	10	27185						3134.0	0.7			
24	1625	7	27195						3134.7	0.4			
25	1641	16	27202			Ø			3135.1	0.9			
26	1630	15	27218		23.0	Ø	Reset	1+2 Towels	3136.0	0.8	#3 man BW	(No fu	to fo
27	1230	11	27233		23.0	Ø	Reset	1+2 Towels	3136.8	0.7	1+2 Auto	BW	3163
28	1600	15	27244		23.0	—			3137.5	0.6	Manually	BW #3	
29		14				-				Ø.6			
30	1140	7	27273		23.0	—			3138.7	0.8	Manually	BW #3	
31	1430	8	27280		23.0	Ø			3139.5	0.5			
Total													
Average													
Maximum													
Minimum													
1630			27288		23.0				3140.0		Manually	BW #3	

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. (**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: 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 SAUNDERS			Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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: 3354695 | Plant Name: LAKE SAUNDERS

IH. 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	16,000										0.5	
2	x	24	13,000										0.6	
3	X	24	22,000										0.5	
4	X	24	11,000										0.6	
5		24	11,000											
6	X	24	5,000										0.4	
7	X	24	7,000										0.5	
8	X	24	9,000										1.4	
9	X	24	15,000										0.6	
10	X	24	19,000										0.6	
11	X	24	16,000										0.7	
12		24	16,000											
13	X	24	8,000										0.6	
14	X	24	13,000										0.5	
15	X	24	10,000										0.6	
16	X	24	15,000										0.8	
17	X	24	12,000										0.7	
18	X	24	13,000										0.6	
19		24	13,000											
20	X	24	4,000										1.0	
21	X	24	12,000										0.8	
22	X	24	18,000										0.8	
23	X	24	20,000										0.7	
24	X	24	9,000										0.7	
25	X	24	14,000										0.7	
26		24	15,000											
27	X	24	11,000										0.7	
28	X	24	10,000										0.6	
29	X	24	9,000										0.7	
30	X	24	13,000										0.6	
31	X	24	13,000										1.1	
Total			392,000											
Average			12,645											
Maximum			22,000											

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 1500

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 Lake Saunders WTP

System Address Alane Ct & Carrolls Ct PWS I.D.# 3354695 (MF)

City Tavares

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 9222B-MF or ☐ COLITAG; Fecal or E. coli ☐ SM 9221 E-MF or ☐ COLITAG				
						Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q[2]
Ls1	Well # 1	7:25AM	R	0.0		8779	0	A		
Ls2	Well # 2	7:50AM	R	0.0		8780	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: [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 (clearances, 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 1447

Analysis Date & Time: 8/22/06 1500

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. Lake Saunders WTP

System Address Alane Ct & Carrolls Ct

City Tavares

PWS I.D.# 3354695 (MF)

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 9222B 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]
Ls3	15433 Carrolls Court	7:25AM	D	0.8		8781	0	A		
Ls4	31641 Alane Court	7:50AM	D	0.9		8782	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.) 0.8

[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 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.)

Operator _____ Plant / PWS # Lake S

CUP # _____ Month August

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													
1	1630	16	27288		23.0	Ø			3140.0	0.9	Manually BW		#3 (
2	1500	13	27304		23.0	Ø	Filters H2	Auto BWed	3140.9	0.8		Filters Went	
3	1545	22	27317		23.0		Reset Towels H2		3141.7	1.2	Called Locke	#3	Cl2 (
4	1745	11	27339		23.0				3142.9	.9			
5		11								0.4			
6	1320	5	27361		23.0				3144.2	0.3			
7	0730	7	27366		23.0	Ø			3144.5	0.4			
8	630	9	27373		23.0	Ø			3144.9	0.6			
9	630	15	27382		23.0	—			3145.5	0.8			
10	630	19	27397		23.0	—			3146.3	1.1			
11	630	16	27416		23.0	—			3147.4	1.0			
12		16				—				0.9			
13	1100	8	27449		23.0	—			3149.3	0.4			
14	0630	13	27456		23.0	—			3149.7	0.3			
15	1415	10	27469		23.0	—			3150.0	1.1			
16	1500	15	27479		23.0	—			3151.1	0.8			
17	1420	12	27494		23.0	—			3151.9	0.7			
18	0700	13	27506		23.0	Ø			3152.6	0.7			
19		13				Ø				0.7			
20	1415	4	27532		23.0	—			3154.0	0.3	Weekend Visit		
21	0650	12	27536		23.0	—			3154.3	0.8			
22	0645	18	27548		23.0	—			3155.1	1.0			
23	0645	20	27566		23.0	—			3156.1	1.1			
24	1300	9	27586		23.0				3157.2	0.6			
25	0630	14	27595						3157.8	0.8			
26		15								0.8			
27	1350	11	27624		23.0				3159.4	0.6			
28	1310	10	27635			—			3160.0	0.6			
29	0630	9	27645		23.0				3160.6	0.5			
30	0630	13	27654		23.0				3161.1	0.7			
31	0645	13	27667		23.0				3161.8				
Total		392	27680		23.0				3162.6				
Average		12.645	39										
Maximum													
Minimum													

nders

Address Cl_2 Remote _____

Year 2006

Electric Meter First 69068 (8/1/06) **Last** _____

#2 Hrs	Chlorine: H_2O / Lbs Read	H_2O Added	Cl_2 Used	PPM	ORP	ORT	Phosphate: Read#	Used	PPM	PSI	Air Blow Up	Inst.	Comments
		Cl Pump	1.8										
(42 hrs)	49.0	[redacted]	1.5	0.7	0.5					49	30%	DSA	#A-7141 DW 1700
	47.5		1.0		0.9	0.6				50	30%	DSA	#A-7141 DW 1530
878.5	46.5		1.5		0.7	0.5			65=25%	40 =	30%	DSA	#A-7141 DW 1615
	45		.75		0.8	0.6				44	30%	C3	
			.75										
	43.5		.25		0.5	0.4				44	30	A/C	
	43.25				0.4	0.5				56	25	A/C	Added Air
	48		1.0		2.1	1.7				62	20	SP	
	47		1.0		1.0	0.6				48	20	SP	
	46		2.0		1.1	0.6				42	20	SP	
	44		1.0		1.0	0.7				45	45	SP	
			1.0										
	42		0.25		1.0	0.6				44	40	A/C	
	41.75		.75		1.0	0.5				54	30	A/C	
	40.0		1.0		1.0	0.6				50	20	RAP	Added AIR
	39.0		2.0		1.0	0.8				60	20	RAP	Added AIR
	37.0		1.0		1.0	0.7				60	30	RAP	Add Air C-12740
	36.0		1.0		1.1	0.6				45	32	RAP	C-12740
			1.0										
	34.0		0.25		1.3	1.0				60	30%	DSA	A-7141 1430
	33.75		0.75		1.0	0.8				50	30	RAP	C-12740
	33.0		1.0		1.4	0.8				40	20	RAP	C-12740 A/C
	32		2.0		1.0	0.7				55	30	RAP	C-12740
	30		1.0		1.0	0.7				45	40	RAP	C-12740 A/C
	29		1.0		0.9	0.7				50	50	RAP	C-12740
			1.0										
	27		2.0		1.0	0.7				45	45	A/C	
	25		1.0		1.0	0.6				54	40	A/C	Added Air
	24		1.0		0.7	0.7				44	30	RAP	C-12740 A/C
	23/55		1.0		1.0	0.6				44	30	RAP	C-12740 A/C
	54		1.0		2.0	1.1				45	35	RAP	C-12740 A/C
	53				2.3	1.3				40	40	RAP	C-12740 A/C

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WATER LOSS RECORD

Lake Saunders WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 98,200

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

09/05/2006 14:41 3522420565 LK GROVES PAGE 13/21

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

1604 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. (**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: 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 SAUNDERS			Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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: 3354695 | Plant Name: LAKE SAUNDERS

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	14,000										1.3	
2		24	14,000											
3	X	24	3,000										1.9	
4	X	24	16,000										1.6	
5	X	24	8,000										1.5	
6	X	24	13,000										1.0	
7	X	24	12,000										1.0	
8	X	24	19,000										1.5	
9		24	19,000											
10	X	24	7,000										1.6	
11	X	24	13,000										0.9	
12	X	24	10,000										1.0	
13	X	24	11,000										1.5	
14	X	24	18,000										1.5	
15	X	24	7,000										1.5	
16		24	6,000											
17	X	24	25,000										1.1	
18	X	24	13,000										1.0	
19	X	24	7,000										1.0	
20	X	24	18,000										1.0	
21	X	24	17,000										1.0	
22	X	24	24,000										1.0	
23	X	24	17,000										1.0	
24		24	16,000											
25	X	24	19,000										1.3	
26	X	24	19,000										1.0	
27	X	24	23,000										0.9	
28	X	24	22,000										1.2	
29	X	24	27,000										1.1	
30		24	27,000											
31														
Total			464,000											
Average			15,467											
Maximum			27,000											

6064

LAKE SAUNDERS

ALANE CT & CARROLLS CT PWS # 3354695

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	CL2 INCHES	USED	CL2 POE	CL2 RT	AIR %	INITI	
1	0645	27680	14	23.0	0	3162.6	0.8	53	0.5	2.3	1.3	40	BAP	
2			14		0		0.8		0.5					
3	1800	27708	3	23.0	—	3164.2	0.2	52	0.5	2.4	1.9	40%	DSA	
4	0630	27711	16	23.0	—	164.4	0.9	51.5	1.0	2.0	1.6	40	BAP	A/C
5	0700	27727	8	23.0	—	165.3	0.4	50.5	0.5	2.2	1.5	50	BAP	A/C
6	0620	27735	13	23.0	—	165.7	0.8	50	0.5	1.9	1.0	50	BAP	
7	0630	27748	12	23.0	—	166.5	0.7	49.5	1.0	2.0	1.0	50	BAP	A/C
8	0625	27760	19	23.0	0	167.2	1.1	48.5	2.0	2.1	1.5	50	BAP	
9			19		0		1.1		2.0					
10	1745	27798	7	23.0	0	3169.4	0.3	44.5	0.5	2.0	1.6	40%	DSA	
11		27805	13	23.0	0.1	3169.7	0.8	44.0	1.0	1.5	0.9	40%	SP	
12	0630	27818	10	23.1	—	170.5	0.6	43	1.0	1.6	1.0	40	BAP	A/C
13	0630	27828	11	23.1	—	171.1	0.7	42	0.5	1.7	1.5	45	BAP	A/C
14	0630	27839	18	23.1	—	171.8	1.0	41.5	1.5	1.7	1.5	45	BAP	A/C
15	1600	27857	7	23.1	—	172.8	0.4	40	1.0	1.6	1.5	45	BAP	A/C
16			6	23.1	—	173.6	0.4		1.0					
17	0900	27870	25	23.1	—	173.6	1.3	38	2.0	1.5	1.1	40	AC	
18	1540	27895	13	23.1	—	174.9	0.8	36	1.0	1.4	1.0	40	AC	
19	0900	27908	7	23.1	—	175.7	0.4	35	1.0	1.6	1.0	40	BAP	A/C
20	0630	27915	18	23.1	—	176.1	1.0	34	1.0	1.4	1.0	40	BAP	A/C
21	0630	27933	17	23.1	—	177.1	1.0	33	1.0	1.5	1.0	40	BAP	A/C
22	0630	27950	24	23.1	—	178.1	1.8	32	4.0	1.2	1.0	45	BAP	A/C
23	2250	27974	17	23.1	—	179.9	1.0	31	.5	1.4	1.0	45	AC	
24	0935	28007	16		—		.5		.5					
25	0935	28007	19	23.1	—	181.4	1.1	27	3.0	2.4	1.3	AC	AC	
26	0600	28026	19	23.1	—	182.5	1.1	24	1.0	1.5	1.0	40	BAP	A/C
27	0600	28045	23	23.1	—	183.6	1.3	23	1.0	1.3	0.9	40	BAP	
28	0630	28068	22	23.1	—	184.9	1.3	22 55	1.0	2.5	1.2	40	BAP	
29	0600	28090	22	23.1		186.2	1.0	54	1.5	2.0	1.1	50	BAP	A/C
30			22				1.5		1.5					
31														
1	1435	28114		23.1		3189.3		51		1.9	1.0	50	AC	
TOTAL			464											
AVG			15,467											

675

GREATER GROVES WP

2425 U.S.HWY 27 CLERMONT P.W.S. # 3354881-1

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	DSA
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	776097	2163	261913	1801	397732	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	1.6	0.7	475	CJ
9	0720	783232	2595	267680	2349	399475	314	2663	1.2	1.0	670	RAP
10	1040	785827	2228	270029	1984	399789	397	2271	1.2	0.8	645	DSA
11	0735	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	0725	796315	1764	274025	145	407115	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	774	411270	2539	3318	1.0	1.4	705	RAP
17	1300	803660	2201	275423	485	413809	1959	2444	1.7	1.0	690	SP
18	9:00	805821	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	9:00	810392	2593	276998	609	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	2642	278881	636	426492	2228	2864	1.2	1.0	670	RAP
24	0745	820884	4076	279517	1450	428720	2741	4191	1.4	1.0	660	SP
25	8:05	822790	2864	280967	1851	431761	1359	3210	0.9	0.4	580	SP
26	8:00	827794	2175	282818	1748	433820	501	2249	1.0	0.6	605	SP
27	8:00	829769	2876	284506	2244	436321	642	2886	1.8	1.0	660	SP
28	0735	832845	3020	286810	2395	438963	842	3237	2.4	1.6	700	CJ
29	0810	835865	3466	289205	2443	441905	1164	3607	1.0	0.7	565	CJ
30	1000	839331	4357	291648	2850	445969	1680	4530	0.7	0.9	640	RAP
31												
1	1250	843660		294498	3	447649			1.3	1.0	650	SC
TOTAL				36,299	36,299	48,942						
AVG												

WELL 85,241

WELL 2,801

7-12

WATER LOSS RECORD

675

Lake Groves 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

WATER LOSS RECORD

Lake Saunders WTP Sept 2006

6064

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Sept. 2006	Eye Wash						5 gpd	
	Filters						90,000	
								Total 91,150

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

6664

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. **(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: 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 SAUNDERS			Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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: 3354695 | Plant Name: LAKE SAUNDERS

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	12,000										1.0	
2	X	24	21,000										1.0	
3	X	24	9,000										1.0	
4	X	24	26,000										1.2	
5	X	24	17,000										1.0	
6	X	24	18,000										1.3	
7		24	18,000											
8	X	24	8,000										1.0	
9	X	24	14,000										1.1	
10	X	24	11,000										1.8	
11	X	24	16,000										1.0	
12	X	24	19,000										1.0	
13	X	24	10,000										1.0	
14		24	10,000											
15	X	24	33,000										1.0	
16	X	24	26,000										1.2	
17	X	24	15,000										1.3	
18	X	24	18,000										1.1	
19	X	24	18,000										1.3	
20	X	24	11,000										1.1	
21		24	10,000											
22	X	24	30,000										1.0	
23	X	24	15,000										1.0	
24	X	24	11,000										1.0	
25	X	24	20,000										0.9	
26	X	24	16,000										1.5	
27	X	24	27,000										1.5	
28		24	8,000											
29	X	24	8,000										1.5	
30	X	24	11,000										1.4	
31	X	24	9,000										1.5	
Total			495,000											
Average			15,968											
Maximum			33,000											

LAKE SAUNDERS

ALANE CT & CARROLLS CT PWS # 3354695

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	1435	28144	12	23.1	—	3189.3	0.7	.51	2.0	1.4	1.0	50	AC	
2	0545	28156	21	23.1	—	3190.0	1.2	4.9	1.0	1.4	1.0	50	AC	
1-3 3	0630	28177	9	23.1	—	191.2	0.6	4.8	1.0	1.5	1.0	50	RAP	
4	0645	28186	26	23.1	—	191.8	1.5	4.7	2.0	1.7	1.2	50	RAP	A/C
5	1630	28212	17	23.1	—	193.3	0.9	45	2.0	1.6	1.0	50	RAP	
2-3 6	0800	28229	18	23.1		194.2	1.0	43	2.0	1.5	1.3	45	RAP	A/C
7			18				0.9		1.0					
8	1500	28265	8	23.1		196.1	0.4	4.2	1.25	1.5	1.0	40	AC	
9	0715	28273	14	23.1	—	196.5	0.8	4.175	.75	1.6	1.1	40	AC	
10	0745	28287	11	23.1	—	197.3	0.6	41.0	0.5	1.8	1.8	40	RAP	
11	0930	28298	16	23.1	—	197.9	0.9	40.5	0.5	1.6	1.0	40	RAP	
2-3 12	0645	28314	19	23.1	—	198.8	1.0	40	1.0	1.6	1.0	45	RAP	A/C
2-3 13	0700	28333	10	23.1	—	199.8		39	1.0	1.7	1.0	55	RAP	A/C
14			10		—	200.6			1.0					
15	1100	28353	33	23.1		200.6	2.1	37	2.0	1.5	1.0	53	AC	
16	0745	28396	26	23.1	—	202.7	1.4	35	2.0	1.8	1.2	55	AC	
2-3 17	0650	28412	15	23.1	—	204.1	0.8	33	0.5	1.5	1.3	60	RAP	
18	0700	28427	18	23.1	—	209.9	1.1	32.5	1.5	1.5	1.1	50	RAP	A/C
2-3 19	0640	28445	18	23.1	—	206.0	1.0	31.0	1.5	1.6	1.3	50	RAP	
20	0640	28463	11	23.1	—	207.0	0.6	29.5	1.5	1.5	1.1	45	RAP	A/C
21			10		—		0.5		1.0					
22	1030	28484	30	23.1	—	208.1	1.6	27	2.0	1.7	1.0	45	AC	
23	1450	28514	15	23.1	—	209.7	0.9	25	1.0	1.6	1.0	45	AC	
1-3 24	1440	28529	11	23.1	—	210.6	0.6	24	1.0	1.5	1.0	45	RAP	
1-2 25	0650	28540	20	23.1	—	211.2	1.1	23	1.0	1.0	0.9	45	RAP	A/C
26	1200	28560	16	23.1	—	212.3	0.8	22/54	0.5	2.3	1.5	50	RAP	
27	0630	28576	27 13	23.1	—	213.1	1.5	53.5	0.5	2.5	1.5	50	RAP	
28	0600	28603	8 14	23.1	—	214.6	0.4	53	0.5	2.3	1.5	40	RAP	
29	↓	↓	8 or 16	↓	—	↓	0.4	↓	0.5	↓	↓	↓	↓	
30	1630	28619	11	23.1	—	3215.4	0.7	52.0	0.5	2.0	1.4	54=46%	BSA	
31	0630	28630	9	23.1	—	216.1	0.5	51.5	0.5	2.3	1.5	55	RAP	A/C
1	0700	28639		23.1		216.6		51		2.1	1.5	55	RAP	
TOTAL		495,000												
AVG		15,967												

AVG Flow - 1-7 - 17
8-14 - 14
15-21 - 19
22-28 - 17
29-4 -

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. (**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:	45		Total Population Served at End of Month:	157	
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 SAUNDERS			Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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: 3354695 | Plant Name: LAKE SAUNDERS

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										1.5	
2	X	24	13,000										1.5	
3	X	24	12,000										1.6	
4	X	24	17,000										1.4	
5		24	16,000											
6	X	24	10,000										1.2	
7	X	24	10,000										1.5	
8	X	24	12,000										1.6	
9	X	24	14,000										1.3	
10	X	24	9,000										1.0	
11	X	24	16,000										1.3	
12		24	15,000											
13	X	24	13,000										1.5	
14	X	24	10,000										1.2	
15	X	24	14,000										1.0	
16	X	24	12,000										1.5	
17	X	24	14,000										1.2	
18		24	14,000											
19	X	24	8,000										1.0	
20	X	24	12,000										1.0	
21	X	24	12,000										1.3	
22	X	24	14,000										1.5	
23	X	24	18,000										1.5	
24	X	24	15,000										1.8	
25		24	15,000											
26	X	24	7,000										1.1	
27	X	24	16,000										1.0	
28	X	24	9,000										1.4	
29	X	24	15,000										1.5	
30	X	24	14,000										1.2	
Total			392,000											
Average			13,067											
Maximum			18,000											

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: 06-11.250 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 Services Inc. Lake Saunders WTP PWS I.D. 3 3 5 4 6 9 5

System Address: Alane Ct & Carrolls Court City: Altamonte Springs Fl. 32714
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
LS1	Lake Saunders Well # 1	0740	R	0.0			A			1
LS2	Lake Saunders Well # 2	0745	R	0.0			A			2
LS3	15346 Carroll's Court	0720	D	1.5			A			3
LS4	3169 Glady's Lane	0725	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.) 1.5

[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 (Please see instructions on reverse):

- ☒ A certified Operator (# C-12740) ☐ 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: _____

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.)

FILTER BACK WASH

KAIN AIR COMPRESSOR

LAKE SAUNDERS

ALANE CT & CARROLLS CT PWS # 3354695

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	0710	28639	16	23.1	0	216.6	0.8	51	1.0	2.1	1.5	55	RAP
2	0640	28655	13	23.1	0	217.4	0.7	50	0.5	2.4	1.5	40	RAP
3	0640	28668	12	23.1	-	218.1	0.7	49.5	1.5	2.2	1.6	50	RAP
4	0820	28680	17	23.1	-	218.4	1.0	48	1.0	2.0	1.4	50	TC
5			16		-		0.7		1.0				
6		28713	10	23.1	0	220.5	0.6	46	2.2	1.2	50		TC
7	0715	28723	10	23.1	0	221.1	0.5	45	0.5	1.8	1.5	60	RAP
8	0730	28733	12	23.1	0	221.6	0.7	44.5	0.5	2.1	1.6	40	RAP
9	0740	28745	14	23.1	0	222.3	0.7	44	0.5	2.0	1.3	50	RAP
10	0720	28759	9	23.1	-	223.0	0.6	43.5	0.5	2.1	1.0	45	RAP
11	1000	28768	16	23.1	-	223.6	0.8	43	1.0	2.0	1.3	45	TC
12			15		-		0.8		1.5				
13	0900	28799	13	23.1	0	225.2	0.8		1.5	1.8	1.5	45	TC
14	0700	28812	10	23.1	0	226.0	0.5	39	0.5	2.0	1.2	50	RAP
15	0650	28822	14	23.1	0	226.5	0.7	38.5	1.0	1.8	1.0	50	RAP
16	0630	28836	12	23.1	0	227.2	0.7	37.5	1.5	2.0	1.5	50	RAP
17	0700	28848	14	23.1	-	227.9	0.8	36	1.0	1.9	1.2	50	RAP
18			14		-		0.8		1.0				
19	1340	28876	8	23.1	-	229.5	0.4	34	1.0	1.7	1.0	50	TC
20	0655	28884	12	23.1	0	229.9	0.7	53	1.0	1.4	1.0	50	TC
21	0700	28896	12	23.1	0	230.6	0.6	32	1.0	1.6	1.3	50	RAP
22	0600	28908	14	23.1	0	231.2	0.7	31/55	0.5	2.0	1.5	50	RAP
23	0600	28922	18	23.1	0	231.9	1.0	54.5	1.0 est.	1.9	1.5	4/5=50%	DSA
24	0600	28940	15	23.1	-	232.9	1.0	55.0	.5	2.3	1.8	5/5=42%	DSA
25			15		-		0.7		.5				
26	1400	28970	7	23.1	-	234.6	0.4	54	1.0	1.2	1.1		TC
27	0700	28977	16	23.1	0	235.0	0.8	53	1.0	1.7	1.0		TC
28	0630	28993	9	23.1	0	235.8	0.5	52	1.0	2.0	1.4	55	RAP
29	0630	29002	15	23.1	0	236.3	0.8	51	0.5	1.8	1.5	55	RAP
30	0720	29017	14	23.1	0	237.1	0.7	50.5	0.5	1.8	1.2	50	RAP
31	0700	29031		23.1		237.8		50		1.5	1.3	50	RAP
1													
TOTAL		392											
AVG		13.016											

1-7=14

7-14=13

15-21

22-28=13

LTER
Jck WASH

664

RUN
Air Compressor

LAKE SAUNDERS

ALANE CT & CARROLLS CT PWS # 3354695

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	0700	28639	16	23.1	0	216.6	0.8	51	1.0	2.1	1.5	55	RAP
2	0646	28655	13	23.1	0	217.4	0.7	50	0.5	2.4	1.5	40	RAP
3	0640	28668	12	23.1	-	218.1	0.7	49.5	1.5	2.2	1.6	50	RAP
4	0820	28680	17	23.1	-	218.8	1.0	48	1.0	2.0	1.4	50	TC
5			16		-		0.7		1.0				
6		28713	10	23.1	0	220.5	0.6	46	2.2	1.2	50	TC	
7	0715	28723	10	23.1	0	221.1	0.5	45	0.5	1.8	1.5	60	RAP
8	0730	28733	12	23.1	0	221.6	0.7	44.5	0.5	2.1	1.6	40	RAP
9	0740	28745	14	23.1	0	222.3	0.7	44	0.5	2.0	1.3	50	RAP
10	0720	28759	9	23.1	-	223.0	0.6	43.5	0.5	2.1	1.0	45	RAP
11	1000	28768	16	23.1	-	223.6	0.8	43	1.0	2.0	1.3	45	TC
12			15		-		0.8		1.5				
13	0900	28779	13	23.1	0	225.2	0.8		1.5	1.8	1.5	45	TC
14	0700	28812	10	23.1	0	226.0	0.5	39	0.5	2.0	1.2	50	RAP
15	0650	28822	14	23.1	0	226.5	0.7	38.5	1.0	1.8	1.0	50	RAP
16	0630	28836	12	23.1	0	227.2	0.7	37.5	1.5	2.0	1.5	50	RAP
17	0700	28848	14	23.1	-	227.9	0.8	36	1.0	1.9	1.2	50	RAP
18			14		-		0.8		1.0				
19	1340	28876	8	23.1	-	229.5	0.4	34	1.0	1.7	1.0	50	TC
20	0655	28887	12	23.1	0	229.9	0.7	33	1.0	1.4	1.0	50	TC
21	0700	28896	12	23.1	0	230.6	0.6	32	1.0	1.6	1.3	50	RAP
22	0600	28908	14	23.1	0	231.2	0.7	31/55	0.5	2.0	1.5	50	RAP
23	0600	28922	18	23.1	0	231.9	1.0	54.5	1.0 est.	1.9	1.5	46=50%	DSA
24	0600	28940	15	23.1	-	232.9	1.0	55.0	.5	2.3	1.8	56=42%	DSA
25			15		-		0.7		.5				
26	1300	28970	7	23.1	-	234.6	0.4	54	1.0	1.8	1.1		TC
27	0700	28977	16	23.1	0	235.0	0.8	53	1.0	1.7	1.0		TC
28	0630	28993	9	23.1	0	235.8	0.5	52	1.0	2.0	1.4	55	RAP
29	0630	29002	15	23.1	0	236.3	0.8	51	0.5	1.8	1.5	55	RAP
30	0700	29017	14	23.1	0	237.1	0.7	50.5	0.5	1.8	1.2	50	RAP
31	0700	29031		23.1		237.8		50		1.5	1.3	50	RAP
1													
TOTAL		392											
AVG		13.066											

1-7=14
8-14=13
5-21
22-28=13

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

(604

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. (**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:	45		Total Population Served at End of Month:	157	
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 SAUNDERS			Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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: 3354695 | Plant Name: LAKE SAUNDERS

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	12,000										1.3	
2		24	11,000											
3	X	24	16,000										1.0	
4	X	24	11,000										0.9	
5	X	24	11,000										1.5	
6	X	24	15,000										1.4	
7	X	24	18,000										1.2	
8	X	24	14,000										1.2	
9		24	13,000											
10	X	24	6,000										1.3	
11	X	24	14,000										1.0	
12	X	24	8,000										1.2	
13	X	24	19,000										1.3	
14	X	24	12,000										1.3	
15	X	24	12,000										1.2	
16		24	11,000											
17	X	24	14,000										1.1	
18	X	24	10,000										1.3	
19	X	24	12,000										1.4	
20	X	24	17,000										1.3	
21	X	24	16,000										1.4	
22	X	24	14,000										1.5	
23		24	14,000											
24	X	24	3,000										1.1	
25	X	24	15,000										1.0	
26	X	24	10,000										1.0	
27	X	24	18,000										1.0	
28	X	24	13,000										1.0	
29	X	24	14,000										1.2	
30		24	14,000											
31	X	24	8,000										1.0	
Total			395,000											
Average			12,742											
Maximum			19,000											

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: 12-6-6 800
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: 06-12-087 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

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

System Name: Lake Utility Services Inc. Lake Saunders WTP PWS I.D. 3 3 5 4 6 9 5

System Address: Alane Ct & Carrolls Court 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
LS1	Lake Saunders Well # 1	615am	R	0.0			A			1
LS2	Lake Saunders Well # 2	620am	R	0.0			A			2
LS3	15433 Carroll's Court	630am	D	1.6			A			3
LS4	31641 Alane Court	625am	D	1.6			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

[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 12740
- [ ] 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.)

LAKE SAUNDERS

ALANE CT & CARROLLS CT PWS # 3354695

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	0700	29031	12	23.1	–	237.8	0.7	50	1.0	1.5	1.3	50	RAP
2			11		–		0.6		1.0				
3	0315	29054	16	23.1	–	239.1	0.9	48	1.0	1.3	1.0	45	TC
4	1445	29070	11	23.1	0	240.0	0.6	47	1.0	1.3	0.9	45	TC
5	0600	29081	11	23.1	0	240.6	0.6	46	0.5	1.8	1.5	55	RAP
6	0700	29092	15	23.1	0	241.2	0.8	45.5	0.5	1.6	1.4	55	RAP
7	0700	29107	18	23.1	0	242.0	1.0	45	1.0	1.8	1.2	50	RAP TC
8	1445	29125	14	23.1	–	243.0	0.7	44	0.5	1.4	1.2	55	RAP
9			13		–		0.7		0.5				
10	1500	29152	6	23.1	–	244.4	0.4	43	.25	1.6	1.3	50	TC
11	1430	29158	14	23.1	0	244.8	0.8	43.75	0.75	1.3	1.0	50	TC
12	0630	29172	8	23.1	0	245.6	0.4	42	1.0	1.5	1.2	50	RAP TC
13	0430	29180	19	23.1	0	246.0	1.0	41	1.0	1.5	1.3	50	RAP
14	0700	29199	12	23.1	0	247.0	0.7	40	1.0	1.6	1.3	50	RAP TC
15	0700	29211	12	23.1	–	247.7	0.8	39	1.0	1.6	1.2	50	RAP TC
16			11		–		0.5		1.0				
17	0630	29234	14	23.1		249.0	0.7	37	1.0	1.5	1.1	50	TC
18	1510	29248	10	23.1	0	249.7	0.6	36	1.0	1.8	1.3	45	TC
19	0630	29258	12	23.1	0	250.3	0.7	35	0.5	1.6	1.4	45	RAP
20	0600	29270	17	23.1	0	251.0	0.9	34.5	1.0	2.0	1.3	55	RAP
21	0500	29287	16	23.1	0	251.9	0.9	33.5	1.0	1.8	1.4	55	RAP TC
22	0635	29303	14	23.1	–	252.8	0.7	32.5	1.25	1.6	1.5	55	RAP TC
23			14		–		0.7		1.0				
24	1300	29331	3	23.1	–	254.2	0.2	30.25	.25	1.5	1.1	50	TC
25	0600	29334	15	23.1	0	254.4	0.8	30	0.5	1.4	1.0	45	RAP
26	0700	29349	10	23.1	0	255.2	0.6	29.5	0.5	1.4	1.0	45	RAP TC
27	0700	29359	18	23.1	0	255.8	0.9	29	1.0	1.2	1.0	50	RAP TC
28	0700	29377	13	23.1	0	256.7	0.7	28	1.0	1.5	1.0	55	RAP
29	0600	29390	14	23.1	–	257.4	.8	27	0.5	1.5	1.2	45	RAP
30			14		–		.7		0.5				
31	0800	29418	8	23.1	–	258.9	0.4	26	0.5	1.3	1.0	45	TC
1	0100	29426		23.1		259.3		25.5		1.7	1.2	50	TC
TOTAL		395											
AVG		12.74											

* See Log

1-7 = 13 22-28 = 12

8-14 = 12

15-21 = 13

633.

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: **THE ORANGES**			PWS Identification Number: **3354883-10**
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: **THE ORANGES**			Plant Telephone Number: 407-869-1919
Plant Address :**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: **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 thru 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
2/3/06	Charles G. Schwades	C- 7368

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

PWS Identification Number: **3354883-10** | Plant Name: **THE ORANGES**

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	23,000										1.2	0.000 Indicates No Flow
2	X	24	0,000										1.3	
3	X	24	0,000										1.3	
4	X	24	42,000										1.1	
5	X	24	44,000										1.2	
6	X	24	0,000										1.3	
7		24	9,000											
8	X	24	10,000										1.2	
9	X	24	0,000										1.3	
10	X	24	0,000										1.3	
11	X	24	1,000										1.2	
12	X	24	2,000										1.3	
13	X	24	2,000										1.4	
14		24	1,000											
15	X	24	1,000										1.0	
16	X	24	0,000										1.1	
17	X	24	0,000										1.1	
18	X	24	0,000										1.2	
19	X	24	0,000										1.2	
20	X	24	0,000										1.3	
21		24	41,000											
22	X	24	41,000										1.3	
23	X	24	0,000										1.3	
24	X	24	0,000										1.3	
25	X	24	70,000										1.3	
26	X	24	85,000										1.3	
27	X	24	1,000										1.3	
28		24	73,000											
29	X	24	74,000										1.4	
30	X	24	6,000										1.2	
31	X	24	0,000										1.4	
Total			526,000											
Average			16,968											
Maximum			85,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: OKANOGS

MONTH/YEAR: JAN 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						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					25 6,200	Plant cyc wash 200 GPD - OTP

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

633

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: ~~THE ORANGES~~ LAKE UTILITY SERVICES, INC. - NORTH		PWS Identification Number: 3354883-10
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: **THE ORANGES**			Plant Telephone Number: 407-869-1919
Plant Address :**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: **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 thru 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: **3354883-10** | Plant Name: **THE ORANGES**

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	68,000										1.0	0.000 Indicates No Flow
2	X	24	87,000										1.5	
3	X	24	2,000										1.4	
4		24	3,000											
5	X	24	4,000										1.3	
6	X	24	0,000										1.5	
7	X	24	0,000										1.3	
8	X	24	64,000										1.3	
9	X	24	53,000										1.3	
10	X	24	0,000										1.4	
11		24	37,000											
12	X	24	38,000										1.3	
13	X	24	0,000										1.3	
14	X	24	6,000										1.3	
15	X	24	19,000										1.4	
16	X	24	0,000										1.3	
17	X	24	0,000										1.4	
18		24	0,000											
19	X	24	0,000										1.1	
20	X	24	0,000										1.0	
21	X	24	0,000										1.0	
22	X	24	0,000										1.2	
23	X	24	0,000										1.2	
24	X	24	2,000										1.1	
25		24	36,000											
26	X	24	37,000										1.0	
27	X	24	18,000										0.8	
28	X	24	0,000										0.9	
29														
30														
31														
Total			474,000											
Average			~~31,600~~ 15,926											
Maximum			87,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Oranges

MONTH/YEAR: Feb 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					5,000	Tank Inspection
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

5,600 ORP

10,600

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

ORP = 200GPD

Form Modified 1/30/04

File: Flushing & Water Loss Record

133

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 (THE ORANGES)**			PWS Identification Number: **3354883-10**
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: **THE ORANGES**		Plant Telephone Number: 407-869-1919	
Plant Address :**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: **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 thru Fri
Other Operators:	James Carroll	C	8494	Days Sun, Mon, Tue
	Steve Plouts	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
4/6/06	Charles G. Schwades	C- 7368

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

PWS Identification Number: **3354883-10**	Plant Name: **THE ORANGES**

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

				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	58,000										1.1	0.000 Indicates No Flow
2	X	24	66,000										1.2	
3	X	24	0,000										1.3	
4		24	20,000											
5	X	24	20,000										1.2	
6	X	24	61,000										1.3	
7	X	24	0,000										1.2	
8	X	24	60,000										1.0	
9	X	24	62,000										0.9	
10	X	24	0,000										1.0	
11		24	68,000											
12	X	24	69,000										1.0	
13	X	24	0,000										0.8	
14	X	24	0,000										1.5	
15	X	24	62,000										1.3	
16	X	24	71,000										1.3	
17	X	24	4,000										1.4	
18		24	100,000											
19	X	24	100,000										1.2	
20	X	24	64,000										1.3	
21	X	24	1,000										1.2	
22	X	24	86,000										1.4	
23	X	24	95,000										1.5	
24	X	24	59,000										1.2	
25	X	24	85,000										1.4	
26		24	85,000											
27	X	24	85,000										1.6	
28	X	24	5,000										1.5	
29	X	24	103,000										1.7	
30	X	24	166,000										1.5	
31	X	24	51,000										1.5	
Total			1,706,000											
Average			55,032											
Maximum			166,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Oranges

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					25	Pe
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15					25	Pe
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27					25	Pc
28						
29					33,000	Full bore Flush
30						
31						

6,200 ORP

39,275 total

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

ORP = 200 GPD

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

FILE COPY 633

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 (THE ORANGES)**		PWS Identification Number: 3354883-10
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: **THE ORANGES**		Plant Telephone Number: 407-869-1919
Plant Address :**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: **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 thru 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: 5/3/06

Charles G. Schwades
Printed or Typed Name

C- 7368
License Number

PAGE 01/01
LK GROVES
05/08/2006 14:18 3522420565

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

PWS Identification Number: **3354883-10** | Plant Name: **THE ORANGES**

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* — CT Calculations: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	102,000											0.000 Indicates No Flow
2	X	24	102,000										1.6	
3	X	24	92,000										1.3	
4	X	24	17,000										1.2	
5	X	24	85,000										1.3	
6	X	24	122,000										1.4	
7	X	24	78,000										1.3	
8	X	24	93,000										1.4	
9		24	11,000											
10	X	24	12,000										1.3	
11	X	24	0,000										1.4	
12	X	24	98,000										1.3	
13	X	24	128,000										1.2	
14	X	24	79,000										1.3	
15		24	118,000											
16	X	24	119,000										1.3	
17	X	24	91,000										1.2	
18	X	24	20,000										1.4	
19	X	24	93,000										1.3	
20	X	24	156,000										1.2	
21	X	24	71,000										1.2	
22		24	56,000											
23	X	24	56,000										1.3	
24	X	24	101,000										1.6	
25	X	24	26,000										1.2	
26	X	24	117,000										1.2	
27	X	24	134,000										1.0	
28	X	24	88,000										1.2	
29	X	24	115,000										1.3	
30		24	127,000											
31														
Total			2,507,000											
Average			83,570											
Maximum			156,000											

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: ORANGES

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					25	PC
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27					25	PC
28						
29						
30						
31						
					6000	OFP = 200 GPD
					6,050	

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

PC = Plant exercise

Form Modified 1/30/04

File: Flushing & Water Loss Record

633

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. – NORTH (THE ORANGES)**		PWS Identification Number: **3354883-10**
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: **THE ORANGES**		Plant Telephone Number: 407-869-1919
Plant Address :**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: **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 thru 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
6-5-06	Charles G. Schwades	C- 7368

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

PWS Identification Number: **3354883-10** | Plant Name: **THE ORANGES**

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	126,000										1.0	0.000 Indicates No Flow
2	X	24	69,000										1.1	
3	X	24	124,000										1.1	
4	X	24	215,000										1.1	
5	X	24	168,000										1.0	
6		24	163,000											
7	X	24	164,000										1.1	
8	X	24	168,000										1.0	
9	X	24	44,000										1.2	
10	X	24	118,000										1.1	
11	X	24	197,000										1.2	
12	X	24	0,000										1.3	
13	X	24	104,000										1.1	
14		24	122,000											
15	X	24	122,000										1.1	
16	X	24	70,000										1.0	
17	X	24	50,000										1.1	
18	X	24	163,000										1.2	
19	X	24	57,000										1.2	
20		24	136,000											
21	X	24	137,000										1.3	
22	X	24	142,000										1.2	
23	X	24	51,000										1.3	
24	X	24	99,000										1.2	
25	X	24	187,000										1.4	
26	X	24	98,000										1.3	
27		24	142,000											
28	X	24	142,000										1.1	
29	X	24	140,000										1.3	
30	X	24	81,000										0.5	
31	X	24	113,000										0.6	
Total			3,712,000											
Average			119,741											
Maximum			215,000											

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: ORANGES

MONTH/YEAR: MAY 2006

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	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			3200	Flushed overlook
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 6200 ORP
3000
9,200 Flush

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. - NORTH (ORANGES)		PWS Identification Number:	3354883-10	
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 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: 3354883-10 | Plant Name: THE ORANGES

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	121,000										1.4	0.000 Indicates no flow
2	X	24	144,000										2.2	
3		24	144,000											
4	X	24	6,000										1.7	
5	X	24	84,000										0.3	
6	X	24	132,000										0.2	
7	X	24	213,000										1.8	
8	X	24	116,000										2.0	
9	X	24	179,000										1.6	
10		24	180,000											
11	X	24	0,000										1.4	
12	X	24	0,000										1.1	
13	X	24	90,000										0.4	
14	X	24	127,000										0.8	
15	X	24	128,000										0.5	
16	X	24	130,000										0.5	
17	X	24	87,000										0.7	
18		24	88,000											
19	X	24	32,000										0.4	
20	X	24	110,000										0.6	
21	X	24	92,000										1.2	
22	X	24	73,000										1.4	
23	X	24	72,000										1.4	
24	X	24	72,000										1.2	
25		24	0,000											
26	X	24	0,000										1.1	
27	X	24	0,000										0.9	
28	X	24	68,000										0.6	
29	X	24	14,000										1.0	
30	X	24	86,000										0.7	
31														
Total			2,588,000											
Average			82,267											
Maximum			213,000											

WATER LOSS RECORD

The Oranges WTP June 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
	The Oranges 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

6055

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 (ORANGES)			PWS Identification Number:	3354883-10
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 records at the

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

633

PWS Identification Number: 3354883-10 | Plant Name: THE ORANGES

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
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Day of the Month	Days plant 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: CT Calculations: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	86,000											0.000 Indicates no flow
2	X	24	78,000										1.0	
3	X	24	22,000										0.7	
4	X	24	75,000										1.0	
5	X	24	132,000										0.8	
6	X	24	16,000										0.8	
7	X	24	0,000										0.7	
8	X	24	59,000										0.5	
9		24	60,000											
10	X	24	19,000										1.0	
11	X	24	58,000										1.1	
12	X	24	89,000										1.0	
13	X	24	18,000										0.7	
14	X	24	141,000										0.6	
15		24	142,000											
16	X	24	83,000										0.4	
17	X	24	0,000										0.7	
18	X	24	95,000										0.9	
19	X	24	163,000										1.0	
20	X	24	91,000										1.0	
21	X	24	130,000										0.9	
22		24	130,000											
23	X	24	0,000										0.6	
24	X	24	0,000										0.8	
25	X	24	90,000										0.9	
26	X	24	148,000										0.9	
27	X	24	2,000										1.1	
28	X	24	118,000										0.7	
29		24	119,000											
30	X	24	61,000										1.0	
31	X	24	1,000										0.4	
Total			2,226,000											
Average			71,806											
Maximum			163,000											

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

PWS Identification Number: 3353993 16 Plant Name: THE OAKMONT

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		24	86,000											0.000 Indicates no flow
2	X	24	78,000										1.0	
3	X	24	22,000										0.7	
4	X	24	75,000										1.0	
5	X	24	132,000										0.8	
6	X	24	16,000										0.8	
7	X	24	0,000										0.7	
8	X	24	59,000										0.5	
9		24	60,000											
10	X	24	19,000										1.0	
11	X	24	58,000										1.1	
12	X	24	89,000										1.0	
13	X	24	18,000										0.7	
14	X	24	141,000										0.6	
15		24	142,000											
16	X	24	83,000										0.4	
17	X	24	0,000										0.7	
18	X	24	95,000										0.9	
19	X	24	163,000										1.0	
20	X	24	91,000										1.0	
21	X	24	130,000										0.9	
22		24	130,000											
23	X	24	0,000										0.6	
24	X	24	0,000										0.8	
25	X	24	90,000										0.9	
26	X	24	148,000										0.9	
27	X	24	2,000										1.1	
28	X	24	118,000										0.7	
29		24	119,000											
30	X	24	61,000										1.0	
31	X	24	1,000										0.4	
Total			2,226,000											
Average			82,444											
Maximum			163,000											

1.072

WATER LOSS RECORD

Oranges 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. - NORTH (ORANGES)			PWS Identification Number:	3354883-10
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:	THE ORANGES			Plant Telephone Number:	
Plant Address:	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:	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 records at the

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: 3354883-10 | Plant Name: THE ORANGES

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	87,000										0.5	0,000 Indicates no flow
2	X	24	154,000										0.7	
3	X	24	126,000										0.9	
4	X	24	83,000										0.6	
5		24	83,000											
6	X	24	86,000										1.0	
7	X	24	0,000										1.0	
8	X	24	95,000										0.8	
9	X	24	124,000										0.8	
10	X	24	114,000										1.0	
11	X	24	166,000										0.9	
12		24	166,000											
13	X	24	24,000										0.7	
14	X	24	42,000										0.6	
15	X	24	159,000										0.6	
16	X	24	183,000										0.6	
17	X	24	87,000										0.6	
18	X	24	84,000										1.1	
19		24	85,000											
20	X	24	92,000										0.9	
21	X	24	67,000										1.0	
22	X	24	135,000										0.6	
23	X	24	155,000										0.6	
24	X	24	77,000										0.8	
25	X	24	53,000										0.7	
26		24	54,000											
27	X	24	0,000										1.0	
28	X	24	47,000										0.6	
29	X	24	88,000										0.8	
30	X	24	36,000										0.7	
31	X	24	10,000										1.1	
Total			2,762,000											
Average			89,096											
Maximum			183,000											

633

WATER LOSS RECORD

The Oranges 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

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

033

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 (**ORANGES**)			PWS Identification Number:	3354883-10
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:	THE ORANGES		Plant Telephone Number:		
Plant Address:	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:	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 records at the

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: 3354883-10 | Plant Name: THE ORANGES

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	97,000										0.7	0,000 Indicates no flow
2		24	97,000											
3	X	24	1,000										0.6	
4	X	24	1,000										0.6	
5	X	24	84,000										0.7	
6	X	24	92,000										1.0	
7	X	24	75,000										1.0	
8	X	24	60,000										0.8	
9		24	60,000											
10	X	24	84,000										0.8	
11	X	24	63,000										0.8	
12	X	24	90,000										0.8	
13	X	24	88,000										0.8	
14	X	24	72,000										0.8	
15	X	24	74,000										0.7	
16		24	74,000											
17	X	24	33,000										1.4	
18	X	24	22,000										1.2	
19	X	24	12,000										1.0	
20	X	24	94,000										0.8	
21	X	24	18,000										1.0	
22	X	24	138,000										0.9	
23	X	24	175,000										1.0	
24		24	176,000											
25	X	24	104,000										0.9	
26	X	24	105,000										1.0	
27	X	24	186,000										1.2	
28	X	24	135,000										1.6	
29	X	24	187,000										0.9	
30		24	186,000											
31														
Total			2,683,000											
Average			89,433											
Maximum			187,000											

~~Sept 2006~~

ORANGES

LAKE LOUISA RD. PWS # 3354883-10

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	AQUA DEAN	LBS USED	AIR %	INITI
1	0630	335397	97	436.0	6.7	47	6	1.1	0.7	645			40	
2			97		6.7		6						40	
3	1300	335591	1	449.4	-	35	3	0.9	0.6	665			40	
4	1015	335592	1	449.4	-	32	-	1.0	0.6	630			40	RAP
5	1045	335593	84	449.4	5.7	32	5	0.5	0.7	580		5	40	RAP
6	1130	335677	92	455.1	6.2	27	10	2.2	1.0	695	4/58	0.5	30	RAP AM
7	1105	335769	75	461.3	5.3	17/55	2	1.8	1.0	720	57.5	1.5	30	RAP
8	1005	335844	60	466.6	4.1	53	4	2.0	0.8	700	56	3.0	30	RAP
9		3	60		4.1		4					3.0		
10	1330	335964	84	474.8	5.2	45	7	1.5	0.8	690	50	4.0	40%	DSA
11	0900	336048	63	480.7	4.5	38	4	1.4	0.8	700	46	2.0	15%	DNS
12	1015	336111	90	485.2	6.0	34	6	1.6	0.8	690	44	4.0	15	RAP AM
13	1030	336201	88	491.2	5.9	28	4	1.5	0.8	705	40	4.0	50	RAP
14	1005	336289	72	497.1	5.1	35/51	6	2.0	0.8	705	36	4.0	50	RAP
15	1305	336361	74	502.2	5.0	45	6	1.9	0.7	705	32	2.75	50	RAP
16			74		5.0		5					2.75		
17	1200	336509	33	512.2	2.4	37	2.0	1.7	1.4	715	26.5	—	45	JC
18	1413	336542	22	514.6	1.5	32	2.0	1.7	1.2	705	26.5	1.5	45	JC
19	1110	336564	12	516.1	1.0	30	2.0	1.4	1.0	710	25	1.0	50	RAP
20	1040	336576	94	517.1	6.2	28	2.0	2.0	0.8	710	24	4.0	50	RAP
21	1020	336670	18	523.3	1.5	26	1.0	1.7	1.0	710	20	1.0	50	RAP
22	1045	336688	138	524.8	9.0	23/55	18.0	1.1	0.9	690	19	6.0	50	RAP
23	1948	336826	175	533.8	12.0	20/42	13.0	1.4	1.0	735	13	5.0	50	JC
24			176		11.7		12.0			6		4.5		
25	1120	337177	104	537.5	7.2	24/17	5.0	1.2	0.7	660	3.5	3.5		JC
26	0950	337281	105	564.7	6.9	12/20	9.0	1.5	1.0	650	60	2.0	50	RAP AM
27	0930	337386	186	571.6	12.4	12/11	11.0	2.2	1.2	720	58	5.0	50	RAP
28	0940	337572	135	584.0	9.3	55/44	9.0	2.5	1.6	730	50	5.0	50	RAP
29	1000	337707	187	593.3	12.3	35	12.0	1.2	0.9	695	45	5.0	55	
30			186		12.3		12.0					7.75		
31														
1	1100	338040		617.9		11		2.2	1.0	715	29.0		40	JC
TOTAL														
AVG														

total 2,683

max 8/133

WATER LOSS RECORD

633

The Oranges 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

0055

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 (ORANGES)		PWS Identification Number:	3354883-10	
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:	THE ORANGES		Plant Telephone Number:		
Plant Address:	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:	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 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: 3354883-10 | Plant Name: THE ORANGES

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	163,000										1.0	0,000 Indicates no flow
2	X	24	123,000										1.0	
3	X	24	164,000										1.0	
4	X	24	194,000										1.0	
5	X	24	96,000										1.0	
6	X	24	157,000										0.7	
7		24	158,000											
8	X	24	124,000										1.0	
9	X	24	142,000										0.6	
10	X	24	117,000										0.5	
11	X	24	231,000										0.6	
12	X	24	67,000										2.5	
13	X	24	77,000										1.0	
14		24	78,000											
15	X	24	143,000										1.0	
16	X	24	143,000										1.0	
17	X	24	101,000										0.5	
18	X	24	161,000										1.8	
19	X	24	29,000										1.3	
20	X	24	63,000										0.9	
21		24	62,000											
22	X	24	168,000										1.0	
23	X	24	3,000										0.8	
24	X	24	95,000										0.8	
25	X	24	91,000										2.0	
26	X	24	7,000										1.5	
27	X	24	0,000										1.2	
28	X	24	51,000										1.0	
29		24	52,000											
30	X	24	0,000										1.0	
31	X	24	84,000										0.8	
Total			3,144,000											
Average			101,419											
Maximum			231,000											

ORANGES

LAKE LOUISA RD. PWS # 3354883-10

MONTH AND YEAR October - 2006

DATE	TIME	WELL METER	TOTAL G.P.D.	19617.9 WELL, ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AQUA DEAN	LBS USED	AIR %	INITI
1	1100	338080	163	612.9	11.0	11	11.0	2.2	1.0	715	79.25		40	AC
2	0710	338243	123	628.9	8.3	9/5.5	9.0	1.6	1.0	661	22.5	4.5	20	AC
3	0935	338366	164	637.2	10.9	46	11.0	1.5	1.0	680	18	7.0	20	RAP
4	1140	338530	194	648.1	13	.35	14.0	1.4	1.0	700	11	8.0	20	RAP
5	1040	338724	96	661.1	6.6	21/31	8.0	1.5	1.0	705	3/58	4.0	15	RAP AC
6	1135	338820	157	667.7	10.3	23/33	10.0	0.9	0.7	680	54	6.0	50	RAP *
7			158		10.2		10.0					5.75		
8	1135	339135	124	688.2	8.5	13	5.0	1.5	1.0	660	42.25	5.25	50	AC
9	1040	339259	142	696.7	10.0	8	6.0	1.0	0.6	600	37	6.0	40	AC
10	1410	339401	117	706.7	7.4	12/12	7.0	0.9	0.5	500	31	4.0	40	RAP AC
11	0625	339518	231	714.1	15.1	5	15.0	0.8	0.6	520	27	9.0	50	RAP
12	1120	339749	67	729.2	4.2	55/55	4.0	3.5	2.5	735	18	3.0	50	RAP
13	0950	339816	77	733.9	5.0	27	5.0	1.3	1.0	675	15	1.0	55	RAP AC
14			78		4.5		5.0				9.25	2.75		
15	0530	339971	143	743.4		17		1.6	1.0	700	9.25		55	AC
16			143		19.3		17					9.25	40	P
17	1205	340257	101	762.7	6.7	55	3.0	0.5	0.5	300	61	4.0	40	RAP
18	1015	340358	161	769.4	10.4	52	15.0	2.5	1.8	720	57	7.0	40	RAP
19	1110	340519	29	779.8	2.0	37	2.0	1.5	1.3	700	50	1.0	40	RAP
20	1030	340548	63	781.8	4.2	35	6.0	1.2	0.9	700	49	3.0	40	RAP
21			62		4.2		6.0					2.75		
22	0600	340673	168	790.2	11.2	23	7.0	1.6	1.0	670	43.25	6.75	25	AC
23	1000	340871	3	801.4	0.2	16	2.0	1.0	0.8	655	36.5	0	15	AC
24	1030	340844	95	801.6	6.2	14/55	3.0	0.8	0.8	670	36.5	3.5	55	RAP
25	1115	340939	91	807.8	5.9	52/55	5.0	3.0	2.0	725	33	8.0	55	RAP
26	0805	341030	7	813.7	0.4	50	3.0	2.5	1.5	735	30	0.0	55	RAP
27	1010	341037	0	814.1	0	47	1.0	2.3	1.2	725	30	0.0	55	RAP
28	1005	341037	51	814.1	3.5	46	3.0	2.1	1.0	725	30	2.5	55	RAP
29			52		3.5		3.0					2.5		
30	0745	341140	0	821.1	0	40		1.8	1.0	725	25	0	55	RAP
31	1018	341140	84	821.1	5.6	40	8.0	1.3	0.8	725	25	3.0	55	RAP
1	1016	341224		826.7		32		2.0	1.9	720	22		55	RAP
TOTAL		3,144,000												
AVG		101,419												

* Added 10 gal Cl2 to drums from Amrep on 11, 21
* Added 10 gal Cl2 to drums from Amrep on 11, 21

Avg flow - 1-7 — 150
8-14 - 120
15-21 - 100
22-28 -
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 (ORANGES)	PWS Identification Number:	3354883-10
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:	THE ORANGES	Plant Telephone Number:	
Plant Address:	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:	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 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: 3354883-10 | Plant Name: THE ORANGES

II. 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	105,000										1.9	0.000 Indicates no flow
2	X	24	0,000										1.5	
3	X	24	82,000										1.0	
4	X	24	46,000										1.0	
5		24	46,000											
6	X	24	0,000										1.1	
7	X	24	0,000										0.7	
8	X	24	67,000										0.6	
9	X	24	0,000										1.3	
10	X	24	78,000										0.9	
11	X	24	39,000										0.7	
12		24	39,000											
13	X	24	0,000										1.0	
14	X	24	88,000										1.0	
15	X	24	37,000										1.0	
16	X	24	0,000										1.0	
17	X	24	40,000										1.0	
18		24	40,000											
19	X	24	82,000										1.0	
20	X	24	0,000										1.1	
21	X	24	81,000										1.5	
22	X	24	81,000										1.5	
23	X	24	0,000										1.6	
24	X	24	85,000										1.9	
25		24	85,000											
26	X	24	31,000										1.2	
27	X	24	3,000										1.0	
28	X	24	69,000										1.3	
29	X	24	61,000										1.4	
30	X	24	0,000										1.0	
Total			1,285,000											
Average			42,833											
Maximum			105,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

11-08-06 1240

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

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: 06-11-296 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
01	Oranges	2:00pm	R	0.0			A			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: [X] DPD Colorimetric [ ] Other:

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

- [X] A certified Operator (# C 12502)
- [ ] 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.)

ORANGES

LAKE LOUISA RD. PWS # 3354883-10

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	AQUA DEAN	LBS USED	AIR %	INITI
1	1010	341224	105	9826,7	6,9	32	10,0	2,0	1,9	720	22	5,0	55	
2	1015	341329	0	833,6	0,1	22	0	1,6	1,5	705	17	0	55	
3	1015	341329	82	833,7	5,5	22	5	1,0	1,0	690	17	2,75	50	
4	0710	341411	4.6	839,2	3,1	17	4	1,3	1,0	705	14,25	2,25	35	
5	~~0825~~		46		3,0	~~14,25~~	3					2,0		
6	0825	341503	0	845,3	0	10		1,6	1,1	705	10	2,0	50	
7	1035	341503	0	845,3	0	13/35	0	0,7	0,7	700	8/60	0	60	
8	1135	341503	67	845,3	4,7	55	4,0	0,7	0,6	710	60	3,0	50	
9	0935	341570	0	850,0	0	51	0	1,5	1,3	715	57	0	50	
10	0900	341570	78	860,0	5,3	51	4,0	0,9	0,9	700	57	2,5	50	
11	1120	341648	39	855,3	3,0	47	3,5	1,2	0,7	705	54,5	2,0	50	
12			39		2,3		3,5					2,0		
13	1400	341726	0	860,6	0	40	0	0,6	1,0	695	52,5	0	40	
14	1020	341726	88	860,6	5,9	40	6,0	0,7	1,0	685	52,5	2,5	70	
15	0915	341814	37	866,5	2,7	34	1,0	1,4	1,0	690	50	0	40	
* 16	0900	341851	0	869,2	0	33	1,0	1,2	1,0	700	50	0	40	
* 17	1110	341851	40	869,2	3,0	32	4,0	3,5	1,0	740	50	1,5	45	
18			40		2,4		4,0					1,5		
19	1100	341931	82	874,6	5,6	24	6,0	1,4	1,0	705	47	2,25	40	
20	1210	342013	0	880,2	0	18	1,0	1,5	1,1	705	44,25	0,5	40	
* 21	0930	342013	81	880,2	5,5	17	1,0	1,6	1,5	710	44,25	0,25	90	
22	0940	342094	81	885,7	5,5	16/35	3,0	1,8	1,5	710	44,0	14	50	
23	0730	342175	6	891,2	0	52	0	2,1	1,6	720	30	0	50	
24	1030	342175	85	891,2	6,0	52	7,0	1,5	1,9	720	30	3,0	50	
25			85		5,6		7,0					2,75		
26	1020	342345	31	902,4	2,2	34	3,0	1,9	1,2	705	24,25	-	30	
27	1000	342376	3	905,0	0,2	35	0	1,2	1,0	705	24,25	0,25	35	
28	0920	342379	69	905,2	4,7	35	5,0	1,0	1,3	700	24	2,5	25	
29	0820	342448	61	909,9	4,2	30	5,0	1,5	1,4	700	21,5	1,5	30	
30	1000	342509	0	914,1	0	25	0	1,5	1,0	695	20	0	30	
31	0920	342509		914,1		25		1,0	1,3	690	20		30	
1														
TOTAL		1285												
AVG		42,533												

* See Log

1-7 = 40

7-14 = 45

5-21 = 40

12-25 = 51

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

633

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 (**ORANGES**)	PWS Identification Number:	3354883-10
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:	THE ORANGES	Plant Telephone Number:	
Plant Address:	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:	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 records at the

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: 3354883-10 | Plant Name: THE ORANGES

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	64,000										1.3	0,000 Indicates no flow
2		24	63,000											
3	X	24	12,000										1.0	
4	X	24	0,000										1.1	
5	X	24	79,000										1.4	
6	X	24	79,000										1.2	
7	X	24	0,000										1.0	
8	X	24	76,000										1.0	
9		24	75,000											
10	X	24	0,000										1.1	
11	X	24	0,000										1.0	
12	X	24	80,000										1.2	
13	X	24	76,000										1.6	
14	X	24	0,000										1.0	
15	X	24	20,000										1.0	
16		24	20,000											
17	X	24	43,000										1.0	
18	X	24	0,000										1.1	
19	X	24	76,000										1.5	
20	X	24	71,000										1.4	
21	X	24	0,000										1.2	
22	X	24	0,000										1.3	
23		24	0,000											
24	X	24	0,000										1.0	
25	X	24	0,000										1.0	
26	X	24	16,000										1.3	
27	X	24	58,000										2.3	
28	X	24	0,000										1.3	
29	X	24	44,000										1.0	
30		24	44,000											
31	X	24	34,000										1.1	
Total			1,030,000											
Average			33,226											
Maximum			80,000											

ORANGES

LAKE LOUISA RD. PWS # 3354883-10

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	AQUA DEAN	LBS USED	AIR %	INITI
1	0920	342509	64	914.1	4.4	25	5.0	1.0	1.3	690	20	2.5	30	RAP
2			63		4.2		5.0					2.25		
3	0520	342636	12	922.6	0.9	1.5	2.0	1.1	1.0	705	15.25	0.75	45	TC
4	1025	342648	0	923.5	0	13	0	0.8	1.1	690	14.5	0.25	45	TC
5	1115	342648	79	923.5	5.4	13	6.0	1.0	1.4	705	14.25	2.25	50	RAP
6	1110	342727	79	928.9	5.3	7/16	3.0	1.8	1.2	710	12	2.0	50	RAP
7	1100	342806	0	934.2	0	1752	0	1.5	1.0	690	10	0	50	RAP
8	0745	342806	76	934.2	5.1	52	7.0		1.0	690	10	3.0	50	RAP
9			75		5.0		7.0					2.75		
10	1140	342957	—	944.3	-	38	—	1.6	1.1	715	5.25	—	50	TC
11	1020	342957	0	944.3	0	38	0	1.2	1.0	700	5.25	0	50	TC
12	1045	342957	80	944.3	5.2	38	3.0	1.0	1.2	690	5.23/60	3.0	50	RAP
13	1015	343037	76	949.5	5.0	35	*6.0	1.9	1.6	715	57	2.0	50	RAP
14	1130	343113	0	954.5	0	*29	0	1.5	1.0	710	55	0	50	RAP
15	1125	343113	20	954.5	1.4	29	1.0	0.8	1.0	700	55	1.0	60	RAP
16			20		1.4		1.0					0.5		
17	0330	343153	43	957.3	3.0	27	3.0	1.1	1.0	705	53.5	1.0	50	TC
18	0915	343196	0	960.3	0	24	1.0	0.7	1.1	690	52.50	0	40	TC
19	0835	343196	76	960.3	5.2	23	1.0	0.5	1.5	690	53	1.0	40	RAP
20	0800	343272	71	965.5	5.4	16	3.0	2.0	1.4	720	52	3.0	40	RAP
21	0750	343343	0	970.9	0	13	0	0.6	1.2	590	49	0	40	RAP
22	0900	343343	—	970.9	—	13/56	—	2.0	1.3	720	49	—	40	RAP
23			—		—		—					—		
24	0810	343343	—	970.9	—	56	-	1.4	1.0	725	45	-	30	TC
25	0830	343343	0	970.9	0	<6	0	1.1	1.0	725	45	0	30	TC
26	1015	343343	16	970.5	1.1	56	.25	1.5	1.3	730	49	0	40%	RAP
27	1110	343359	58	971.6	4.1	55.75	2.75	2.5	2.3	740	49	1.0	40%	RAP
28	1035	343417	0	975.7	0	53	0	2.0	1.3	720	48	0	30%	RAP
29	0830	343417	44	975.7	3.1	53	4	1.8	1.0	710	48	2	30%	RAP
30			44		3.1		4					2		
31	0740	343505	34	981.9	2.4	45	3.0	1.9	1.1	705	44		30	TC
1	0245	343536		984.3		42		1.3	1.0	700	44		30	TC
TOTAL		1030												
AVG		33.226												

1-7 = 42

8-14 = 44

15-21 = 34

22-28 = 11

* See Log.

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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: **THE VISTAS**			PWS Identification Number: **3354883-3**
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: **THE VISTAS**		Plant Telephone Number: 407-869-1919	
Plant Address: **10440 Vista Del Sol 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: **822,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per 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 were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the 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 2/1/06

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: **3354883-3** | Plant Name: **THE VISTAS**

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

				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	330,000										1.5	
2	X	24	165,000										1.4	
3	X	24	16,000										1.4	
4	X	24	245,000										1.4	
5	X	24	441,000										1.5	
6	X	24	202,000										1.6	
7	X	24	252,000										1.5	
8	X	24	244,000										1.7	
9	X	24	219,000										1.7	
10	X	24	61,000										1.6	
11	X	24	244,000										1.6	
12	X	24	440,000										1.5	
13	X	24	303,000										1.6	
14	X	24	243,000										1.6	
15	X	24	219,000										1.8	
16	X	24	130,000										1.5	
17	X	24	62,000										1.6	
18	X	24	196,000										1.4	
19	X	24	441,000										1.3	
20	X	24	162,000										1.4	
21	X	24	459,000										1.4	
22	X	24	661,000										1.2	
23	X	24	140,000										1.6	
24	X	24	212,000										1.7	
25	X	24	248,000										1.6	
26	X	24	427,000										1.4	
27	X	24	351,000										1.6	
28	X	24	323,000										1.4	
29	X	24	560,000										1.5	
30	X	24	602,000										1.4	
31	X	24	82,000										1.4	
Total			8,680,000											
Average			280,000											
Maximum			661,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: ~~THE VISTAS~~ LAKE UTILITY SERVICES, INC - NORTH			PWS Identification Number: 3354883-3
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: **THE VISTAS**			Plant Telephone Number: 407-869-1919
Plant Address: **10440 Vista Del Sol 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: **822,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per 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 were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the 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: **3354883-3** | Plant Name: **THE VISTAS**

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	238,000										1.5	
2	X	24	358,000										1.6	
3	X	24	125,000										1.5	
4	X	24	17,000										1.5	
5	X	24	142,000										1.4	
6	X	24	83,000										1.9	
7	X	24	32,000										1.6	
8	X	24	241,000										1.5	
9	X	24	401,000										1.4	
10	X	24	126,000										1.4	
11	X	24	204,000										1.0	
12	X	24	217,000										1.3	
13	X	24	115,000										1.9	
14	X	24	35,000										1.5	
15	X	24	169,000										1.6	
16	X	24	295,000										1.6	
17	X	24	16,000										1.5	
18	X	24	125,000										1.4	
19	X	24	184,000										1.2	
20	X	24	263,000										1.1	
21	X	24	35,000										1.2	
22	X	24	185,000										1.3	
23	X	24	418,000										1.5	
24	X	24	144,000										1.6	
25	X	24	217,000										1.6	
26	X	24	349,000										1.4	
27	X	24	540,000										1.0	
28	X	24	56,000										1.2	
29														
30														
31														
Total			5,330,000											
Average			190,357											
Maximum			540,000											

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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: MARCH , 2006

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(THE VISTAS)**		PWS Identification Number: **3354883-3**
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: **THE VISTAS**		Plant Telephone Number: 407-869-1919	
Plant Address: **10440 Vista Del Sol 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: **822,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
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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.

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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: **3354883-3** | Plant Name: **THE VISTAS**

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	352,000										1.4	0.000 Indicates No Flow
2	X	24	394,000										1.3	
3	X	24	229,000										1.4	
4	X	24	310,000										1.3	
5	X	24	354,000										1.1	
6	X	24	71,000										1.4	
7	X	24	0,000										1.4	
8	X	24	255,000										1.3	
9	X	24	203,000										1.5	
10	X	24	348,000										1.4	
11	X	24	259,000										1.4	
12	X	24	197,000										1.5	
13	X	24	182,000										1.5	
14	X	24	113,000										1.4	
15	X	24	181,000										1.4	
16	X	24	404,000										1.5	
17	X	24	509,000										1.5	
18	X	24	395,000										1.5	
19	X	24	344,000										1.3	
20	X	24	101,000										1.4	
21	X	24	100,000										1.4	
22	X	24	337,000										1.2	
23	X	24	276,000										1.5	
24	X	24	361,000										1.5	
25	X	24	277,000										1.6	
26	X	24	359,000										1.4	
27	X	24	109,000										1.4	
28	X	24	139,000										1.5	
29	X	24	369,000										1.4	
30	X	24	388,000										1.5	
31	X	24	143,000										1.5	
Total			8,059,000											
Average			259,967											
Maximum			509,000											

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

FILE COPY 6036

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 (THE VISTAS)**			PWS Identification Number: 3354883-3
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: **THE VISTAS**		Plant Telephone Number: 407-869-1919	
Plant Address: **10440 Vista Del Sol 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: **822,000**			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per 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 were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so 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: 3354983-3 | Plant Name: THE VISTAS

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	308,000										1.7	0.000 Indicates No Flow
2	X	24	410,000										1.4	
3	X	24	313,000										1.5	
4	X	24	183,000										1.5	
5	X	24	462,000										1.4	
6	X	24	387,000										1.5	
7	X	24	368,000										1.5	
8	X	24	59,000										1.5	
9	X	24	411,000										1.3	
10	X	24	171,000										1.4	
11	X	24	115,000										1.5	
12	X	24	317,000										1.4	
13	X	24	416,000										1.6	
14	X	24	70,000										1.5	
15	X	24	144,000										1.6	
16	X	24	293,000										1.7	
17	X	24	36,000										1.7	
18	X	24	6,000										1.6	
19	X	24	122,000										1.6	
20	X	24	272,000										1.5	
21	X	24	243,000										1.4	
22	X	24	107,000										1.4	
23	X	24	180,000										1.6	
24	X	24	48,000										1.5	
25	X	24	0,000										1.4	
26	X	24	151,000										1.5	
27	X	24	203,000										1.5	
28	X	24	66,000										1.4	
29	X	24	168,000										1.4	
30	X	24	213,000										1.6	
31														
Total			6,242,000											
Average			208,000											
Maximum			462,000											

05/08/2006 13:55 3522420565 LK GROVES PAGE 07/09

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

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FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **LAKE UTILITY SERVICES INC. – NORTH**	**(THE VISTAS)**	PWS Identification Number: **3354883-3**
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: **THE VISTAS**			Plant Telephone Number: 407-869-1919	
Plant Address: **10440 Vista Del Sol 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: **822,000**				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per 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 were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so 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
6-05-06	Charles G. Schwades	C-7368

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

PWS Identification Number: **3354883-3** | Plant Name: **THE VISTAS**

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	164,000										1.5	0.000 Indicates No Flow
2	X	24	0.000										1.4	
3	X	24	113,000										1.4	
4	X	24	290,000										1.3	
5	X	24	169,000										1.0	
6	X	24	200,000										1.2	
7	X	24	354,000										1.6	
8	X	24	200,000										1.7	
9	X	24	14,000										1.5	
10	X	24	159,000										1.4	
11	X	24	269,000										1.5	
12	X	24	63,000										1.5	
13	X	24	153,000										1.5	
14	X	24	171,000										1.4	
15	X	24	62,000										1.3	
16	X	24	0.000										1.2	
17	X	24	27,000										1.1	
18	X	24	171,000										1.2	
19	X	24	72,000										1.2	
20	X	24	190,000										1.3	
21	X	24	126,000										1.5	
22	X	24	180,000										1.4	
23	X	24	0.000										1.4	
24	X	24	107,000										1.3	
25	X	24	340,000										1.2	
26	X	24	61,000										1.4	
27	X	24	142,000										1.3	
28	X	24	186,000										1.6	
29	X	24	23,000										1.4	
30	X	24	0.000										1.2	
31	X	24	106,000										1.2	
Total			4,112,000											
Average			132,645											
Maximum			354,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
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:	822,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per 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: 3354883-3 | Plant Name: THE VISTAS

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	71,000										1.1	0,000 Indicates no flow
2	X	24	187,000										1.1	
3	X	24	288,000										1.2	
4	X	24	0,000										1.5	
5	X	24	0,000										1.5	
6	X	24	160,000										1.4	
7	X	24	213,000										1.4	
8	X	24	108,000										1.5	
9	X	24	183,000										1.6	
10	X	24	212,000										1.5	
11	X	24	0,000										1.3	
12	X	24	0,000										1.1	
13	X	24	95,000										1.0	
14	X	24	191,000										1.3	
15	X	24	159,000										1.4	
16	X	24	206,000										1.1	
17	X	24	134,000										1.2	
18	X	24	118,000										1.3	
19	X	24	0,000										1.2	
20	X	24	80,000										1.4	
21	X	24	153,000										1.4	
22	X	24	66,000										1.4	
23	X	24	175,000										1.4	
24	X	24	10,000										1.4	
25	X	24	0,000										1.2	
26	X	24	0,000										0.9	
27	X	24	0,000										0.8	
28	X	24	39,000										0.6	
29	X	24	0,000										1.0	
30	X	24	161,000										0.8	
31													0.0	
Total			3,009,000											
Average			100,300											
Maximum			288,000											

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

6360 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 (VISTAS)			PWS Identification Number:	3354883-3
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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per 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

6036

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

PWS Identification Number: 3354883-3 | Plant Name: THE VISTAS

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										1.3	0,000 Indicates no flow
2	X	24	0,000										1.1	
3	X	24	0,000										1.0	
4	X	24	71,000										1.0	
5	X	24	146,000										1.4	
6	X	24	64,000										1.5	
7	X	24	0,000										1.2	
8	X	24	161,000										1.0	
9	X	24	42,000										0.9	
10	X	24	0,000										1.3	
11	X	24	2,000										1.3	
12	X	24	55,000										0.8	
13	X	24	30,000										1.1	
14	X	24	130,000										1.0	
15	X	24	128,000										1.1	
16	X	24	54,000										1.0	
17	X	24	0,000										0.9	
18	X	24	81,000										0.7	
19	X	24	195,000										1.1	
20	X	24	65,000										1.2	
21	X	24	127,000										1.0	
22	X	24	207,000										1.6	
23	X	24	0,000										1.0	
24	X	24	1,000										0.9	
25	X	24	89,000										1.1	
26	X	24	156,000										1.0	
27	X	24	185,000										1.2	
28	X	24	47,000										1.0	
29	X	24	158,000										1.0	
30	X	24	32,000										1.0	
31	X	24	0,000										1.3	
Total			2,226,000											
Average			71,806											
Maximum			207,000											

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

PWS Identification Number: 3354883-3 | Plant Name: THE VISTAS

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										1.3	0,000 Indicates no flow
2	X	24	0,000										1.1	
3	X	24	0,000										1.0	
4	X	24	71,000										1.0	
5	X	24	146,000										1.4	
6	X	24	64,000										1.5	
7	X	24	0,000										1.2	
8	X	24	161,000										1.0	
9	X	24	42,000										0.9	
10	X	24	0,000										1.3	
11	X	24	2,000										1.3	
12	X	24	55,000										0.8	
13	X	24	30,000										1.1	
14	X	24	130,000										1.0	
15	X	24	128,000										1.1	
16	X	24	54,000										1.0	
17	X	24	0,000										0.9	
18	X	24	81,000										0.7	
19	X	24	195,000										1.1	
20	X	24	65,000										1.2	
21	X	24	127,000										1.0	
22	X	24	207,000										1.6	
23	X	24	0,000										1.0	
24	X	24	1,000										0.9	
25	X	24	89,000										1.1	
26	X	24	156,000										1.0	
27	X	24	185,000										1.2	
28	X	24	47,000										1.0	
29	X	24	158,000										1.0	
30	X	24	32,000										1.0	
31	X	24	0,000										1.3	
Total			2,226,000											
Average			96,783											
Maximum			207,000											

072

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

PWS Identification Number: 3354883-3 | Plant Name: THE VISTAS

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	66,000										1.1	0.000 Indicates no flow
2	X	24	53,000										1.3	
3	X	24	0,000										0.5	
4	X	24	0,000										1.3	
5	X	24	0,000										1.2	
6	X	24	0,000										1.0	
7	X	24	0,000										0.9	
8	X	24	0,000										1.2	
9	X	24	235,000										1.1	
10	X	24	92,000										1.1	
11	X	24	99,000										1.1	
12	X	24	37,000										1.3	
13	X	24	110,000										1.1	
14	X	24	0,000										1.3	
15	X	24	44,000										0.9	
16	X	24	69,000										1.3	
17	X	24	47,000										1.1	
18	X	24	32,000										1.1	
19	X	24	0,000										1.1	
20	X	24	0,000										1.0	
21	X	24	6,000										0.8	
22	X	24	94,000										1.0	
23	X	24	67,000										0.7	
24	X	24	40,000										0.9	
25	X	24	0,000										0.8	
26	X	24	0,000										0.8	
27	X	24	0,000										1.0	
28	X	24	0,000										0.8	
29	X	24	19,000										1.0	
30	X	24	12,000										1.3	
31	X	24	10,000										1.4	
Total			1,132,000											
Average			36,516											
Maximum			235,000											

0356

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 (VISTAS)			PWS Identification Number:	3354883-3
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:	THE VISTAS		Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per 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: 3354883-3 | Plant Name: THE VISTAS

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	80,000										1.0	0,000 Indicates no flow
2	X	24	49,000										1.0	
3	X	24	0,000										1.3	
4	X	24	0,000										1.0	
5	X	24	86,000										1.1	
6	X	24	116,000										0.8	
7	X	24	0,000										0.9	
8	X	24	157,000										0.9	
9	X	24	0,000										1.0	
10	X	24	0,000										0.8	
11	X	24	8,000										0.9	
12	X	24	116,000										0.9	
13	X	24	167,000										1.0	
14	X	24	41,000										2.0	
15	X	24	0,000										1.2	
16	X	24	149,000										1.3	
17	X	24	0,000										1.1	
18	X	24	0,000										1.3	
19	X	24	0,000										1.3	
20	X	24	108,000										1.2	
21	X	24	63,000										1.2	
22	X	24	213,000										1.2	
23	X	24	207,000										1.0	
24	X	24	5,000										1.0	
25	X	24	13,000										0.9	
26	X	24	130,000										0.9	
27	X	24	180,000										1.1	
28	X	24	68,000										1.3	
29	X	24	95,000										1.4	
30	X	24	189,000										1.0	
31														
Total			2,240,000	2,312										
Average			74,666	.077										
Maximum			213,000											

6636

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 (VISTAS)	PWS Identification Number:	3354883-3
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:	THE VISTAS	Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per 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: 3354883-3 | Plant Name: THE VISTAS

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

				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	32,000										1.1	0,000 Indicates no flow
2	X	24	0,000										1.1	
3	X	24	148,000										0.9	
4	X	24	160,000										1.0	
5	X	24	82,000										1.2	
6	X	24	0,000										0.9	
7	X	24	81,000										1.4	
8	X	24	0,000										1.0	
9	X	24	0,000										0.8	
10	X	24	100,000										0.9	
11	X	24	8,000										1.2	
12	X	24	28,000										1.2	
13	X	24	135,000										1.1	
14	X	24	131,000										1.4	
15	X	24	0,000										1.0	
16	X	24	0,000										0.9	
17	X	24	62,000										1.3	
18	X	24	130,000										1.3	
19	X	24	24,000										0.8	
20	X	24	89,000										1.1	
21	X	24	99,000										1.0	
22	X	24	0,000										0.8	
23	X	24	0,000										1.0	
24	X	24	278,000										1.2	
25	X	24	433,000										1.3	
26	X	24	550,000										1.3	
27	X	24	281,000										1.4	
28	X	24	346,000										1.5	
29	X	24	473,000										1.3	
30	X	24	239,000										1.0	
31	X	24	207,000										1.2	
Total			4,116,000											
Average			132,774											
Maximum			550,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
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:	THE VISTAS			Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per 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: 3354883-3 | Plant Name: THE VISTAS

III. Daily Data for the Month/Year of: November , 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	515,000										1.1	0.000 Indicates no flow
2	X	24	462,000										1.0	
3	X	24	231,000										1.0	
4	X	24	544,000										1.5	
5	X	24	438,000										1.1	
6	X	24	127,000										1.0	
7	X	24	157,000										1.4	
8	X	24	296,000										1.1	
9	X	24	302,000										1.3	
10	X	24	198,000										1.2	
11	X	24	460,000										1.4	
12	X	24	441,000										1.3	
13	X	24	113,000										1.5	
14	X	24	216,000										1.0	
15	X	24	445,000										1.6	
16	X	24	314,000										1.5	
17	X	24	214,000										1.4	
18	X	24	438,000										2.0	
19	X	24	395,000										1.1	
20	X	24	136,000										1.4	
21	X	24	192,000										1.0	
22	X	24	164,000										1.7	
23	X	24	69,000										1.6	
24	X	24	171,000										2.1	
25	X	24	199,000										2.1	
26	X	24	0,000										1.1	
27	X	24	0,000										1.7	
28	X	24	133,000										1.6	
29	X	24	8,000										1.3	
30	X	24	0,000										1.4	
Total			7,378,000											
Average			245,933											
Maximum			544,000											

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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: December , 2006

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
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:	THE VISTAS			Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per 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: 3354883-3 | Plant Name: THE VISTAS

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	4,000										1.7	0.000 Indicates no flow
2	X	24	0,000										2.0	
3	X	24	0,000										1.1	
4	X	24	9,000										1.4	
5	X	24	4,000										1.2	
6	X	24	0,000										1.6	
7	X	24	3,000										1.5	
8	X	24	0,000										1.6	
9	X	24	3,000										2.3	
10	X	24	0,000										1.4	
11	X	24	0,000										1.5	
12	X	24	4,000										1.8	
13	X	24	38,000										1.8	
14	X	24	8,000										1.6	
15	X	24	4,000										1.6	
16	X	24	0,000										2.0	
17	X	24	0,000										1.3	
18	X	24	0,000										1.6	
19	X	24	130,000										2.0	
20	X	24	194,000										2.0	
21	X	24	21,000										2.2	
22	X	24	0,000										2.0	
23	X	24	0,000										2.0	
24	X	24	0,000										1.1	
25	X	24	0,000										1.2	
26	X	24	0,000										1.4	
27	X	24	33,000										1.7	
28	X	24	0,000										1.7	
29	X	24	55,000										1.5	
30	X	24	34,000										1.8	
31	X	24	27,000										1.4	
Total			571,000											
Average			18,420											
Maximum			194,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

12-05-06 1405

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: CC-12-298 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: 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
LN 1	3929 Derby Glen	955am	D	1.3			A			1
LN 2	1104 Calloway Cir.	1010am	D	1.1			A			2
LN 3	12412 Eryn Court	1025am	D	1.6			A			3
LN 4	11108 Mandarin Dr.	1030am	D	1.6			A			4
LN 5	1410 Lakemist Lane	1035am	D	1.5			A			5
LN 6	1454 Lakemist Lane	1040am	D	1.3			A			6
LN 7	4003 Greystone Dr.	1050am	D	1.7			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

All tests are performed in accordance with NELAC standards.

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

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

FWC 12-5-06 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: 06-12-088 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: 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
LN 8	3782 Beacon Ridge Way	1105am	D	1.7				A			8
LN 9	3760 Liberty Hill Dr.	1110am	D	1.3				A			9
LN 10	3897 Beacon Ridge Way	1115am	D	1.8				A			10
LN 11	4040 Beacon Ridge Way	1120am	D	1.7				A			11
LN 12	1345 Misty Glen	1130am	D	1.4				A			12
LN 13	1595 misty Glen	1140am	D	1.4				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.) 1.6

[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 [ ] 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

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

12-6-06 1400

Lab Receipt Date & Time: 12-6-6 800
Analysis Date & Time: 12-6-6 920
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: 06-12-0851 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: 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
V 1	Vistas Well # 2	730am	R	0.0			A			1
LL 1	Lake Louisa Well # 1	740am	R	0.0			A			2
LL 3	Lake Louisa Well # 3	800am	R	0.0			A			3
HP 1	Highland Point Well #1	900am	R	0.0			A			4
LCH 1	Lake Crescent Hills Well #1	915am	R	0.0			A			5
CW 1	Crescent West Well # 1	925am	R	0.0			A			6
CB 1	Crescent Bay Well # 1	940am	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.)

[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 [ ] 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

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

FAX 12-06-06 1270

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

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: C-12-691 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: 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
Cl 1	Clermont 1 Well #1	910am	R	0.0			A			1
Cl 2	Clermont 1 Well #2	915am	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-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.)

DRINKING WATER BACTERIOLOGICAL 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: 12-6-6 800
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: 06-12-589 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: Ramond 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
LR 1	Lake Ridge Well #1	940am	R	0.0			A			8
O 1	Oranges Well # 1	1000an	R	0.0			A			9

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 [ ] 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

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

12-6-06 1230

Lab Receipt Date & Time: 12-7-6 800
Analysis Date & Time: 12-7-6 900
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: 06-12-133 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: 12-6-06

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
AH 1	Amber Hill Well # 1	1000am	R	0.0			A			8
				0.0						

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 [ ] 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

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

12-06-06 1230

Lab Receipt Date & Time: 12-7-6 8:00
Analysis Date & Time: 12-7-6 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: 06-12133 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: 12-6-06

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 15	10410 Lake Hasson Circle	820am	D	1.7			A			1
LN 16	10524 Lake Hasson Circle	830am	D	1.6			A			2
LN 17	10459 Carlson Circle	845am	D	1.6			A			3
LN 18	10429 Paridise Bay	900am	D	1.6			A			4
LN 19	10852 Crescent Lane	910am	D	1.6			A			5
LN 20	11252 Rose Hill Drive	920am	D	1.6			A			6
LN 21	10702 Vista Del Sol Circle.	940am	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.				1.6						

[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

[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.

I. General Information for the Month/Year of: August , 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:	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 plant site for at

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 | Plant Name: C.R. 561

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

				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	901,000										0.6	
2	X	24	1,337,000										0.7	
3	X	24	1,854,000										0.8	
4	X	24	786,000										0.8	
5	X	24	1,509,000										0.7	
6	X	24	915,000										0.8	
7	X	24	559,000										0.8	
8	X	24	1,231,000										0.7	
9	X	24	1,586,000										0.7	
10	X	24	1,717,000										1.0	
11	X	24	1,656,000										0.7	
12	X	24	2,505,000										0.7	
13	X	24	938,000										0.6	
14	X	24	767,000										0.8	
15	X	24	1,582,000										0.8	
16	X	24	1,885,000										0.8	
17	X	24	1,543,000										0.7	
18	X	24	1,682,000										1.1	
19	X	24	1,168,000										0.9	
20	X	24	1,242,000										0.9	
21	X	24	770,000										1.6	
22	X	24	1,750,000										0.8	
23	X	24	1,600,000										0.7	
24	X	24	997,000										0.6	
25	X	24	1,026,000										0.6	
26	X	24	1,022,000										0.6	
27	X	24	657,000										0.7	
28	X	24	757,000										0.6	
29	X	24	1,034,000										0.7	
30	X	24	706,000										0.9	
31	X	24	651,000										0.9	
Total			38,333,000											
Average			1,236,548											
Maximum			2,505,000											

662

WATER LOSS RECORD

Crescent West WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 73,500

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 17/21

632

WATER LOSS RECORD

Highland Point WTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 73,500

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 15/21

665

WATER LOSS RECORD

Lake Crescent HillsWTP Aug 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
8/31/2006								
								Total 73,500

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.

I. General Information for the Month/Year of: September , 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:	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 plant site for at

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 | Plant Name: C.R. 561

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	1,134,000										0.6	
2	X	24	1,119,000										1.0	
3	X	24	686,000										0.6	
4	X	24	554,000										1.5	
5	X	24	1,023,000										1.1	
6	X	24	1,088,000										1.0	
7	X	24	750,000										0.8	
8	X	24	1,107,000										1.1	
9	X	24	1,472,000										1.4	
10	X	24	1,018,000										1.0	
11	X	24	908,000										1.1	
12	X	24	1,351,000										0.7	
13	X	24	1,229,000										0.7	
14	X	24	1,080,000										1.0	
15	X	24	875,000										1.0	
16	X	24	1,507,000										1.0	
17	X	24	1,197,000										0.8	
18	X	24	880,000										0.7	
19	X	24	861,000										0.8	
20	X	24	1,224,000										0.8	
21	X	24	881,000										0.7	
22	X	24	1,357,000										0.6	
23	X	24	2,061,000										0.7	
24	X	24	1,388,000										0.6	
25	X	24	1,031,000										0.6	
26	X	24	1,220,000										1.0	
27	X	24	1,717,000										0.9	
28	X	24	1,268,000										0.9	
29	X	24	1,719,000										1.6	
30	X	24	2,152,000										1.0	
31														
Total			35,857,000											
Average			1,195											
Maximum			2,152,000											

C.R. 561

10121 C.R. 561 PWS # 3354883

MONTH AND YEAR

DATE	TIME	POE METER	POE FLOW	HIGHLAND POINT METER	HIGHLAND POINT TOTAL	HIGHLAND POINT ETM	HIGHLAND POINT HRS	CRESENT WEST METER	CRESENT WEST TOTAL	CRESENT WEST ETM	CRESENT WEST HRS	LAKE CRESENT HILLS METER	LAKE CRESENT HILLS TOTAL	LAKE CRESENT HILLS ETM	LAKE CRESENT HILLS HRS	TOTAL WELL FLOWS	CL2 POE	CL2 RT	ORP	INIT
1	0755	6783	1040	231901	309	4194.6	192	23520	505	567.9	9.9	13734	320	864.7	10	1134	0.5	0.6	660	DW
2	1240	6887	1050	232210	297	4204.8	9.7	24025	507	577.8	9.7	14054	315	874.7	9.8	1.119	0.5	1.0	690	RAP
3		6992	630	232507	182	4214.5	6.0	24532	311	587.5	6.1	14369	193	884.5	6.1	686	0.5	0.6	695	DSA
4	1340	7055	430	232689	147	4220.5	4.9	24843	251	593.6	4.8	14562	156	890.6	4.8	554	0.6	1.5	740	RAP
5	1220	7098	970	232836	273	4225.4	8.9	25094	463	598.4	9.0	14718	287	895.4	9.0	1023	0.5	1.1	725	RAP
6	1315	7195	970	233109	290	4234.3	9.5	25557	494	607.4	9.6	15005	304	904.9	9.5	1088	0.5	1.0	730	RAP
7	1235	7292	730	233399	198	4243.8	6.5	26051	343	617.0	6.6	15309	209	913.9	6.6	750	0.7	0.8	740	RAP
8	1225	7365	1000	233597	297	4250.3	9.7	26394	508	623.6	9.9	15518	302	920.5	9.7	1107	0.6	1.1	740	RAP
9	1040	7465	1370	233894	390	4260.0	12.8	26902	665	633.5	12.9	15820	417	930.2	12.8	1472	0.8	1.4	740	RAP
10	1500	7602	930	234284	271	4272.8	8.9	27567	462	646.4	8.9	16237	285	943.0	8.9	1018	0.9	1.0	740	DSA
11	0905	7695	850	234555	242	4281.7	7.9	28029	411	655.3	8.1	16522	255	952.0	8.0	908	0.8	1.1		DW
12	1215	7780	1230	234797	358	4289.6	11.7	28440	620	663.4	11.9	16777	373	960.0	11.7	1351	0.6	0.7	720	RAP
13	1205	7903	1130	235155	327	4301.3	10.7	29060	560	675.3	10.9	17150	342	971.7	10.7	1229	0.5	0.7	720	RAP
14	1120	8016	940	235482	286	4312.0	9.1	29620	495	686.2	9.5	17492	299	982.4	9.4	1080	0.6	1.0	715	RAP
15	1440	8110	810	235768	230	4321.4	7.5	30115	403	695.7	7.9	17791	242	991.8	7.7	875	0.5	1.0	730	RAP
16	1145	8191	130	235998	406	4328.9	13.2	30518	684	703.6	13.2	18033	417	999.5	13.1	1507	0.5	1.0	715	RAP
17	1220	8329	113	236404	313	4342.1	10.2	31202	555	716.8	10.8	18450	329	1012.6	10.4	1147	0.6	0.8	710	JC
18	1145	8442	870	236717	233	4352.3	7.9	31757	408	727.6	7.9	18779	239	1023.0	7.6	880	0.5	0.7	720	JC
19	1405	8529	700	236950	234	4360.2	7.3	32165	395	735.5	7.7	19018	232	30.6	7.3	861	0.5	0.8	720	RAP
20	1215	8599	1080	237184	327	4367.5	10.6	32560	562	43.2	10.9	19250	335	37.9	10.5	1224	0.5	0.8	715	RAP
21	1205	8707	800	237511	216	4378.1	7.0	33122	420	54.1	8.1	19585	245	48.4		881	0.5	0.7	715	RAP
22	1335	8787	1250	237727	379	4385.1	12.4	33542	611	762.2	11.9	19830	367	53.0	11.6	1357	0.7	0.6	750	RAP
23	1230	8912	1910	238106	554	4397.5	18.0	34153	939	774.1	18.3	20197	568	14.6	18.0	2061	1.1	0.7	750	RAP
24	1620	9103	1280	238660	373	4415.5	12.1	35092	631	792.4	12.3	20765	383	32.6	12.1	1387	0.9	0.6	795	JC
25	1325	9231	940	239033	274	4427.6	8.9	35724	476	804.7	9.2	21148	281	*31.4	8.7	1031	0.9	0.6	745	JC
26	1200	9325	1110	239307	325	4436.5	10.6	36200	561	813.9	10.9	21429	334	*86.7	10.4	1220	0.9	1.0	740	RAP
27	1210	9436	1570	239632	461	4447.1	14.9	36761	782	824.8	15.2	21763	474	*144.5	14.8	1717	0.7	0.9	730	RAP
28	1235	9593	1210	240093	340	4462.0	11.1	37543	579	840.0	11.2	22237	349	*239.7	10.9	1268	1.9	0.9	755	RAP
29	1135	9714	1540	240433	463	4473.1	15.0	38122	781	851.2	15.3	22586	475	*305.2.0	14.8	1719	1.7	1.6	770	RAP
30	1235	9868	2070	240896	577	4488.1	18.7	38903	978	866.5	19.1	23061	597	*395.1.7	18.7	2152	1.6	1.0	765	RAP
31												2								
1	1130	10075		241473		450.8		39881		985.6		23658		508.3			1.3	0.8	760	JC
TOTAL				9572				16361				9924				35857				
AVG																1195.23				

X 10000 X 1000 X 1000 X 1000

Total 35857

AVG 1195

WATER LOSS RECORD

Highland Point WTP Sept 2006

6032

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

WATER LOSS RECORD

6665

Lake Crescent Hills WTP Sept 2006

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

1060

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 **(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:	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 plant site for at

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 | Plant Name: C.R. 561

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

				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	1,801,000										0.8	
2	X	24	1,410,000										0.7	
3	X	24	1,971,000										0.8	
4	X	24	2,121,000										1.0	
5	X	24	1,684,000										0.8	
6	X	24	1,632,000										1.0	
7	X	24	2,619,000										1.0	
8	X	24	1,979,000										0.8	
9	X	24	1,440,000										0.5	
10	X	24	1,936,000										0.7	
11	X	24	2,202,000										1.3	
12	X	24	1,390,000										1.0	
13	X	24	1,766,000										0.8	
14	X	24	2,654,000										1.0	
15	X	24	1,737,000										0.7	
16	X	24	1,285,000										0.8	
17	X	24	1,741,000										1.1	
18	X	24	2,275,000										1.2	
19	X	24	1,566,000										1.3	
20	X	24	1,691,000										0.7	
21	X	24	2,250,000										1.2	
22	X	24	1,767,000										0.9	
23	X	24	1,411,000										0.9	
24	X	24	1,700,000										1.0	
25	X	24	1,696,000										1.0	
26	X	24	1,773,000										1.3	
27	X	24	1,235,000										0.9	
28	X	24	1,420,000										1.0	
29	X	24	1,463,000										1.5	
30	X	24	1,018,000										0.9	
31	X	24	1,396,000										1.0	
Total			54,029,000											
Average			1,742,870											
Maximum			2,654,000											

C.R. 561 1

10121 C.R. 561 PWS # 3354883

MONTH AND YEAR October - 2006

DATE	TIME	POE METER	POE FLOW	HIGHLAND POINT METER	HIGHLAND POINT TOTAL	HIGHLAND POINT ETM	HIGHLAND POINT HRS	CRESENT WEST METER	CRESENT WEST TOTAL	CRESENT WEST ETM	CRESENT WEST HRS	LAKE CRESENT HILLS METER	LAKE CRESENT HILLS TOTAL	LAKE CRESENT HILLS ETM	LAKE CRESENT HILLS HRS	TOTAL WELL FLOWS	CL2 POE	CL2 RT	ORP	INIT
1	1150	10075	1660	241473	493	4506.8	16.4	39881	809	984.4	15.8	23658	499	*5087	15.6	1801	1.3	0.8	760	RAP
2	0935	10241	1360	241966	378	522.4	12.3	40690	644	901.4	12.5	24157	388	6032.8	12.1	1410	1.4	0.7	765	RAP
3	1145	10377	1700	242344	532	535.1	17.3	41334	894	913.9	17.5	24545	545	*6767.5	17.0	1971	1.3	0.8	765	RAP
4	1310	10547	1970	242876	561	552.4	18.2	42228	967	931.4	18.9	25090	593	*7805.3	18.5	2121	1.4	1.0	760	RAP
5	1240	10744	1560	243437	453	570.6	14.8	43195	768	950.3	15.0	25683	463	*8732.5	14.4	1684	1.4	0.8	755	RAP
6	1540	10900	1740	243890	450	585.4	14.6	43963	736	965.3	14.4	26146	446	*9815.5	13.9	1632	1.5	1.0	770	RAP
7	1040	11074	2340	244340	711	600.0	23.2	44699	1184	979.7	23.2	26592	724	*10667.2	22.6	2619	1.5	1.0	755	RAP
8	1222	11308	1770	245051	541	623.2	17.6	45883	894	1002.9	17.5	27316	544	*12056.4	17.0	1979	1.3	0.8	760	RAP
9	1310	11495	1330	245592	387	640.5	12.6	46777	661	1020.4	18.0	27960	392	13102.4	12.25	1440	0.9	0.5	745	RAP
10	1650	11618	1790	245979	526	653.4	17.1	47438	878	38.4	12.1	28252	532	95	16.6	1936	1.0	0.7	750	RAP
11	1420	11797	2080	246505	592	670.5	19.4	48316	1004	50.5	19.7	28784	606	95	18.9	2202	1.0	1.3	735	RAP
12	1320	12005	1310	247097	381	689.9	12.4	49320	630	70.2	12.5	29390	379	95	11.8	1390	1.5	1.0	755	RAP
13	1235	12136	1810	247478	469	702.3	15.3	49950	820	82.7	15.9	29769	477	95	14.9	1766	1.2	0.8	765	RAP
14	1115	12317	2380	247947	723	717.6	23.7	50770	1197	98.6	23.5	30246	734	95	22.9	2654	1.3	1.0	755	RAP
15	1555	12555	1600	248670	478	741.1	15.6	51967	788	122.1	15.4	30540	471	79	14.7	1737	1.1	0.7	760	RAP
16	1330	12715	1160	249148	346	756.7	11.3	52755	591	137.5	11.5	31451	348	95	10.8	1285	1.3	0.8	760	RAP
17	1316	12831	1270	249494	456	768.0	14.9	53346	805	149.0	15.8	31799	480	95	15.0	1741	1.5	1.1	765	RAP
18	1050	13005	2130	249950	619	782.9	20.2	54151	1041	164.8	20.4	32279	615	95	19.2	2275	1.2	1.2	745	RAP
19	1135	13218	1450	250569	439	803.1	14.4	55192	703	185.2	13.8	32894	424	0.0	13.6	1566	1.1	1.3	730	RAP
20	1105	13363	1630	251008	453	817.5	14.8	55895	777	199.0	15.2	33318	461	13.6	15.0	1691	0.9	0.7	745	RAP
21	1030	13526	2260	251461	639	832.3	20.9	56672	1068	214.2	20.9	33779	543	28.6	17.8	2250	1.0	1.2	735	RAP
22	1215	13752	1700	252100	670	853.2	11.7	57740	1097	235.1	11.2	34322	—	46.4	—	1767	1.1	0.9	735	RAP
23	1125	13922	1090	252770	1	874.9	0.1	58837	878	256.3	12.1	34322	532	46.4	17.5	1411	1.4	0.9	730	RAP
24	1105	14031	1590	252771	454	875.0	15.0	59715	787	273.4	15.4	34854	459	63.9	15.2	1700	1.3	1.0	740	RAP
25	1150	14190	1850	253225	454	890.0	15.1	60502	784	288.8	15.3	35313	458	79.1	15.2	1696	1.5	1.0	745	RAP
26	0845	14375	1470	253679	485	905.1	16.1	61286	811	304.1	15.9	35771	477	94.3	15.8	1773	1.5	1.3	735	RAP
27	1100	14522	1150	254164	334	921.2	11.0	62097	567	320.0	11.0	36248	334	110.1	11.0	1235	1.3	0.9	730	RAP
28	1020	14637	1420	254498	377	932.2	12.6	62664	657	331.0	12.9	36582	386	121.1	12.7	1420	1.4	1.0	735	RAP
29	0820	14779	1310	254825	400	944.8	13.3	63321	667	343.9	13.0	36968	396	133.8	13.0	1463	1.5	1.5	740	RAP
30	0910	14910	910	255225	275	958.0	9.1	63988	468	3569	9.1	37364	275	146.9	9.1	1018	1.3	0.9	730	RAP
31	1055	15001	1320	255550	378	967.1	12.5	64456	639	366.0	12.5	37639	379	155.9	12.7	1396	1.2	1.0	750	RAP
1	1100	15133		255928		979.6		65095		378.5		38018		168.6			1.4	1.3	755	RAP
TOTAL																				
AVG																				

*Meter Not Working

Total 54,029

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 **(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:	5,291		Total Population Served at End of Month:	18,518	
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:	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 plant site for at

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 | Plant Name: C.R. 561

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	1,807,000										1.3	
2	X	24	1,212,000										1.2	
3	X	24	1,405,000										1.0	
4	X	24	2,002,000										1.3	
5	X	24	1,468,000										1.1	
6	X	24	1,054,000										1.0	
7	X	24	652,000										1.0	
8	X	24	1,434,000										1.0	
9	X	24	1,009,000										0.9	
10	X	24	1,347,000										1.3	
11	X	24	1,171,000										1.8	
12	X	24	1,899,000										1.1	
13	X	24	860,000										0.9	
14	X	24	1,297,000										0.9	
15	X	24	1,313,000										1.6	
16	X	24	779,000										1.3	
17	X	24	1,257,000										1.0	
18	X	24	1,580,000										1.8	
19	X	24	1,185,000										1.4	
20	X	24	736,000										1.1	
21	X	24	1,102,000										1.8	
22	X	24	1,415,000										1.5	
23	X	24	1,265,000										1.6	
24	X	24	1,345,000										1.2	
25	X	24	1,540,000										1.3	
26	X	24	1,365,000										1.1	
27	X	24	646,000										1.0	
28	X	24	1,045,000										1.2	
29	X	24	1,066,000										1.0	
30	X	24	779,000										1.6	
Total			37,035,000											
Average			1,234,500											
Maximum			2,002,000											

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WATER LOSS RECORD

Highland Point WTP Nov 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Nov. 2006	Eye Wash						3 gpd	150
								Total 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

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LK GROVES
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WATER LOSS RECORD

Crescent West WTP Nov 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Nov. 2006	Eye wash							150
								Total 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

PAGE 01/05
LK GROVES
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WATER LOSS RECORD

Lake Crescent Hills WTP Nov 2006

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Nov. 2006	Eye Wash						3 gpd	150
								Total 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

C.R. 561 1

10121 C.R. 561 PWS # 3354883

MONTH AND YEAR NOVEMBER 2006

DATE	TIME	POE METER	POE FLOW	HIGHLAND POINT METER	HIGHLAND POINT TOTAL	HIGHLAND POINT ETM	HIGHLAND POINT HRS	CRESENT WEST METER	CRESENT WEST TOTAL	CRESENT WEST ETM	CRESENT WEST HRS	LAKE CRESENT HILLS METER	LAKE CRESENT HILLS TOTAL	LAKE CRESENT HILLS ETM	LAKE CRESENT HILLS HRS	TOTAL WELL FLOWS	CL2 POE	CL2 RT	ORP	INIT
1	1100	15133	1720	255928	490	979.6	16.2	65095	827	378.5	16.2	38018	490	168.6	16.6	1807	1.4	1.3	755	RAP
2	1100	15305	1130	256418	328	995.8	10.8	65922	555	394.7	10.9	38508	329	184.6	10.8	1212	1.4	1.2	735	RAP
3	1130	15418	1350	256746	366	1006.6	12.1	66477	652	405.6	12.8	38837	387	195.4	12.7	1405	1.2	1.0	760	RAP
4	1120	15553	1910	257112	553	18.7	18.7	67129	910	18.4	17.8	39224	539	208.1	17.7	2002	1.4	1.3	745	RAP
5	1155	15744	1380	257665	400	32.0	13.2	68039	670	36.2	13.2	39763	398	225.8	13.1	1468	1.2	1.1	755	RAP
6	0830	15882	950	258065	286	50.2	9.4	68709	481	49.4	9.3	40161	287	238.9	9.4	1054	1.2	1.0	760	RAP
7	1225	15977	590	258351	177	59.6	5.8	69190	298	58.7	5.8	40448	177	78.5	5.1	652	1.5	1.0	775	RAP
8	1210	16036	1360	258528	388	65.4	12.9	69488	654	64.5	12.8	40625	392	54.0	12.8	1434	1.5	1.0	770	RAP
9	1050	16172	960	258916	272	78.3	8.9	70142	462	77.3	9.0	41017	275	66.8	9.9	1009	1.7	0.9	760	RAP
10	1130	16268	1300	259188	365	87.2	12.0	70604	614	86.3	12.1	41292	368	75.7	12.0	1347	1.5	1.3	755	RAP
11	1030	16398	1300	259553	317	99.2	10.3	71218	539	98.4	10.5	41660	320	87.7	10.5	1176	1.8	1.8	760	RAP
12	0520	16528	1600	259865	518	109.5	17.1	71757	862	508.9	16.9	41980	519	98.2	16.8	1899	1.4	1.1	750	RAP
13	1430	16688	820	260383	233	126.6	7.6	72619	391	525.8	7.6	42499	236	315.0	7.6	860	1.5	0.9	770	RAP
14	1100	16770	1220	260616	351	134.2	11.5	73010	590	533.4	11.6	42735	356	322.6	11.5	1297	1.4	0.9	770	RAP
15	1200	16892	1230	260967	356	145.7	11.7	73600	597	545.0	11.6	43091	360	334.1	11.7	1313	1.5	1.6	765	RAP
16	1000	17015	770	261323	210	157.4	6.9	74197	355	556.6	7.0	43451	214	345.8	6.8	779	1.5	1.3	760	RAP
17	1200	17092	1200	261533	342	164.3	11.2	74552	570	563.6	11.1	43665	345	352.6	11.2	1257	1.5	1.0	770	RAP
18	1040	17212	1480	261875	425	175.5	17.8	75122	721	574.7	14.2	44010	454	363.8	13.9	1950	1.5	1.8	760	RAP
19	1145	17360	1170	262300	325	189.3	10.7	75843	535	588.9	10.4	44464	325	377.7	10.5	1185	1.2	1.7	760	RAP
20	1130	17423	660	262625	200	200.0	6.5	76378	335	599.3	6.5	44769	201	388.2	6.4	736	1.3	1.1	765	RAP
21	1020	17539	1070	262825	299	206.5	9.7	76713	500	605.8	9.8	44970	303	394.6	9.8	1102	1.5	1.8	770	RAP
22	1015	17646	1390	263124	380	216.2	12.4	77213	645	615.6	12.7	45273	390	404.4	12.5	1415	1.7	1.5	760	RAP
23	0910	17785	1140	263504	353	228.6	11.3	77858	568	628.3	11.1	45663	344	416.9	11.0	1265	1.8	1.6	755	RAP
24	0105	17899	1270	263857	362	239.9	12.0	78426	612	639.4	12.0	46007	371	427.9	12.0	1345	1.6	1.2	765	RAP
25	1200	18026	1500	264219	416	251.9	13.5	79038	700	651.4	13.7	46378	424	439.9	12.7	1540	1.6	1.3	760	RAP
26	0940	18176	1290	264635	375	265.4	12.4	79738	617	665.1	12.1	46802	373	453.6	12.0	1365	1.5	1.1	755	RAP
27	1100	18305	610	265010	176	277.8	6.6	80355	293	677.2	5.7	47175	177	465.6	5.7	646	1.8	1.0	785	RAP
28	1030	18366	970	265186	285	283.4	9.2	80648	473	682.9	9.3	47352	287	471.3	9.2	1045	1.7	1.2	770	RAP
29	1030	18463	1010	265471	291	292.6	9.5	81121	483	692.2	9.5	47639	292	480.5	9.4	1066	1.5	1.0	760	RAP
30	1120	18564	760	265762	212	302.1	6.9	81604	354	701.7	6.9	47931	213	489.9	6.9	779	1.6	1.6	765	RAP
01	1210	18640		265974		309.0		81958		708.6		48144		496.8			1.2	1.2	775	RAP
1																				
TOTAL				10,046				16,863				10,126								
AVG																				

37,035 23,450

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 **(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:	5,291		Total Population Served at End of Month:	18,518	
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:	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 plant site for at

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 | Plant Name: C.R. 561

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	978,000										1.2	
2	X	24	1,009,000										1.5	
3	X	24	1,296,000										1.3	
4	X	24	535,000										1.1	
5	X	24	1,168,000										1.3	
6	X	24	1,347,000										1.1	
7	X	24	771,000										1.9	
8	X	24	1,033,000										1.5	
9	X	24	1,450,000										1.4	
10	X	24	1,066,000										1.2	
11	X	24	537,000										0.8	
12	X	24	1,059,000										1.0	
13	X	24	1,673,000										1.7	
14	X	24	388,000										1.0	
15	X	24	597,000										0.8	
16	X	24	453,000										1.1	
17	X	24	1,389,000										0.8	
18	X	24	538,000										0.9	
19	X	24	1,012,000										1.0	
20	X	24	1,239,000										1.0	
21	X	24	817,000										1.0	
22	X	24	516,000										1.3	
23	X	24	655,000										1.5	
24	X	24	221,000										1.2	
25	X	24	77,000										1.1	
26	X	24	478,000										1.0	
27	X	24	829,000										1.0	
28	X	24	423,000										1.0	
29	X	24	717,000										1.1	
30	X	24	440,000										1.3	
31	X	24	1,022,000										1.1	
Total			25,733,000											
Average			830,097											
Maximum			1,673,000											

C.R. 561 1

10121 C.R. 561 PWS # 3354883

MONTH AND YEAR December 2006

DATE	TIME	POE METER	POE FLOW	HIGHLAND POINT METER	HIGHLAND POINT TOTAL	HIGHLAND POINT ETM	HIGHLAND POINT HRS	CRESENT WEST METER	CRESENT WEST TOTAL	CRESENT WEST ETM	CRESENT WEST HRS	LAKE CRESENT HILLS METER	LAKE CRESENT HILLS TOTAL	LAKE CRESENT HILLS ETM	LAKE CRESENT HILLS HRS	TOTAL WELL FLOWS	CL2 POE	CL2 RT	ORP	INIT
1	1210	18640	940	265974	267	309.0	8.6	81958	442	708.6	8.7	48144	269	496.8	8.6	978	1.2	1.2	775	MAP
2	1040	18734	1050	266241	270	317.6	8.8	82400	463	717.3	9.1	48413	276	505.4	8.9	1009	1.7	1.5	760	MAP
3	0635	18839	1100	266511	359	326.4	11.6	82863	582	726.4	11.3	48689	355	514.3	11.5	1296	1.5	1.7	765	MC
4	0950	18949	550	266870	146	338.0	4.8	83445	243	737.7	4.8	49044	146	525.5	4.7	535	1.7	1.1	760	MC
5	1130	19004	1050	267016	314	342.8	10.3	83688	529	742.5	10.4	49190	320	530.5	10.2	1169	1.6	1.3	765	MC
6	1400	19112	1280	267335	369	353.1	12.0	84217	610	752.9	12.0	49510	368	540.8	12.0	1347	1.2	1.1	760	MC
7	1140	19240	770	267704	210	365.1	6.8	84827	350	764.9	6.8	49878	211	552.8	6.7	771	1.7	1.9	760	MAP
8	0930	19317	950	267914	275	371.9	9.0	85177	473	771.7	9.3	50089	285	559.5	9.2	1033	1.5	1.5	780	MAP
9	1030	19412	1390	268189	340	380.9	12.2	85650	660	781.0	12.9	50374	400	568.7	12.4	1450	1.4	1.4	750	MAP
10	1220	19551	1000	268579	280	394.1	9.6	86310	490	793.9	9.6	50774	296	581.1	10.1	1066	1.5	1.2	745	MC
11	1200	19651	530	268859	143	403.7	4.8	86800	246	803.5	4.8	51070	148	591.2	4.7	537	1.4	0.8	769	MC
12	1130	19764	1050	269002	280	408.5	9.3	87046	486	808.3	9.6	51218	293	595.9	9.5	1059	1.3	1.0	770	MAP
13	0800	19809	1540	269282	455	417.8	15.1	87532	758	817.9	14.9	51511	460	605.4	14.9	1673	1.5	1.7	755	MAP
14	0940	19963	350	269737	104	432.9	3.4	88290	177	832.8	3.4	51971	107	620.3	3.4	388	1.5	1.0	750	MAP
15	1015	19998	570	269841	161	436.3	5.3	88467	272	836.2	5.4	52078	164	623.7	5.3	597	1.4	0.8	775	MAP
16	1135	20055	500	270002	118	441.6	3.9	88739	210	841.6	4.1	52242	125	629.0	4.0	453	1.3	1.1	765	MAP
17	0400	20115	1250	270120	377	445.5	12.5	88949	630	845.7	12.7	52367	382	633.0	12.3	1389	1.5	0.8	770	MC
18	1108	20230	500	270447	144	458.0	4.8	89579	246	858.0	4	52749	148	645.3	4.8	538	1.3	0.9	765	MC
19	1125	20280	990	270641	271	462.8	9.1	89825	461	862.0	9.9	52897	280	650.1	9.0	1012	1.2	1.0	765	MAP
20	1120	20379	1170	270912	334	471.9	11.1	90286	563	871.9	11.1	53177	342	659.1	11.1	1239	1.4	1.0	760	MAP
21	0905	20496	760	271246	220	483.0	7.3	90849	371	883.0	7.3	53519	226	670.2	7.2	817	1.0	1.0	750	MAP
22	1125	20572	500	271466	139	490.3	4.6	91220	234	890.3	4.7	53745	143	677.4	4.6	516	1.4	1.3	765	MAP
23	0920	20622	630	271605	180	494.9	6.0	91454	297	895.0	5.8	53888	182	682.0	5.9	655	1.5	1.5	770	MAP
24	0745	20645	190	271785	57	500.9	1.8	91747	104	900.8	2.1	54070	60	687.9	1.9	221	1.3	1.2	770	MC
25	0745	20704	80	271842	20	502.7	0.7	91851	36	902.9	0.7	54130	21	689.8	0.7	77	1.4	1.1	770	MC
26	1230	20712	470	271862	130	503.4	4.3	91887	216	903.6	4.3	54151	132	690.5	4.2	478	1.3	1.0	780	MAP
27	1140	20759	780	271992	226	507.7	7.4	92103	323	907.9	7.4	54283	230	694.7	7.4	829	1.4	1.0	765	MAP
28	1200	20837	410	272218	115	515.1	3.8	92476	191	915.3	3.8	54513	117	702.1	3.7	423	1.4	1.0	765	MAP
29	1025	20878	640	272333	195	518.9	6.4	92667	323	919.1	6.5	54630	199	705.8	6.4	717	1.2	1.1	770	MAP
30	1020	20942	450	272528	116	525.3	3.8	92990	201	925.6	4.0	54829	123	712.2	4.0	440	1.5	1.2	760	MAP
31	0315	20987	470	272644	292	529.1	9.3	93191	457	929.6	9.1	54952	283	716.2	9.1	1022	1.3	1.1	775	MC
1	0600	21084		272926		538.4		93648		938.7		55235		725.3			1.4	1.1	770	MC
TOTAL				6958	6958			11,690	11690			2091	2091							
AVG																				

TOTAL 25,737

AVG 830997

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

675

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: **Final**
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From:Jan ~~uary 01, 2006~~ January 1, 2006 To ~~January 31, 2006~~ January 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.308		Mgd					O	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	.303		Mgd					O	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5	8.73		Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.0			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE LEAD OPERATOR	Allson S. McPhee	1-407-869-1919	06/02/09

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD From: To JANUARY 31, 2006
JANUARY 01, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.4	13.5		Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		Mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.5	7.4		s.u.	O	5/Day/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.5			#100ml	O	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				3.0	11.0		#100ml	O	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.3			Mg/l	O	5Day/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			Mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.076			Mg/l	O	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				331			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				299			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				60%			%	O	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From – January 1, 2006 To: January 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.360				1.7			7.0			
2	.345				1.8			7.1			
3	.344				1.7			7.1			
4	.294				1.7			7.1			
5	.295				2.8			7.2			
6	.331	361	262	2.54	3.2	.076	4.56	7.2			
7	.272				3.1			7.1	<1		
8	.280				2.8			7.0			
9	.311				2.0			7.0			
10	.311				1.5			7.0			
11	.293				1.6			7.0			
12	.298	353	235	2.75	1.7	.049	<1	7.0			
13	.299				3.2			7.4	<1		
14	.307				2.5			7.3			
15	.292				2.0			7.1			
16	.307				2.2			6.8			
17	.316				1.7			6.9			
18	.296	360	596	3.81	2.4	.049	3.81	7.3			
19	.285				1.3			6.9	<1		
20	.300				3.7			7.2			
21	.285				2.7			7.1			
22	.301				2.1			7.0			
23	.329				2.0			7.3			
24	.273				2.0			6.5			
25	.264	248	102	8.73	3.2	.033	5.13	7.0			
26	.304				2.1			6.7	11.0		
27	.306				3.7			7.4			
28	.303				3.5			7.4			
29	.281				2.4			7.1			
30	.335				1.5			6.8			
31	.287				1.6			7.0			
Total	9.404	1322	1195	17.83	71.4	0.207	13.5	218	12.0		
Mo. Avg.	.303	331	299	4.5	2.3	0.052	3.4	7.0	3.0		

PLANT STAFFING:

Day Shift Operator	Class	B	Certificate No:	9509	Name	STEVE PFOUTS
Evening Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Night Shift Operator	Class:	C	Certificate No:	7279	Name:	BILL COATES
Lead Operator	Class:	C	Certificate No:	6490	Name:	ALLSON MCPHEE

EAD Operator Allson D. McPhee C-6490
Operator William Coates C-7279
Operator Steve Proutt B-9509
Operator Chuck Schwader C-7747

Lake Groves WWTP
2425 US HYWY 27
Roger Green 14138

Month Jan. Year 2006

Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP#1 ETM
Previous		5477230		79.0"		10.6/in.	RATE					156.7		4383.1		~~4350~~ 4380		4792.0
1	6:45 am	5480830	.360	76.0"	3.0"	31.8	(5)	1.7	7.0	—	#1	156.7	Ø	401.4	21.3			815.3
2	9:55	5484290	.345	72	4.0	42.4	5	1.8	7.1	—	1	156.7	Ø	431.6	27.2			840.5
3	8:00	5487720	.344	69	3	31.8	5	1.7	7.1	—	1	156.7	Ø	455.8	24.2			864.7
4	8:00 am	5490660	.294	66.0"	3.0"	31.8	(5)	1.7	7.1	4.6	#1	424.3	Ø	478.2	22.4			887.2
5	8:00 am	5493610	.295	~~62~~ 82"	4.0"	42.4	(5) 3.5	2.8	7.2	2.4	#1 to #2	467.1	23.6	501.9	23.7			910.8
6	10:00	5496920	.331	84" 82.8	2	21.2	84" /5	3.2	7.2	—	2	—	—	528.0	26.1			935.7
7	8:20	5499640	.272	78	4	42.4	5/5	3.1	7.1	—	2	516.6	—	551.4	23.4			959.0
8	8:00 am	5502440	.280	75.0"	3.0	31.8	(4)	2.8	7.0	—	#2	539.3	22.7	574.0	22.6			981.7
9	8:00 am	5505330	.311	72.5"	2.5	26.5	(4)	2.0	7.0	2.0	#2	563.3	24.0	598.1	24.1			005.8
10	8:00 am	5508660	.311	70.5"	2.0	21.2	(4)	1.5	7.0	1.8	#2	587.0	23.7	621.8	23.7			029.4
11	8:00 am	5511590	.293	68.0"	2.5	26.5	(4 to 5)	1.6	7.0	1.9	#2	611.3	24.3	646.1	24.3			053.6
12	8:00 am	5514570	.298	64"	4.0	42.4	(5) to (4)	1.7	7.0		5 to 1	635.4	24.1	670.2	24.1			077.8
13	8:00 am	5517560	.299	84"	-	—	(4)	3.2	7.4	—	#1	659.4	24	694.2	24			101.7
14	9:35	5520630	.307	80	4.0	42.4	(4)	2.5	7.3	—	1	684.7	25.3	719.5	25.3			127.0
15	8:30 am	5523550	.292	77.0"	3.0	31.8	(4) to (5)	2.0	7.1	1.3	#1	707.8	23.1	742.6	23.1			150.1
16	8:00 am	~~5526470~~	.307	76.0"	1.0	10.6	3	2.2	6.8	0.9	1	731.5	23.7	766.3	23.7			173.8
17	8:00 am	5529780	0.316	73.5	2.5	26.5	3(4)	1.7	6.9	—	1	755.6	24.1	790.3	24.0			197.8
18	8:00 am	5532740	0.296	70.5	3.0	31.8	3 to (4)	2.0	7.3	1.2	1	779.4	23.8	814.2	23.9			220.4
19	08:15 am	5535685	0.285	67.5/81	3.0	31.8	#3	1.3	6.9	1.2	1 to 2	803.4	24.0	838.3	24.1			244.5
20	08:15 am	5538550	0.290	84.5	2.5	26.5	#3	3.7	7.2	1.4	2	827.3	23.9	862.2	23.9			268.3
21	9:10	5541430	0.285	82	2.5	26.5	3	2.7	7.1	—	2	851.9	24.6	886.7	24.5			292.7
22	8:00 am	5544440	.301	78.0"	3.0	31.8	(3.0)	2.1	7.0	—	#2	~~875.2~~	23.3	910.1	23.4			316.2
23	8:00 am	5547733	0.329	78	1.0	10.6	(3)	2.0	7.3	—	#2	899.2	24	934.0	23.9			340.1
24	08:00 am	5550464	0.273	75	3.0	31.8	(4)	2.0	6.5	-	#2	923.0	23.8	957.8	23.8			361.1
25	08:00 am	5553104	0.264	70.5	~~5.0~~ 53.0	~~53.0~~	(7) (5)	3.2	7.0	1.1	#2	946.5	23.5	981.4	23.6			382.0
26	08:10 am	5556416	0.304	67/81	3.5	37.1	(5)	2.1	6.7	1.4	#2 to 1	970.1	23.6	005.0	23.6			405.6
27	10:00 am	5559201	0.306	78	3	31.8	(5)	3.7	7.4	2.3	1	994.5	24.4	029.3	24.3			429.1
28	9:10	5562230	0.303	76	2	21.2	5	3.5	7.4	—	1	120.4	25.9	055.2	25.9			455.8
29	8:00	5565040	.281	75.0"	1.0	10.6	(5)	2.4	7.1	—	#1	42.7	22.3	077.6	22.4			478.2
30	8:00 am	5568386	0.335	74.0	1.0	10.6	(5) ↑	1.5	6.8	0.7	#1	66.7	24.2	101.8	24.2			502.4 ~~344.0~~
31	8:00 am	5571260	.287	71.0"	3.0	31.8	5 to 3.5	1.6	7.0	—	#1	090.9	24.0	125.7	23.9			526.3
Total		9.404						71.4	218									
Average		.303						2.3	7.0									
Maximum		.360						3.7	7.4									
Minimum		.264						1.3	6.5									

1-16 05 2840 9.0

1-26 00 ~~340.1~~ 375.2

Cl_2 Remote Address _____

Electric Meter First 45373 (1-1-06) Last 46090 (2-1-06) = 717

RP#2 ETM	hrs	BL#1 ETM	hrs	BL#2 ETM	hrs	SP#1 ETM	hrs	SP#2 ETM	hrs	HI TEMP	LOW TEMP	RAIN IN.	.GEN. ETM	hrs	TIME In/Out	Op INIT.	Comments
/		2258.9		585.2		046.9		443.5					367.3				
/	/	531.2	27.3	585.2	0	061.4	14.5	459.7	16.2	80°	58°	0.00"	367.3	0	6[illegible]	[illegible]	C6490
/	/	558.4	27.2	585.2	0	075.1	13.7	481.1	21.4	80	58	0.00"	367.3	0		SP	
/	/	582.6	24.2	585.2	0	083.5	8.4	501.3	20.2	80	60	0.00"	368.6	1.3	9:[illegible]	SP	
/	/	605.1	22.5	585.2	0	091.2	7.7	520.1	18.8	72°	62°	0.00"	368.6	0	1630	[illegible]	
/	/	628.7	23.6	585.2	0	096.1	4.9	539.7	19.6	71°	38°	[illegible]	368.6	0	1630	[illegible]	
/	/	654.0	25.3	585.2	0	102.4	6.3	561.3	21.6	70	40	[illegible]	368.6	0	7:[illegible]	SP	
/	/	678.2	24.2	585.2	[illegible]	105.6	3.2	577.6	16.3	62	30	0.00"	368.6	[illegible]	9:35	SP	
/	/	700.9	22.7	585.2	0	111.6	6.0	594.0	16.4	49°	28°	0.00"	368.6	0	1630	[illegible]	
/	/	724.9	24.0	585.2	0	123.6	12.0	612.5	18.5	58°	34°	0.00	368.6	0	1630	[illegible]	
/	/	748.6	23.7	585.2	0	128.4	4.8	632.7	20.2	62°	40°	0.00"	369.9	1.3	1630	[illegible]	
/	/	772.9	24.3	585.2	0	133.9	5.5	652.8	20.1	70°	48°	0.00"	369.9	0	1630	[illegible]	
/	/	797.7	24.8	585.2	0	139.5	5.6	673.4	20.6	72°	58°	[illegible]	369.9	0	1630	[illegible]	
/	/	821.1	23.4	585.2	0	145.3	5.8	693.8	20.4	—	—	0.00	[illegible]	0	8:30	[illegible]	
/	/	846.3	25.2	585.2	[illegible]	151.8	6.5	714.9	21.1	72	40	0.00"	369.9	[illegible]	9:50	SP	
/	/	869.4	23.1	585.2	0	168.1	6.3	733.7	18.8	56°	32°	0.0	369.9	0	[illegible]	[illegible]	
/	/	893.1	23.7	585.2	0	183.8	15.7	754.0	20.3	76	44	0.0	369.9	0	[illegible]	RG	
/	/	894.4	1.3	607.7	22.5	199.8	16.0	775.2	21.2	80	32	0.20	371.7	27.6	[illegible]	RG	
/	/	894.4	0	631.5	23.8	208.4	8.6	795.7	20.5	76	41	0.20	371.7	0	800/[illegible]	RG	
/	/	894.4	0	655.4	23.9	216.4	8.0	815.8	20.1	62	22	0	371.9	0.2	[illegible]	RG	
/	/	894.4	0	679.3	23.9	230.5	14.1	835.0	19.2	76	39	0	371.9	0	[illegible]	RG	
/	/	894.4	[illegible]	705.4	26.6	234	3.5	854.3	19.3	80	50	0.02"	371.9	[illegible]	7:2[illegible]	SP	
/	/	894.4	0	727.2	21.3	249.6	15.6	872.8	18.5	80°	58°	0.0	371.9	0	0800 [illegible]	[illegible]	
/	/	894.4	0	751.2	24	266.0	16.4	894.2	21.4	86	63	0.0	371.9	0	[illegible]	RG	
/	/	894.4	0	775.0	23.8	275.4	9.4	914.1	19.9	88	55	0.0	371.9	0	800/[illegible]	RG	
/	/	894.4	0	798.5	23.5	281.4	6	934.1	20	74	40	0.02	373.3	1.4	[illegible]	RG	
/	/	894.4	0	822.1	23.6	289.6	8.2	953.7	19.6	72	30	0.0	373.3	0	[illegible]	RG	
/	/	894.4	0	846.4	24.3	304.5	14.9	974.5	20.8	74	32	[illegible]	373.3	0	[illegible]	RG	
/	/	894.4	[illegible]	872.3	25.9	311.6	7.1	994.3	19.8	70	38	0.00"	373.3	[illegible]	[illegible]	SP	
/	/	894.4	0	894.7	22.4	327.1	15.5	012.0	19.7	72	36	0.05	373.0	0	[illegible]	[illegible]	
/	/	894.4	0	918.8	24.1	344.0	16.9	034.3	16.9	76	42	0.04"	373.0	[illegible]	[illegible]	RG	
/	/	894.0	0	942.8	24.0	356.8	12.8	053.0	18.7	68°	44°	0.00"	374.3	1.3	0800 [illegible]	[illegible]	

SIGNATORY AUTHORITY

I, PATRICK C. FLYNN **, a person defined by Rule 62-620.305(1),**
(Print Name of Principal Executive Officer)

Florida Administrative Code, responsible for the facility known as LAKE GROVES UTILITIES WWTF
(Facility Name)

do hereby grant Steve PFouts **, the authority**
(Print Name and/or Title of Representative)

to sign the Discharge Monitoring Reports and other operational reports in accordance to the certification written below:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
[Rule 62-620.305(4), Florida Administrative Code]

Patrick C. Flynn REGIONAL DIRECTOR 7/14/04
(Signature of Principal Executive Officer) (Date)

Steve Pfouts 6-22-04
(Signature of Representative) (Date)

DEP SWD 1-97

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: **Final**
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feb. 01, 2006 To: Feb. 28, 2006

REPORT: 15 Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.308		Mgd					0	Continuous	Flow meter and totalizers
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	.307		Mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.9			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2	4.43		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.7			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE LEAD OPERATOR	Allson S. McPhee 6/4/90	**1-407-869-1919**	**06/03/15**

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD From: To Feb.28, 2006
Feb. 01, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				11.5	33.0		Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		Mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.4	7.0		s.u.	O	5/Day/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.3			#100ml	O	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				8.8	29.0		#100ml	O	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.5			Mg/l	O	5Day/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			Mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.127			Mg/l	O	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				317			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.5			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				61%			%	O	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From – Feb. 1, 2006 To: Beb. 28, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.276	391	380	2.83	1.7	0.046	<1.0	7.0			
2	.300				1.6			7.0	<1.0		
3	.290				2.9			6.7			
4	.319				2.8			6.8			
5	.287				2.2			6.9			
6	.321				1.7			6.6			
7	.286				3.1			6.6			
8	.291	365	260	3.17	2.0	0.111	<1.0	6.8			
9	.294				1.8			6.9	29.0		
10	.289				3.1			6.7			
11	.290				2.1			6.8			
12	.322				2.3			7.0			
13	.321				1.5			6.4			
14	.297				3.3			6.7			
15	.289				2.4			6.7			
16	.301	281	264	2.50	2.6	0.056	12.1	6.8			
17	.299				3.1			6.7	<1		
18	.365				2.9			6.8			
19	.266				2.4			6.9			
20	.286				2.0			7.0			
21	.371				1.8			7.0			
22	.319				2.6			6.8			
23	.339	232	65	4.43	1.6	0.127	33.0	6.7			
24	.287				3.7			6.4	5.0		
25	.320				2.2			6.6			
26	.324				2.0			6.8			
27	.347				2.0			6.8			
28	.305				1.9			6.9			
29											
30											
31											
Total	8.601	1269	969	12.93	65.6	0.34	46.1	189.8	35.0		
Mo. Avg.	.307	317	242	3.2	2.3	0.09	11.5	6.8	8.8		

PLANT STAFFING:

Day Shift Operator	Class	B / C	Certificate No:	9509 / 14198	Name	STEVE PFOUTS / ROGER GRAY
Evening Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Night Shift Operator	Class:	C	Certificate No:	7279	Name:	BILL COATES
Lead Operator	Class:	C	Certificate No:	6490	Name:	ALLSON MCPHEE

(LAD) Operator Allison S. McPhee C6490
Operator William Coates C7279
Operator Steve Proctis B9509
Operator Chuck Schwados C7747

Lake Groves WWTP

2425 US HWY 27

ROGER GRAY C14198

Month Feb. Year 2006

Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP#1 ETM
Previous		5571260		7.0"		10.6/in.	RATE					43090.9		411257				40526.3
1	8:00	5574020	.2760	67.0"	4.0	(424)	4	1.7	7.0	1.0	#1	114.7	23.8	149.6	23.9			348.9
2	8:00	5577020	.300	64"/84	3.0	318	4	1.6	7.0	1.3	#1 to #2	139.3	24.6	174.2	24.6			5735
3	7:30	5579910	0.2900	82	2.0	21.2	4	2.9	6.7	1.2	#2	162.7	23.4	197.6	23.4			596.5
4	9:10	5583100	.319	79	3	31.8	4	2.8	6.8	—	2	187.2	24.5	223.4	25.8			622.3
5	8:00	5585970	.287	76.0"	3.0	31.8	4	2.2	6.9	—	#2	209.7	22.5	245.9	22.5			648
6	8:00	5589180	0.321	74.0"	2	21.2	4	1.7	6.64	0.04	#2	233.6	23.7	269.7	23.8			668.1
7	7:30	5592040	0.286	70.5	3.5	37.1	5to4	3.1	6.6	1.3	2	257.2	23.6	293.3	23.6			691.3
8	7:30	5594950	0.291	67.5	3.0	31.8	4to5	2.0	6.8	1.4	2	280.9	23.7	317.1	23.8			715.0
9	7:30	5597888	0.294	64"/85	3.5	37.1	4-5	1.8	6.9	1.4	#2 to #1	305.2	24.3	341.4	24.3			739.3
10	8:00	5600780	0.289	82	3.0	31.8	4.2	3.1	6.7	1.6	#1	329.3	24.1	365.4	24			763.4
11	7:30	5603680	.290	78.5"	3.5	37.1	4.0	2.4	6.8	—	#1	353.2	23.9	389.4	24			787.3
12	7:30	5606900	.322	75.0"	3.5	37.1	4.0	2.3	7.0	—	#1	377.4	24.2	413.6	24.2			811.6
13	8:00	5610110	0.321	73.0	2	21.2	4/5	1.5	6.4	0.3	1	401.4	24.0	437.6	24			835.5
14	8:00	5613080	0.297	69.0	4	42.4	5	3.3	6.7	0.6	1	425.5	24.1	461.7	24.1			859.6
15	8:00	5615970	.289	66.0"	3.0	31.8	5to6	2.4	6.7	0.9	#1	449.2	23.7	485.4	23.7			882.2
16	8:00	5618980	.301	62.5"/85	4.0	42.4	6	2.6	6.8	0.9	#1 to #2	473.4	24.2	509.6	24.2			906.3
17	8:30	5621968	0.299	83.5	7.0	21.2	5	3.1	6.7		2	497.4	24.0	533.6	24			92.53
18	11:50	5625620	0.365	78	5.5	58.3	5	2.9	6.8	—	2	525.0	27.6	561.2	27.6			952.8
19	8:00	5628280	.266	74.0"	4.0	42.4	5	2.4	6.9	—	#2	545.4	20.4	581.6	20.4			973.3
20	8:00	5631140	.286	71.0"	3.0	31.8	5	2.0	7.0	0.8	#2	569.2	23.8	605.4	23.8			997.1
21	8:00	5634850	.371	66.5"	4.5	47.7	5	1.8	7.0	0.7	#2	593.1	23.9	629.6	24.2			1021.3
22	8:00	5638040	.319	62.0"	4.5	47.7	5	2.6	6.8	0.9	#2	615.6	22.5	653.8	24.2			1040.9
23	9:00	5641425	0.339	59"/84	3.0	31.8	3/3↑	1.6↑	6.7	0.7	#2 to #1	639.8	24.2	677.9	24.1			1062.6
24	8:00	5644290	0.287	79.5	4.5	47.7	3/3	3.7↓	6.4	1.3	#1	663.5	23.7	701.6	23.7			1086.3
25	10:00	5647490	0.320	75.5	4	42.4	3/3	2.2	6.6	—	1	688.6	25.1	726.8	25.2			1111.5
26	8:00	5650730	.324	72.5	3.0	31.8	3/3	2.0	6.8	—	#1	711.6	23.0	749.6	22.8			1134
27	8:00	5654200	.347	69.0"	5.5	58.3	3/3	2.0	6.8	0.6	#1	735.4	23.8	773.5	23.9			1158.2
28	8:00	5657250	.305	65.0"	4.0	42.4	3/3	1.9	6.9	0.8	#1	759.4	24.0	797.5	24.0			1181.2
29																		
30																		
31																		
Total			8.601		92.5"	1367.4		65.6	189.8									
Average			.307		3.5"	48.8		2.3	6.8									
Maximum			.371		5.5"	58.3		3.7	7.0									
Minimum			.266		2.0"	21.2		1.5	6.4									

Cl_2 Remote Address _____

Electric Meter First 46090 Last 46734 = Total 634
2-1-06 2-28-06

RP#2 TM	hrs	BL#1 ETM	hrs	BL#2 ETM	hrs	SP#1 ETM	hrs	SP#2 ETM	hrs	HI TEMP	LOW TEMP	RAIN IN.	.GEN. ETM	hrs	TIME In/Out	Op INIT.	Comments
		2:3894.0		12942.8		11356.8		11053.0					374.3				
		894.0	Ø	966.5	23.7	364.4	7.6	073.1	20.1	58°	34°	0.00	374.3	Ø	0800-1630		~~C14198~~ C6490
		894.0	Ø	991.1	24.6	373.7	9.3	094.0	20.9	68°	44°	0.40	374.3	Ø	0800-1630		
		894.0	Ø	014.5	23.4	383.2	9.5	113.3	19.3	82	52	1.53"	374.3	Ø	7:30/16:00	RAE	C14198
		894.0	Ø	040.4	25.9	395.4	12.2	133.0	19.7	65	52	0.02"	374.3	Ø	10:05	SP	
		894.0	Ø	062.8	22.4	411.0	15.6	157.4	18.4	58°	38°	0.02	374.3	Ø	8:00/16:30		
		894.0	Ø	086.7	23.9	428.1	17.1	173.3	21.9	60°	27°	0.00"	374.3	Ø	8:00/16:30	RAE	C14198 am 0800-1630
		894.0	Ø	110.3	23.6	441.7	13.6	192.3	19	80	32	0.0	374.3	Ø	7:30/	RAE	C14198 am 0800-1630
		894.0	Ø	133.9	23.6	451.1	9.4	212.6	20.3	80	30	0.0	376.1	1.8	7:30/	RAE	C14198 am C6490 0800-1630
		898.0	Ø	158.2	24.3	461.7	10.6	233.3	20.7	68	24°	0.0	376.1	Ø	7:30/	RAE	" am C6490 0800-1630
		894.0	Ø	182.3	24.1	471.4	9.7	253.3	20.0	66	25°	0.00"	376.1	Ø	8:00/16:30	RAE	"
		894.0	Ø	206.2	23.9	485.2	13.8	271.9	18.6	67°	34°	0.08"	376.1	Ø	7:30/		
		894.0	Ø	230.5	24.3	501.8	16.6	292.2	20.3	57°	30°	0.0	376.1	Ø	7:30/		
		894.0	Ø	254.4	24.1	519.4	17.6	314.2	22	50	34	0.0	376.1	Ø	8:00/16:30	RAE	C14198
		894.0	Ø	278.5	24.1	533.7	14.3	333.4	19.2	56	32	0.00"	377.5	1.4	8:00/16:30	RAE	"
		894.4	.4	302.1	23.6	637.9	4.2	352.8	19.4	54°	32°	0.00"	377.5	Ø	0800-1630		
		894.4	Ø	326.3	24.2	552.0	14.1	372.0	19.2	70°	42°	0.0	377.5	Ø	0800-1630		
		894.4	Ø	350.3	24.0	566.8	14.8	391.7	19.7	74	33	Ø	377.5	Ø	8:00/16:30	RAE	C14198
		894.4	Ø	377.9	27.6	583.5	16.7	413.7	22	90	45	0.00"	377.5	Ø	12:05	SP	
		894.4	Ø	398.3	20.4	591.3	7.8	428.1	14.4	88°	48°	0.00"	377.5	Ø	0800-0840		
		894.4	Ø	422.1	23.8	598.1	6.8	447.5	19.4	88°	50°	0.00"	377.5	Ø	0800-1630		
		894.4	Ø	446.4	23.3	609.9	11.8	467.9	20.4	74°	52°	0.00"	378.9	1.4	0800-1630		
		894.4	Ø	470.3	23.9	633.3	23.4	472.0	4.1	84°	58°	0.00"	378.9	Ø	0800-1630		
		894.4	Ø	494.6	24.3	654.1	20.8	474.9	2.9	84	62	0.00	378.9	Ø	8:00-16:30	RG	
		894.4	Ø	518.2	23.6	671.0	16.9	495.4	20.5	79	52	Ø	378.9	Ø	8/16:30	RG	
		894.4	Ø	543.4	25.2	686.4	15.4	515.6	20.2	80	65	0.52"	378.9	Ø	10:15	SP	
		894.4	Ø	566.3	22.9	704.5	18.1	535.8	20.2	83°	72°	0.05"	378.9	Ø	0800-0940		
		894.4	Ø	590.1	23.8	722.7	18.2	558.5	22.7	64°	40°	0.00"	378.9	Ø	0800-1630		
		894.4	Ø	614.1	24.0	738.1	15.4	578.3	19.8	68°	46°	Ø	380.4	0.00"	0800-1630		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

675

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: **Final**
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: MAR 1, 2006 To MAR. 31, 2006

REPORT: Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.308		Mgd					O	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	.318		Mgd					O	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.04			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4	7.0		Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.8			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE LEAD OPERATOR	Allson S McPhee	1-407-869-1919	06/04/17

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD From: MAR. 01, 2006 To MAR. 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.5	12.6		Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		Mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.8	7.1		s.u.	O	5/Day/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.2			#100ml	O	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.8 0.66	2.0		#100ml	O	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.6			Mg/l	O	5Day/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			Mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.584			Mg/l	O	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				242			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				62			%	O	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From MAR. 1, 2006 To: MAR. 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.309	361	176	2.94	2.0	0.147	<1.0	6.8			
2	.294				2.2			7.0	<1.0		
3	.315				3.6			6.9			
4	.330				3.4			6.9			
5	.293				2.6			6.9			
6	.356				1.6			6.9			
7	.290				3.9			7.1			
8	.343	385	263	5.83	2.6	0.173	1.50	6.9			
9	.273				2.2			7.0	<1.0		
10	.307				2.8			6.9			
11	.303				2.6			7.0			
12	.326				2.6			7.0			
13	.350				2.7			7.0			
14	.320				2.1			6.9			
15	.326	317	315	5.08	2.2	0.233	3.50	7.0			
16	.319				1.7			6.9	<1.0		
17	.318				1.6			6.9			
18	.356				1.7			6.9			
19	.299				1.8			6.9			
20	.346				2.0			7.0			
21	.300				2.0			7.0			
22	.313	265	110	7.0	2.4	0.117	<1.0	7.0			
23	.337				2.6			7.0	<1.0		
24	.307				2.1			7.0			
25	.303				2.1			7.0			
26	.314				2.2			7.0			
27	.324				2.0			7.1			
28	.309				2.0			7.0			
29	.320	440	347	<2	2.2	0.584	6.63	7.0			
30	.295				2.2			7.0	2.0		
31	.363				2.0			7.0			
Total	9.858	1768	1211	21.9	71.7	1.254	12.6	215.9	4.0		
Mo. Avg.	.318	354	242	4.4	2.3	0.25	2.5	7.0	0.8		

PLANT STAFFING:

Day Shift Operator	Class	B / C	Certificate No:	9509 / 14198	Name	STEVE PFOUTS / ROGER GRAY
Evening Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Night Shift Operator	Class:	C	Certificate No:	7279	Name:	BILL COATES
Lead Operator	Class:	C	Certificate No:	6490	Name:	ALLSON MCPHEE

541) Operator Allen S. McAfee C16490
Operator William Carles C7279
Operator Steve Fouts B7509
Operator Chuck Schwedes C7747

Lake Groves WWTP

2425 US HWY 27

ROGER GRAY C14198

Month March **Year** 2006

Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP#1 ETM
Previous		56557850		65.0"		10.6/in.	RATE					43759.4		41797.5				41181.2
1		5460348	.3093	61.0	4.0	42.4	3/3	2.0	6.8	—	1	3783.7	24.3	41821.8	24.3			41181.1
2		5663258	.2940	57.5	3.5	37.1	3/3	2.2	7.0	1.8	#1 to #2	807.2	23.5	845.3	23.5			181.3
3		5666438	.3150	82	4	42.4	3/3	3.6	6.9	1.9	2	831.2	24	869.3	24			201.9
4		5669730	0.330	79	3	31.8	3/3	3.4	6.9	—	2	856.9	25.7	895.1	25.8			227.7
5	0700	5672660	.293	76.5	2.5	26.5	3/3 to 2/2	2.6	6.9	—	#2	878.5	21.6	916.7	21.6			249.3
6		5676225	0.356	73.5	3.0	31.8	2/2.5	1.6	6.9	1.6	#2	904.6	26.1	942.8	26.1			275.4
7	8:00	5679125	0.290	70.0	3.5	37.1	2/2.5	3.9	7.1	1.1	#2	927.3	22.7	965.4	22.6			298.1
8	0800	5682550	.343	68.5"	1.5	15.9	2/2	2.6	6.9	1.2	#2	951.2	23.9	989.3	23.9			320.2
9	0800	5685280	.273	64.5	4	42.4	2/2	2.2	7.0	1.5	#2 to #1	974.4	22.9	013.4	24.1			344.3
10	08:00	5688347	0.307	82	3	31.8	2/2	2.8	6.9	—	1	998.4	24	037.4	24			366.2
11	0800	5691380	.303	77.5"	4.5	47.7	2/2	3.6	7.0	—	#1	022.4	24.0	061.4	24.0			389.3
12	0830	5694640	.326	74.5"	3.0	31.8	2/2	2.6	7.0	—	#1	046.1	23.7	085.1	23.7			413.0
13	0800	5698140	.350	71.5	3.0	31.8	2/2	2.7	7.0	0.9	1	70.5	24.4	109.5	24.4			437.3
14	8:15 am	5701370	.320	67.5	4	42.4	2/2	2.1	6.9	0.8	#1	094.3	23.8	133.3	23.8			460.1
15	0800	5704630	.326	64.0"	3.5	37.1	2.5/2.5	2.2	7.0	0.6	#1	118.1	23.8	157.2	23.9			483.9
16	0800	5707820	.319	59 5/16"	4.5	47.7	2/2	1.7	6.9	0.0	#1 to #2	142.3	24.2	181.3	24.1			506.3
17	8:00	5711030	.318	82	4.0	42.4	2/2	1.6	6.9	—	2	166.5	24.2	205.6	24.3			527.5
18	9:25	5714560	.356	77	5	53	2/2	1.7	6.9	—	2	191.4	24.9	230.4	24.8			552.4
19	7:00 am	5718500	.299	74	3.0	31.8	2/2	1.8	6.9	—	#2	213.5	22.1	252.6	22.2			574.3
20	0800	5721010	.346	70.5"	3.5	37.1	2/2	2.0	7.0	0.8	#2	238.1	24.6	277.1	24.5			599.1
21	0800	5724010	.300	68.0"	2.5	26.5	2/2	2.0	7.0	0.8	#2	262.3	24.2	301.3	24.2			618.0
22	0800	5727145	.313	62.0	6.0	63.6	3/3	2.4	7.0	0.7	#2	285.4	23.1	324.8	23.5			642.2
23	0800	5730510	.337	58 5/8"	4.0	42.4	3/2.5	2.6	7.0	0.9	#2 #1	309.9	24.5	349.2	24.4			666.5
24	9:00	5733590	.307	82	3	31.8	3/2	2.1	7.0	-	1	335.0	25.1	374.2	25			691.3
25	8:50	5736610	.303	77	3	31.8	3/2	2.1	7.0	—	1	358.6	23.6	397.8	23.6			712.7
26	0800	5739750	.314	76.0"	3.0	37.1	2.5/2.5	2.2	7.0	—	#1	382.2	23.6	421.4	23.6			736.5
27	7:00	5742790	.324	73	3.0	37.1	2.5/2.5	2.0	7.1	0.7	1	405.3	23.1	444.5	23.1			759.6
28	0800	5746080	.309	70.5"	2.5	26.5	2.5/2.5	2.0	7.0	0.3	#1	429.9	24.6	469.1	24.6			780.3
29	0800	5749280	.320	67.0"	3.5	37.1	2.5/2.5	2.2	7.0	0.3	#1	454.3	24.4	493.5	24.4			804.7
30	0800	5752230	.295	63 5/8"	4.0	42.4	2.5/2.5	2.2	7.0	0.4	#1 to #2	477.9	23.6	517.1	23.6			825.6
31		5755464	.363	81.5	4.0	42.4	2.5/2.5	2.0	7.0	—	2	502.5	24.6	541.2	24.1			850.2
Total			9,858,300					71.7	215.9									
Average			318,010					2.3	7.0									
Maximum			363,000					3.9	7.1									
Minimum			273,000					1.6	6.8									

* 3-21-06 UNFED FEED...

Cl_2 Remote Address _____

Electric Meter First 46734 Last 47397

2-28-06

SRP#2 ETM	hrs	BL#1 ETM	hrs	BL#2 ETM	hrs	SP#1 ETM	hrs	SP#2 ETM	hrs	HI TEMP	LOW TEMP	RAIN IN.	.GEN. ETM	hrs	TIME In/Out	Op INIT.	Comments
		228114.4		13614.1		11738.1		11578.3					388.9				
		22894.1	.3	13638.4	24.3	11757.5	19.4	11585.2	6.9	90	40	0.00"	380.4	Ø		SP	
		894.4	Ø	6613	23.5	767.5	10	605.1	19.9	82	40	0.00	350.4	Ø	8:00/16:30	RH	
		894.4	Ø	685.8	23.9	782.7	15.4	624.9	19.8	84	42	0.00	38.4	Ø	8/16:30	RH	
		894.4	Ø	711.7	25.9	798.7	15.8	645.1	20.8	80	42	0.00	380.4	Ø		SP	
		894.4	Ø	733.2	21.5	815.9	17.2	663.9	18.8	60°	38°	0.00"	380.4	Ø	0700-0830	RH	CL4490
		894.4	Ø	759.3	26.1	833.2	17.3	688.0	24.1	86	62	0.00	380.4	Ø	8/16:30	RH	CL4198
		894.4	Ø	782.0	22.7	849.1	15.9	706.9	18.9	78	50	0.00"	381.8	1.4	8:00/16:30	RH	CL4199
		894.4	Ø	805.8	23.8	869.4	20.3	713.3	6.4	68°	42°	0.00"	381.8	Ø	0800-1630	RH	
		894.4	Ø	829.8	24	879.5	10.1	733.0	19.7	82	36	0.0	381.8	Ø	08:00/16:30	RH	CL4198
		894.4	Ø	853.8	24	891.6	12.1	753.2	20.2	86	42	0.00"	381.8	Ø	08:00/16:30	RH	
		894.4	Ø	877.8	24.0	907.2	15.6	772.4	19.2	85°	49°	0.00"	381.8	Ø	0800-0900	RH	
		894.4	Ø	901.5	23.7	925.5	18.3	793.3	20.9	86°	61°	0.0	381.8	Ø	0730-0830	RH	
		894.4	Ø	925.9	24.4	944.3	18.8	816.5	23.2	92	50°	0.0	381.8	Ø	8:00/16:30	RH	CL4198
		894.4	Ø	949.7	23.8	962.5	18.2	838.8	15.1	94	52	0.00	383.2	1.4	8:00/16:30	RH	
		894.4	Ø	973.5	23.8	985.6	23.1	843.1	4.3	91°	54°	0.00	383.2	Ø	0800/1630	RH	
		894.4	Ø	997.6	24.1	009.7	24.1	843.1	Ø	74°	42°	Ø	383.2	Ø	0800-1630	RH	
		918.7	24.3	997.6	Ø	034.0	24.3	843.1	Ø	78	44	Ø	383.2	Ø		SP	
		943.6	24.9	997.6	Ø	051.6	17.6	862.9	19.8	78°	46°	0.00"	387.2	Ø	9:40	SP	
		965.7	22.1	997.6	Ø	066.1	14.5	885.0	22.1	82°	61°	0.00"	387.2	Ø	0800-0900	RH	
		990.2	24.5	997.6	Ø	082.1	16.0	909.6	24.6	82°	61°	0.00"	387.2	Ø	0800-0600	RH	
		014.1	24.2	997.6	Ø	095.1	13.0	929.4	19.8	84°	62°	0.00"	388.6	1.4	0800-1630	RH	
		038.0	23.6	997.6	Ø	117.5	22.4	933.5	4.1	76°	54°	0.00"	388.6	Ø	0800-1630	RH/BL	CL4490 = Trailer
		062.3	24.3	997.6	Ø	135.7	18.2	954.9	21.4	78°	66°	Ø	388.6	Ø	0800-1630	RH	
		087.3	25	997.6	Ø	135.7	Ø	975.1	20.2	78	72	Ø	388.6	Ø	9:00	SP	
		110.7	23.4	997.6	Ø	150.4	14.7	993.7	18.6	85	48	0.00"	388.6	Ø	9:05	SP	
		134.6	23.9	997.6	Ø	167.3	16.9	013.6	19.9	67"	42°	Ø	388.6	Ø	0800-0900	RH	
		157.6	23	997.6	Ø	185.0	17.7	034.8	21.2	68	42	0.00"	388.6	Ø	1:00	SP	
		182.3	24.7	997.6	Ø	200.4	15.4	054.9	20.1	67	41°	0.00	390.0	1.4	0800-1630	RH	
		206.6	24.3	997.6	Ø	224.1	23.7	059.1	4.2	82°	62°	0.00"	390.0	Ø	0800-1630	RH	
		213.3	6.7	014.5	16.9	247.7	23.6	059.1	Ø	82°	60°	Ø	390.0	Ø	0800-1630	RH	
		213.3	0	039.2	24.7	266.3	18.6	063.8	24.7	86	76	0.00"	390.0	Ø		SP	
												Ø					
												Ø					
												Ø					
												Ø					

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: **Final** REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: Apr. 01, 2006 To Apr. 30, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.309		Mgd					O	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	.321		Mgd					O	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.45	9.24		Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.4			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ALLSON STEVENSON MCPHEE LEAD OPERATOR	Allson S. McPhee	1-407-869-1919	06/05/16

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD From: To Apr. 30. 2006
Apr. 01. 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.0	20.8		Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		Mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.8	7.2		s.u.	O	5 Day Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days Week	Grab
Coliform, Fecal	Sample Measurement				2.2			#/100ml	O	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5		#/100ml	O	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.2			Mg/l	O	5Day Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			Mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.085			Mg/l	O	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				447.3			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				253			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				63			%	O	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From Apr. 1, 2006 To: Apr. 30, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.314				2.1			7.0			
2	.311				2.2			7.0			
3	.337				2.1			7.0			
4	.332				2.2			7.0			
5	.302	492	223	9.24	2.4	0.085	4.75	7.0			
6	.313				2.3			7.0	<1.0		
7	.343				1.3			7.2			
8	.313				1.4			7.2			
9	.320				1.8			7.1			
10	.343				1.2			6.8			
11	.324				1.5			7.0			
12	.317	548	257	3.98	1.8	0.12	1.86	7.0			
13	.341				1.9			7.0	<1.0		
14	.313				1.8			7.0			
15	.355				1.6			7.0			
16	.322				1.9			7.0			
17	.343				1.9			7.0			
18	.330				1.8			7.0			
19	.319	442	285	7.44	1.9	0.080	20.8	7.0			
20	.225				2.0			7.0	<1.0		
21	.421				1.7			7.0			
22	.327				2.0			7.0			
23	.301				1.8			7.0			
24	.322				1.5			7.1			
25	.298	307	245	5.09	1.4	0.069	<1.0	6.8			
26	.306				1.6			7.0	<1.0		
27	.288				1.8			7.0			
28	.283				1.5			7.1			
29	.315				1.4			7.1			
30	.336				1.7			7.0			
31											
Total	9.618	1789	1010	25.8	53.5	0.354	27.9	210.4	2.0		
Mo. Avg.	.321	447.3	253	6.45	1.8	0.089	7.0	7.0	0.5		

PLANT STAFFING:

Day Shift Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS
Evening Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Lead Operator	Class:	C	Certificate No:	6490	Name:	ALLSON MCPHEE

AD Operator Allison S. McField C6490
Operator Charles Schwados C7747
Operator Barner Cooks 7347
Operator Steve Pfouts 09509

Lake Groves WWTP
2425 US HWY 27

Month April Year 2006

	Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP#1 ETM
	Previous		5755860		81.5		10.6/in.	RATE					502.5		541.2				850.2
1			5759000	0.314	80	—	—	2.5/2.5	2.1	7.0	—	2	526.8	24.3	566.0	24.8			871.9
2	0800		5762110	.311	76.0"	4.0	42.4	2.5/2.5	2.2	7.0	—	#2	548.9	22.1	588.1	22.1			893.9
3	0800		5766480	.337	73.5"	2.5	26.5	2.5/2.5	2.1	7.0	0.7	#2	569.9	19.0	612.1	24.0			917.9
4	0800		5768800	.332	70.0"	3.5	37.1	3.0/3.0	2.2	7.0	0.7	#2	597.7	27.8	637.0	24.9			935.0
5	0800		5771820	.302	67.0"	3.0	31.8	3.0/3.0	2.4	7.0	0.7	#2	621.1	23.4	660.3	23.3			958.2
6	0800		5774980	.313	63/85	4.0	42.4	3.0/3.0	2.3	7.0	0.9	#2 to #1	644.9	23.8	684.2	23.9			980.5
7	0800		5778380	.343	81	4.0	42.4	3/3	1.3	7.2	—	1	669.5	24.6	708.7	24.5			005.0
8	9:30		5781510	.313	77	4	42.4	3/3	1.4	7.2	—	1	694.1	24.6	733.4	24.7			021.9
9	0800		5784710	.320	74.0"	3.0	31.8	3/3	1.8	7.1	0.8	#1	716.8	22.7	756.0	22.6			044.6
10	0800		5788140	.343	70.5"	3.5	37.1	3/3	1.2	6.8	1.6	#1	740.7	23.9	779.9	23.9			068.7
11	0830		5791377	.324	67.0	3.5	37.1	3/3	1.5	7.0	0.7	#1	765.1	24.4	804.4	24.5			092.1
12	0800		5794550	.317	63.0"	3.0	42.4	3/3	1.8	7.0	0.7	#1	788.6	23.5	827.9	23.5			112.3
13	0800		5797960	.341	60/85	3.0	31.8	3/3	1.9	7.0	0.7	#1 to #2	812.5	23.9	851.9	24.0			137.6
14	0800		5801090	.313	82	3.0	31.8	3/3	1.8	7.0	—	2	836.8	24.3	876.1	24.2			153.8
15	9:20		5804640	.355	79.5	2.5	26.5	3/3	1.6	7.0	—	2	862.1	25.3	901.4	25.3			179.2
16	0800		5807860	.322	77.0"	2.5	26.5	3/3	1.9	7.0	0.7	#2	884.7	22.6	924.0	22.6			201.7
17	0800		5811290	.343	75.0"	2.0	21.2	3/3	1.9	7.0	0.8	#2	908.6	23.9	947.9	23.9			225.5
18	0800		5814590	.330	73.5"	2.0	21.2	3/3	1.8	7.0	0.7	#2	932.6	24.0	971.9	24.0			246.8
19	0800		5817780	.319	72.0	1.5	15.9	4/4	1.9	7.0	0.7	#2	956.4	23.8	995.8	23.9			262.8
20	0800		5820030	.225	80/86	2.0	21.2	4/4	2.0	7.0	0.7	#1	980.6	24.2	3019.7	23.9			291.4
21	0800		5824140	.421	84	2.0	21.2	4/4	1.7	7.0	—	#1	5004.5	23.9	43.8	24.1			315.8
22	9:35		5827510	.327	80	4.0	42.4	4/4	2.0	7.0	—	1	029.9	25.4	069.2	25.4			339.8
23	0800		5833520	.301	77.0"	3.0	31.8	4/4	1.8	7.0	—	#1	052.8	22.9	092.1	22.9			362.4
24	0800		5833757	.3215	75	2.0	21.2	4/4	1.52	7.1	1.0	#1	76.2	23.7	115.5	23.4	—	—	86.1
25	0745		5836133	.2976	73	2.0	21.2	4/4	1.42	6.8	1.9	#1	100.2	24.0	139.4	23.9	—	—	410.0
26	0800		5839790	.306	76.5"	2.5	26.5	4/4	1.6	7.0	1.5	#1	124.4	24.2	163.8	24.4			432.4
27	0800		5842673	.2883	68/80	2.5	26.5	4/4	1.8	7.0	1.8	#1 to #2	147.0	22.6	187.3	23.5	—	—	458.8
28	0715		5845500	.2829	82	2.0	21.2	4/4	1.5	7.1	—	#2	171.6	24.6	211.0	23.7	—		479.7
29	9:15		5848650	.315	78	4.	42.4	4/4	1.4	7.1	-	2	197.7	26.1	237.1	26.1			505.8
30	0800		5852010	.336	75.5"	2.5	26.5	4/4	1.7	7.0	—	#2	0165	22.4	259.5	22.4			528.2
31																			
Total				9.618					53.5	210.4									
Average				.321					1.8	7.0									
Maximum				.421					2.4	7.2									
Minimum				.225					1.2	6.8									

7.0 .225 | 43.6 21.0

Cl_2 Remote Address _____

Electric Meter First 47397 Last 48129

RP#2 ETM	hrs	BL#1 ETM	hrs	BL#2 ETM	hrs	SP#1 ETM	hrs	SP#2 ETM	hrs	HI TEMP	LOW TEMP	RAIN IN.	.GEN. ETM	hrs	TIME In/Out	Op INIT.	Comments
/		213.3		039.2		266.3		083.8					390.0				
/	/	213.3	/	063.4	24.2	272.5	6.2	108.0	24.2	106	85	ø	390.0	ø		SP	
/	/	213.3	ø	085.4	22.0	287.5	15.0	130.4	22.4	86°	64°	0.00"	390.0	ø	0800 0900	DL	C6490
/	/	213.4	.1	1046	19.1	3035	16.0	150.4	20.0	86°	68°	0.00"	390.0	.ø	0800 1630	DL	
/	/	213.4	ø	125.7	21.2	319.4	15.9	171.6	21.2	87°	70°	0.00"	390.0	ø	0800 1630	SP	
/	/	217.0	3.6	149.0	23.3	329.5	10.1	191.9	20.3	92°	66°	0.00"	390.0	ø	0800 1630	DL	BASIN Alarm tested. OK
/	/	217.0	ø	172.8	23.8	345.3	16.0	212.0	20.1	88°	62°	0.00"	390.0	ø	0800 1630	DL	
/	/	218.9	1.9	197.4	24.6	363.9	18.4	234.3	22.3	78	73	0.00"	390.0	ø		SP	
/	/	218.9	ø	222.0	24.6	380.5	16.6	255.1	20.8	80	77	1.08"	390.0	ø		SP	
/	/	218.9	ø	244.5	22.5	397.7	17.2	275.6	20.5	78°	62°	Trace	390.0	ø	0800 0900	DL	
/	/	218.9	ø	268.5	24.0	416.3	18.5	298.3	22.5	67°	54°	0.08"	390.0	ø	0800 1630	DL	
/	/	218.9	ø	293.0	24.5	432.4	16.2	319.1	20.8	79	65	0.00	390.0	0	0740 1036	DS	
/	/	218.9	0	316.3	23.3	454.5	22.1	323.9	4.8	78°	56°	0.00"	390.5	.5	0800 1630	DL	Generator's Meter Stuck/ Work Order
/	/	218.9	ø	340.3	24.0	473.7	19.2	344.9	21.0	78°	56°	e	390.5	ø	0800 1630	DL	
/	/	218.9	ø	364.6	24.3	488.5	14.8	364.9	20	84	73	e	390.5	ø		SP	
/	/	218.9	ø	389.9	25.3	506.3	17.8	386.8	21.9	80	72	0.02"	390.5	ø	9:35	SP	
/	/	218.9	ø	412.4	22.5	524.2	17.9	406.3	19.5	73°	52°	0.00"	390.5	ø	0800 0900	DL	
/	/	218.9	ø	436.3	23.9	541.5	17.3	427.3	21.0	83°	71°	0.00"	390.5	ø	0800 1630	DL	
/	/	218.9	ø	460.3	24.0	557.1	15.6	448.0	20.7	90°	74°	0.01"	390.5	0	0800 1630	DL	
/	/	218.9	ø	484.1	23.8	568.2	11.1	469.1	21.1	91°	73°	ø	390.5	ø	0800 1630	DL	
/	/	218.9	ø	508.2	24.1	586.6	12.4	489.0	19.9	94	72	ø	390.5	ø	0800 1630	BC	
/	/	218.9	ø	532.1	23.9	600.6	20.0	508.4	19.4	98	72	0.52"	390.5	ø	0800 1630	BC	
/	/	218.9	ø	557.6	25.5	600.6	ø	530.9	22.5	79	75	0.04	390.5	ø		SP	
/	/	218.9	ø	580.4	22.8	615.8	15.2	548.8	17.9	80°	62°	ø	390.5	ø	0800 1630	DL	
/	/	218.9	ø	603.9	23.5	631.3	15.7	568.9	20.1	90°	65°	ø	390.5	ø	0800 1630	BC	
/	/	218.9	ø	627.9	24.0	635.4	4.1	589.6	20.7	91	62	0.00"	390.5	ø	0800 1630	BC	
/	/	218.9	ø	652.9	24.0	644.3	8.9	608.4	18.8	82°	62°	ø	391.9	1.4	0800 1630	DL	
/	/	218.9	ø	676.9	24	655.6	11.3	628.0	19.6	84	64	ø	391.9	ø	0800 1630	BC	
/	/	218.9	ø	699.2	22.3			648.8	20.8	84	70	ø	391.9	ø	0700 1550	DC	Pump 135 S
/	/	218.9	ø	725.4	26.2	668.0		671.3	22.5	79	71	0.00"	391.9	ø		SP	
/	/	218.9	ø	747.7	22.3	682.2	14.2	688.5	17.2	77°	54°		391.9	ø	0800 1540	DL	

675

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

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

PERMIT NUMBER: FLA010630

LIMIT: **Final**
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: FI

MONITORING PERIOD From: May 1, 2006 To: May 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.309		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	.343		Mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.47	5.58		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.4			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY MM DD)
BARNER L. COOKS - LEAD OPERATOR	Barner Cooks	1-407-869-1919	06 06 14

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD May 1,2006 To May 31,2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.95	11.5		Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		Mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.5	7.1		s.u.	O	5 Day/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.2			#/100ml	O	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5		#/100ml	O	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.5			Mg/l	O	5Day/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			Mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.55			Mg/l	O	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				223			Mg/l	O	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				141			Mg/l	O	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				68.6			%	O	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From May 1, 2006 To: May 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (# 100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	.374				1.0			7.0			
2	.324				1.2			6.8			
3	.335	318	194	2.75	1.0	2.55	11.5	7.1			
4	.343				1.0			7.1	<1		
5	.322				1.6			6.5			
6	.342				1.4			6.8			
7	.291				1.5			7.0			
8	.386				1.0			6.9			
9	.349				1.0			7.0			
10	.305	43	32	2.92	.8	2.20	5.50	6.7			
11	.325				.8			6.8	<1		
12	.337				1.1			6.7			
13	.336				1.0			6.8			
14	.312				1.1			6.9			
15	.374				.7			6.7			
16	.342				.8			6.7			
17	.344	2	11	5.58	.6	.87	1.50	6.5			
18	.344				.5			6.6	<1		
19	.330				.9			6.8			
20	.352				1.0			6.8			
21	.338				1.0			6.7			
22	.375				.8			6.7			
23	.341	361	220	4.08	1.9	.27	3.75	6.7			
24	.313				1.2			6.7	<1		
25	.288				1.0			6.7			
26	.343				.8			6.7			
27	.438				1.0			6.8			
28	.345				1.1			6.7			
29	.352				1.0			6.7			
30	.390	391	248	2.00	1.1	.05	2.50	6.7			
31	.364				1.2			6.8	1		
Total	10.6580	1115	705	17.33	32.2	5.94	24.75	210.1	2.5		
Mo. Avg.	.343	223	141	3.47	1.0	1.18	4.95	6.8	1		

PLANT STAFFING:

Day Shift Operator	Class	B	Certificate No:	9509	Name	STEVE PFOUTS
Evening Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	ALLSON MCPHEE
Lead Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS

675

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N.A

REPORT: Monthly
GROUP: Domestic

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

MONITORING GROUP NUMBER: R-001 and Influent

COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: June 1, 2006 To: June 30, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.319		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.635		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.94			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.19	4.86		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.78			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Barner L. Cooks, Lead Operator	Barner Cooks	1-407-869-1919	06/07/12

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No. R-001 and Influent
MONITORING PERIOD June 1, 2006 To June 20, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.03	4.25		Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.5	7.4		s.u.	0	5 days Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days Week	Grab
Coliform, Fecal	Sample Measurement				2.3			#/100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.5			Mg/l	0	5 days Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.924			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			Mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				302			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				215			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				64.3			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From JUNE 1, 2006 To: JUNE 30, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.478				1.2			7.0			
2	0.325				1.1			6.9			
3	0.321				1.3			7.0			
4	0.366				1.5			6.8			
5	0.367				1.4			7.1			
6	0.345	242	66	2.78	1.1	0.536	1.88	6.8			
7	0.332				1.3			7.0	<1		
8	0.323				1.3			7.0			
9	0.390				1.2			7.1			
10	0.315				1.3			7.0			
11	0.314				1.3			7.0			
12	0.424				1.3			7.0			
13	0.353	317	208	4.86	1.1	0.924	3.00	6.7			
14	0.366				1.2			7.0	<1		
15	0.355				2.0			7.0			
16	0.386				2.0			7.1			
17	0.397				2.0			7.0			
18	0.296				1.8			6.9			
19	0.360				1.4			6.5			
20	0.342	344	327	4.62	1.4	0.436	3.00	6.5			
21	0.358				2.2			7.4	<1		
22	0.326				1.3			6.9			
23	0.379				0.5			6.8			
24	0.544				1.0			6.8			
25	0297				1.1			6.9			
26	0.404				2.0			6.9			
27	0.342	306	258	4.48	2.2	0.887	4.25	6.7			
28	0.382				2.5			6.9	1		
29	0.346				1.5			6.9			
30	0.428				1.5			6.9			
31											
Total	10.961	1209	859	16.74	44	2.783	12.13	207.4	2		
Mo. Avg.	0.365	302	215	4.19	1.5	0.696	3.03	6.9	1		

PLANT STAFFING

Day Shift Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS
Evening Shift Operator	Class:	C	Certificate No:	7247	Name:	CHARLES SCHWABLE
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Lead Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS

oper. Trainee - Leonard Ledwell

Operator Domenic Gentilucci C8659
Operator Barney Cooks-A7347
Operator Steve Pfouts B9509
Operator Charles Schwabes C7747

Lake Groves WWTP

2425 US HYWY 27

Month June Year 2006

Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP#1 ETM	h
Previous						10.6/in.	RATE												
1	0730	5962189	.476	60			4/8	1.2	7.0		2	987.1		4026.7		8199		293.9	
2	0715	5962666	* METHANOL GAS ENACTED	83.5	4	42.4	4/8	1.1	6.9		1	6011.1	25.3	4050.7	25.2			317.9	2
3	8:40	5962667	3212	79.5	3.0	31.8	4/8	1.3	7.0	—		036.4	21.8	075.9	21.9			3432	2
4	0545	5965879	3655	76.5	3.0	31.8	4/8	1.5	6.8	2.4	1	58.2	24.0	97.8	24.8			65.2	23
5	0630	5969534	3666	73.5	2.5	26.5	4/8	1.4	7.1	3.7	1	82.2	25.4	122.0	25.1			89.0	25
6	0745	5973200	3445	71.0	2.5	26.5	4/8	1.1	6.8	3.7	1	107.6	23.6	147.1	23.7			414.4	23
7	0730	5976645	3319	62	9.0	95.4	4/8	1.3	7.0	4.7	1	131.2	23.9	170.8	23.9			438.0	24
8	0735	5979962	3230	72	7.0	74.2	4/8	1.3	7.0	4.7	1	155.1	22.9	194.7				462.0	2
9	0630	5983192	.390	79	5	53.0	4/8	1.3	7.0	—	2	178.0	22.8	217.6	22.8			484.0	22
10	9:35	5987100	.3145	74	5	53	4/8	1.2	7.0	—	2	204.8	16.8	244.4	22.7			511.6	2
11	0500	5990245	.3141	69	5	53	4/8	1.3	7.0	—	2	221.6	28.6	267.1	22.7			538.6	2
12	0630	5993386	.4240	64	4	42.4	4/8	1.3	6.7	7.7	2	50.2	22.9	88.8	24.3			57.2	22
13	0700	5997624	3527	60	5	53.0	4/8	1.1	7.0	2.6	2	273.1	23.9	314.1	24.0	820.2	0.3	581.3	24
14	0700	6001153	3664	55	5	53.0	4/8	1.2	7.0	1.7	2	297.0	23.9	338.1	23.9			605.3	23
15	0700	6004817	3554	50	5	53.0	4/8	2.0	7.0	4.5	2	320.9	24.3	362.0	24.3			629.2	24
16	0700	6008371	.386	79	6	63.6		2.0	7.1	4.8	1	345.2	26.3	386.3	26.4			653.5	26
17	9:35	6012230	.3969	73	5	53.0	4/8	2.0	7.0	—	1	371.5	26.3	412.7	26.1			680.0	28
18	1215	6016199	.2960	68	4	42.4	4/8	1.8	6.9	—	1	97.8	20.8	38.8	18.7			708.0	17
19	0630	6019159	.3608	64	5	53.0	4/8	1.4	6.5	3.3	1	418.6	21.9	57.7	23.9			725.0	23
20	0630	6022767	.3422	59	4.5	47.7	4/8	1.4	6.5	3.2	1	440.5	24.4	481.6	24.4			748.8	24
21	0700	6026189	.3580	54.5	4	42.4	4/8	2.7	7.4	4.9	1	464.9	24.3	506.0	24.2			773.3	24
22	0700	6029769	0.3216	82	4	42.4	4/8	1.3	6.9	4.5	1	88.2	23.8	30.2	23.9			797.3	24
23	0540	6033029	.3791	78	4	42.4	8/8	0.5	6.8	2.7	2	513.0	26.3	54.1	26.2	20.2		821.4	26
24		6036820	.5437	74	5	53.0	8/8	1.0	6.8	—	2	539.3	26.7	580.3	27			47.6	26
25	1230	6040938	.2972	69	4	42.4	8/8	1.1	6.9	—	2	566.0	18.9	607.3	18.7	20.2		74.3	19
26	0700	6043910	.4035	65	5	53.0	8/8	2.0	6.9	5.4	2	84.9	9.3	26.0	23.9			98.3	23
27	0700	6047945	.3423	60	4	42.4	8/8	2.2	6.7	3.5	2	94.2	19	49.9	24.6			117.2	24
28	0700	6051368	.3815	56	5	53.0	8/8	2.5	6.9	2.5	2	13.2	23.5	74.0	23.5			41.2	23
29	0630	6055183	.3464	51	5	53.0	7/8	1.5	6.7		2	36.7	24.6	97.5	24.6			64.8	24
30	0700	6058647	.428	82.5	5.5	58.3	7/8	1.5	6.9		1	667	26.6	722.1	26.6			89.4	25
Y 1	9:55	6062930		77			7/8	2.0	6.9	—	1	687.9		748.7				0118	
Total		96458	96458			1430.4		44	207.4										
Average		3215	.3215			47.68		1.5	6.9										
Maximum			.5437					2.5	7.1										
Minimum			.2960					.5	6.7										

* Weekly Avg flow for 6/2/06 0.325

Cl_2 Remote Address _____

Electric Meter First 48826 Last 49539

P#2 TM	hrs	BL#1 ETM	hrs	BL#2 ETM	hrs	SP#1 ETM	hrs	SP#2 ETM	hrs	HI TEMP	LOW TEMP	RAIN IN.	GEN. ETM	hrs	TIME In/Out	Op INIT.	Comments
/		434.3		296.9		823.2		279.6		98	58	0	399.0	Ø	0700 1600	HL	
/		452.0	25.2	303.0		823.2	Ø	299.8	25.2	97	57	0.8	399.0	Ø	0700 1600	HL	125 Amp.
/	/	477.2	21.9	/	/	823.2	Ø	325.0	23.9	108	89	Ø	399.0	Ø	9:00	SP	
/	/	99.1	24.0	303.0	/	823.2	Ø	48.9	22.1	94	72	Ø	399.0	Ø	0630 1600	BC	124 amp
/	/	523.1	6.5	363.0	188	823.2	0	71.0	25.3	96	68	0	399.0	0	0630 1600	BC	
/	/	529.6	0	321.8	23.5	823.2	0	396.3	23.6	101	64	0	399.0	.6	0700 1530	HL	
/	/	529.6	Ø	345.3	24	823.2	Ø	419.9	21.1	98	50	Ø	400.4	Ø	0700 1530	HL	120
/	/	529.6	Ø	369.3	21.9	823.2	Ø	441.0	19.7	100	64	Ø	400.4	Ø	0700 1530	HL	143
/	/	529.6	Ø	391.2	26.7	823.2	Ø	460.7	25.1	102	67	Ø	400.4	Ø	0600 1100	BC	
/	/	529.6	Ø	417.9		823.2	Ø	485.8	22.9	108	89	Ø	400.4	400.4		SP	
/	/	529.6	Ø			823.2	Ø	508.7	5.6	104	72	0.10	400.4	Ø	0500	BC	124
/	/	529.6	Ø	463.2	24.3	823.2	Ø	514.3	18.5	102	70	14.5	400.4	0	0600 1430	BC	122 Amp
/	/	529.6	Ø	487.5	24.3	823.2	Ø	532.8	22.4	70	56	0.4	400.4	4.0	0700 1530	HL	
/	/	529.6	Ø	511.3	23.9	823.2	Ø	555.2	10.2	80	54	Ø	404.4	Ø	0700 1530	HL	
/	/	529.6	Ø	535.2	24.3	823.2	Ø	565.4	14.8	83	54	Ø	404.4	Ø	0700 1530	HL	128
/	/	529.6	Ø	559.5	26.2	823.2	Ø	580.2	26.2	96	54	Ø	404.4	Ø	0700 1530	HL	125
/	/	529.6	Ø	585.7	26.2	823.2	Ø	606.4	26.3	108	89	Ø	404.4	Ø		SP	
/	/	529.6	Ø	611.9	18.9	823.2	Ø	32.7	18.9	98	86	Ø	404.4	Ø	1215 1315	BC	122 Amp
/	/	529.6	Ø	630.8	23.9	823.2	Ø	51.6	9.4	92	72	.17	404.4	Ø			
/	/	529.6	Ø	654.7	24.5	823.2	Ø	61.0	16.2	94	56	Ø	405.8	1.4	0600 1430	HL	129
/	/	529.6	Ø	679.2	24.1	823.2	Ø	77.2	23	106	56	Ø	405.8	Ø	0700 1530	HL	117
/	/	529.6	-	703.3	24.0	823.2	82	700.2	15.7	102	68	Ø	405.8	—		BC	
/	/	529.6	—	727.3	26.2	831.4	13.6	716.1	18.1	107	74	Ø	405.8	—	0710-	BWJ	Blower #2 129 AMP
/	/	529.6	—	753.5	26.7	845.0	24.8	734.2	6.2	88	74	1.4	405.8	Ø		SP	
/	/	529.6	/	780.2	19.0	69.8	19.0	40.4	8	92	72	1.8	405.8	Ø		BC	Blower # 113 Amp
/	/	529.6	/	99.2	24.0	88.8	7.8	40.4	.9	88	60	1.2	405.8	.2	0600 1430	BC	116
/	/	529.6	/	823.2	24	96.6	Ø	41.3	Ø	85	56	2.4	406.0	1.4	0600 1530	HL	125
/	/	529.6	/	847.2	23.6	96.6	18.4	41.3	20.0	92	62	1.2	407.4	G		BC	118
/	/	529.6	02	870.8	22.2	15.0	9.0	61.3	14.4	90	62	.01	407.4	.01	0630 1500	BC	115
/	/	529.8	Ø	893.0	26.6	24.0	19.1	75.7	21.3	98	56	Ø	407.5	Ø	0700	HL	119
/	/	529.8		919.6		43.1		97.0		81	76		407.5			SP	

DEPARTMENT OF ENVIRONMENTAL PROTECTION

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY 685 675

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

PERMIT NUMBER: FLA010603

LIMIT: Final
CLASS SIZE: 5GA

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

MONITORING GROUP NUMBER: R-001 and influent

NO DISCHARGE FROM SITE:

COUNTY: Lake

MONITORING PERIOD From: July 1, 2006 To: July 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.322		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.374		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3	5.0		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.8			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts , Lead Operator	Steve Pfouts	1-407-869-1919	06/08/11

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

DISCHARGE MONITORING REPORT - PART B [illegible]

FACILITY NAME: Lake Groves WWTP

PERMIT NUMBER: FL 0019539 MONITORING GROUP N[illegible] REPORT START:
MONITORING PERIOD July 1, 2005 to [illegible] Aug 31, 2005

Parameter		Quantity or Loading			Units	Quality or Concentration						
Solids, Total Suspended	Sample Measurement					5.1	6.3		Mg/l	0	5 days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	5a0.0 (Max.)		mg/l		5 Days/Week	Grab
pH	Sample Measurement					6.8	8.1		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					1.5			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement					<1	<1		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement					1.0			Mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement					0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.6			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)			Mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement					429			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement					421			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					72 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement					Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement											
	Permit Requirement											

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves W.W.T.

Monitoring Period From JULY 1, 2006 To: JULY 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.398				2.0			6.9			
2	0.311				2.2			6.9			
3	0.328				1.8			6.9			
4	0.397	436	223	3.5	2.0	2.2	3.8	7.0			
5	0.367				1.0			6.8	<1		
6	0.365				1.5			6.9			
7	0.408				2.2			7.0			
8	0.436				1.3			6.9			
9	0.314				1.8			6.9			
10	0.366				1.5			6.9			
11	0.384	297	590	4.0	2.2	3.3	1.8	7.1			
12	0.366				1.5			7.0	<1		
13	0.361				2.2			7.2			
14	0.419				2.0			7.0			
15	0.426				2.0			7.0			
16	0.309				1.8			6.9			
17	0.370				2.2			6.9			
18	0.366	548	479	4.5	2.2	0.7	<1	6.8			
19	0.351				2.2			6.9	<1		
20	0.362				2.2			8.1			
21	0.471				2.2			6.9			
22	0.354				2.2			7.0			
23	0.307				1.8			7.0			
24	0.377				2.2			7.0			
25	0.393	437	393	5.0	1.5	0.4	6.3	7.0			
26	0.364				2.2			6.8	<1		
27	0.377				2.4			7.1			
28	0.523				2.0			7.1			
29	0.321				2.2			7.0			
30	0.338				2.2			6.9			
31	0.358				2.2			6.9			
Total	11.587	1718	1685	17	60.9	6.6	12.4	216.7	<1		
Mo. Avg.	0.374	430	421	4.3	2.0	1.7	3.1	7.0	<1		

PLANT STAFFING:

Day Shift Operator	Class		Certificate No:		Name
Day Shift Operator	Class:	C	Certificate No:	7747	Name: CHARLES SCHWADES
Day Shift Operator	Class:	A	Certificate No:	7347	Name: BARNER COOKS
Lead Operator	Class:	B	Certificate No:	9509	Name: STEVE PFOUTS

675

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT (DMR)

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: July 1, 2006 To: July 31 , 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.322		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.374		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3	5.0		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.8			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts (Revised)	1-407-869-1919	06/12/12

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD July 1, 2006 To July 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.1	6.3		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.8	8.1		s.u.	0	5 days/Wieek	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.5			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.0			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.3			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				429			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				421			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				72 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From JULY 1, 2006 To: JULY 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.398				2.0			6.9			
2	0.311				2.2			6.9			
3	0.328				1.8			6.9			
4	0.397	436	223	3.5	2.0	2.2	3.8	7.0			
5	0.367				1.0			6.8	<1		
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7	0.408				2.2			7.0			
8	0.436				1.3			6.9			
9	0.314				1.8			6.9			
10	0.366				1.5			6.9			
11	0.384	297	590	4.0	2.2	3.3	1.8	7.1			
12	0.366				1.5			7.0	<1		
13	0.361				2.2			7.2			
14	0.419				2.0			7.0			
15	0.426				2.0			7.0			
16	0.309				1.8			6.9			
17	0.370				2.2			6.9			
18	0.366	548	479	4.5	2.2	0.7	<1	6.8			
19	0.351				2.2			6.9	<1		
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21	0.471				2.2			6.9			
22	0.354				2.2			7.0			
23	0.307				1.8			7.0			
24	0.377				2.2			7.0			
25	0.393	437	393	5.0	1.5	0.4	6.3	7.0			
26	0.364				2.2			6.8	<1		
27	0.377				2.4			7.1			
28	0.523				2.0			7.1			
29	0.321				2.2			7.0			
30	0.338				2.2			6.9			
31	0.358				2.2			6.9			
Total	11.587	1718	1685	17	60.9	6.6	12.4	216.7	<1		
Mo. Avg.	0.374	430	421	4.3	2.0	1.7	3.1	7.0	<1		

PLANT STAFFING:

Day Shift Operator	Class		Certificate No:		Name	
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

Operator Barner Cooks A7347
Operator Domanic Gentilucci C8659
Operator Steve Pfouts 139509
Operator Charles Schwabes C7747

Lake Groves WWTP
2425 US HWY 27

Month July Year 20

Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED RATE	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP# ETM
Previous						10.6/in.												
1	955	646296	3980	77	4	42.4	7/8	2.0	6.9	—	1	687.9	26.2	748.7	26.2	/	/	11.8
2	1266	66910	3110	73	4	42.4	7/8	2.2	6.9	—	1	714.1	18.1	74.9	18.6	/	/	38.1
3	0600	70620	.3280	69	4	42.4	7/8	1.8	6.9	2.6	1	32.2	24.4	93.5	23.9	/	/	58.1
4	0600	73300	3970	65	5	53.0	7/8	2.0	7.0	4.7	1	56.6	24.5	817.4	24.5	/	/	76.9
5	0700	607727	0.362	60	4	42.4	7/8	1.0	6.8	4.4	1	81.1	23.3	841.9	23.6	/	/	101.4
6	0700	80940	.365	56	4	42.4	7/8	1.5	6.9	4.1	1	804.4	24.6	65.5	24.3	/	/	25.4
7	0700	608450	.4009	*81	5	53	7/8	2.2	7.0	4.3	1	829.0	26;	89.8	24.3	22.4	/	49.3
8	9:45	6088616	.736	76	4	42.4	7/8	1.3	6.9	—	1	855.3	26.8	916.1	26.8	/	/	175.6
9	1230	43630	3480	72	4	42.4	7/8	1.8	6.9	—	1	882.1	18.5	42.9	18.6	/	/	202.4
10	645	96170	3660	68	4	42.4	7/8	1.5	6.9	4.1	2	900.6	24	61.5	24.0	/	/	2270.4
11	700	99826	.3840	64	4	42.4	7/8	2.2	7.1	6.7	2	24.6	24	85.5	23.9	/	/	44.8
12	700	036670	.366	60	4	42.4	7/8	1.5	7.0	3.2	2	48.6	24	09.4	24.2	/	/	68.8
13	700	07320	.361	56	4	42.4	7/8	2.2	7.2	7.3	2	72.6	23.4	33.6	23.5	/	/	93.2
14	600	10940	.419	*81	5	53.0	7/8	2.0	7.0	4.1	2	96.0	26.8	57.1	26.3	/	/	316.2
15	9:45	15130	.426	76	4	42.4	7/8	2.0	7.0	—	2	1228	26.8	83.9	26.8	/	/	343.3
16	1220	19380	309	72	4	42.4	7/8	1.8	6.9	—	2	496	19	110.7	19	/	/	70.1
17	0700	22480	.370	68	4.5	47.7	7/8	2.2	6.9	3.8	2	68.6	24.0	129.7	24.0	/	/	89.1
18	0700	6126180	.366	63.5	4.5	47.7	7/8	2.2	6.8	3.3	1	92.6	23.9	153.7	23.9	/	/	413.1
19	0700	6129840	.351	59	4.0	42.4	7/8	2.2	6.9	4.2	1	116.5	23	177.6	23.9	/	/	437.0
20	0630	33350	362	55	4.0	42.4	7/8	2.2	8.1	—	1	139.5	25.0	201.1	24.5	/	/	80.0
21	0700	6136970	0.471	*80	6.0	63.6	7/8	2.7	6.9	3.1	1	164.5	30.7	225.6	30.7	/	/	85.0
22	1445	6141688	.358	74"	3.0	31.8	7/8	2.2	7.0	—	1	195.2	22.4	256.3	22.5	/	/	515.7
23	1230	45220	307	71	4.0	42.4	7/8	1.8	7.0	—	1	217.6	18.8	78.5	18.8	/	/	38.1
24	0700	48290	3.77	67	4.0	42.4	7/8	2.2	7.0	4.7	1	36.4	23.8	97.6	23.7	/	/	66.9
25	0700	53060	.393	63	4.0	42.4	7/8	1.5	7.0	3.6	2	60.2	24.3	321.3	24.4	/	/	80.4
26	0700	55490	364	59	3.0	31.8	7/8	2.2	6.8	4.8	2	84.5	22.7	45.7	23.9	/	/	605.1
27	0700	59628	377	56	4.0	42.4	7/8	2.4	7.1	3.8	2	307.2	24.1	369.6	24.1	/	/	628.9
28	0715	6163470	0.523	80	5.0	53.0	7/8	2.0	7.1	—	2	331.3	32.4	393.7	32.4	/	/	653.0
29	1430	6168630	.321	75"	3.0	31.8	7/8	2.2	7.0	—	2	363.7	19.6	426.1	19.6	/	/	685.5
30		71840	.338	72	3.0	31.8	7/8	2.2	6.9	—	2	383.3	21.0	45.7	21.0	/	/	707.3
31	0800	617580	0.358	59				2.2	6.7		2/1	404.3		466.7				823.7
Total		11,587	11.379															
Average			0.368															
Maximum			0.523															
Minimum			0.301															

* Bleach delivery

7320

1st 6173200

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

675

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando. FL 32803-3767

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

FILE COPY

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: August 1, 2006 To: August 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.324		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.357		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.4	11		Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.9			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts , Lead Operator	Steve Pfouts	1-407-869-1919	06/09/13

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD August 1, 2006 To August 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.7	5.8		Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 I	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Mon.Site No. EFA-1											
pH	Sample Measurement				6.7	7.2		s.u.	0	5 days/Week	Grab
PARM Code 00400 I	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				1.5			#100ml	0	Weekly	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				0.5	<1		#100ml	0	Weekly	Grab
PARM Code 74055 I	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Mon.Site No. EFA-1											
Chlorine, Total Residual	Sample Measurement				0.5			Mg/l	0	5 days/Week	Grab
PARM Code 50060 I	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Mon.Site No. EFA-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.5			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 I	Permit Requirement				12.0 (Max.)			Mg/l		Weekly	8-hour FPC
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				276			Mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				264			Mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			Mg/l		Weekly	8-hour FPC
Mon.Site No. INF-1											
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				73 %			%	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
Mon.Site No. EFF-1											
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From August 1, 2006 To: August 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.355	267	645	3.7	2.2	0.03	<1	7.2			
2	0.351				2.2			6.8	<1		
3	0.351				1.2			6.9			
4	0.480				1.3			6.9			
5	0.259				1.5			7.0			
6	0.365				1.6			6.8			
7	0.354				1.0			6.8			
8	0.357				0.8			6.7			
9	0.359				0.7			6.8			
10	0.348	294	151	11	0.7	2.2	2.0	6.9			
11	0.390				1.0			7.0	<1		
12	0.384				2.0			7.2			
13	0.422				1.5			6.8			
14	0.298				0.9			6.9			
15	0.342				0.5			6.8			
16	0.347	304	149	5.1	1.0	3.5	5.8	6.7			
17	0.347				5.0			6.9	<1		
18	0.354				5.0			6.9			
19	0.418				4.5			7.0			
20	0.270				1.8			7.0			
21	0.427				2.1			6.9			
22	0.309				2.1			6.9			
23	0.343	246	180	4.5	2.2	4.3	3.0	7.0			
24	0.341				1.5			6.9	<1		
25	0.393				5.0			7.0			
26	0.348				5.0			7.0			
27	0.361				2.5			7.0			
28	0.344				1.0			7.0			
29	0.331				5.0			7.1			
30	0.355	271	196	2.5	2.0	5.5	2.3	7.1			
31	0.360				1.2			7.0	<1		
Total	11.063	1.382	1.321	26.8	66	15.53	13.6	214.9	<1		
Mo. Avg.	0.357	276	264	5.4	2.1	3.1	2.7	6.9	<1		

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMENIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

Form Title Ground Water Monitoring Repor
Effective Date
DEP Application No.

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Lake Groves Utility

Address 2425 US Highway 27

City Clermont Fl. Zip 34714

Telephone Number (352) 242-6573

(2) The GMS Identification Number 3035P05055

(3) DEP Permit Number FLA010630

(4) Authorized Representative Name Utilities Inc. of Fl.

Address 200 Weathersfield Ave.

City Altamonte Springs Fl. Zip 32714

Telephone Number (407) 869-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Rapid Infiltration Basins

CertificationP

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 9/13/06 Steve P. Smith

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # 980174

Analytical Lab Comp QAP # /HRS Certification # E 84589

*Comp QAP # /HRS Certification # E84589

Lab Name Advanced Environmental Laboratories, Inc.

Address 9610 Princess Plam Avenue

Phone Number (813) 630-4327

9/13/2006

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: July 2006 To: Sept. 2006
Date Sampled Obtained: 08/01/2006 1200
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 165.49

Lab Sample ID: T068481-01
Monitoring Location Site #: MWC-1
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28244
Input WAFR Number: MWC-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	124.29		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	5.4 / mg/L		0.027 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	340 / mg/L		10 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	78 / mg/L		1.3 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	7.0		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	2.1		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 08/30/2006 11:43 #203 P.010/021

0.10

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: July 2006 To: Sept. 2006
Date Sampled Obtained: 08/01/2006 1255
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 161.94

Lab Sample ID: T068481-02
Monitoring Location Site #: MWC-2
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28245
Input WAFR Number: MWC-2

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	115.74		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	3.0 / mg/L		0.027 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	380 / mg/L		10 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500CIE	66 / mg/L		1.3 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	7.0		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	1.6		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

P.11

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/30/2006 11:44 #208 P.011/021

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

From:ADVANCED ENVIRONMENTAL LABS 813 630 4927 06/30/2006 11:44 #208 P.012/021

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: July 2006 To: Sept. 2006
Date Sampled Obtained: 08/01/2006 1020
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 158.14

Lab Sample ID: T068481-03
Monitoring Location Site #: MWC-3
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28246
Input WAFR Number: MWC-3

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	109.35		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	5.2 / mg/L		0.027 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	350 / mg/L		10 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	64 / mg/L		1.3 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	7.0		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	2.0		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

E-1.2

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 08/30/2006 11:44 #208 P.013/021

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: July 2006 To: Sept. 2006
Date Sampled Obtained: 08/01/2006 1111
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 161

Lab Sample ID: T068481-04
Monitoring Location Site #: MWC-04
Well Type: Compliance
Ground Water Class: G-II
WAFR #: N/A
Input WAFR Number: MWC-4

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	115.2		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	6.2 / mg/L		0.027 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	190 / mg/L		10 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	35 / mg/L		1.3 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	5.1		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	1.7		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

P.13

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: July 2006 To: Sept. 2006
Date Sampled Obtained: 08/01/2006 1025
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: N/A

Lab Sample ID: T068481-05
Monitoring Location Site #: Equiptment Blank
Well Type: N/A
Ground Water Class: N/A
WAFR #: N/A
Input WAFR Number: N/A

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	N/A		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	0.027 / mg/L	U	0.027 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	10 / mg/L	U	10 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	1.3 / mg/L	U	1.3 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	7.6		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	0		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

P.1

From:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/30/2006 11:45 #208 P.014/021

August 2006

Operator Garner Cooks A7347
Operator Domenic Gentilucci C 8459
Operator Steve Pfeuts B 9504
Operator Charles Schwabes C 7747

Lake Groves WWTP
2425 US HWY 27

Month August Year 2006

ROUND OVER TO ZERO EFF METER

Date	Time	FLOW METER X1000	PLANT FLOW MGD	CL 2 IN.	TOTAL IN.	CL 2 GAL.	CL2 FEED RATE 10.6/in.	TRC EFF	pH EFF	NO3 EFF	POND	IRP ETM	hrs	CL#1 ETM	hrs	CL#2 ETM	hrs	SRP# ETM
Previous																		
1	0700	6178883	3550	64"	4	42.4	7/8	2.2	7.2	8.5	1	427.7	23.9	490.2	23.9	822.4	0	749.4
2	0700	6182353	3500	60"	4	42.4	7/8	2.2	6.8	4.6	1	451.6	23.7	514.1	23.7	822.4	0	773.3
3	0700	6185862	3500	56"	4	42.4	7/8	1.2	6.9	4.0	1	475.3	22.7	537.8	23.9	822.4	02	797.0
4	0700	9367	.4800	75"	4	42.4	7/8	1.3	6.9	4.8	2	498.0	8.4	561.7	31.7	823.6	0	820.9
5	1500	6194176	.500	71"	4	42.4	7/8	1.5	7.0		2	506.4	0	593.4	17.7	823.6	0	852.6
6	0700	6196267	.2590	68.5"	2.5	26.5	7/8	1.6	6.8	—	2	506.4	0	600.6	23.5	823.6	0	869.4
7	0700	6200410	.3650	65	3.5	37.1	7/8	1.0	6.8	1.1	2	506.4	0	633.6	23.5	823.6	0	892.7
8	0600	6203947	3540	62	3	31.8	7/8	0.8	6.7	7.1	2	506.4	0	657.1	24.3	823.6	0	912.0
9	0700	6207514	3570	58	4	42.4	7/8	0.7	6.8	5.5	2	506.4	Bypass	681.4	24.0	823.6	0	937.7
10	0700	6211110	3600	54	4	42.4	7/8	0.7	6.9	4.2	2	506.4	Bypass	705.4	24.1	823.6	0	956.7
11	0700	6214590	3480	80	4	42.4	7/8	1.0	7.0	7.4	1	526.4	O/S	729.5	27.0	823.6	✓	980.8
12	1030	8490	.390	76	4	42.4	7/8	2.0	7.2		1	526.4	4/5	756.5	25.3	823.6	✓	1007.5
13	1215	22331	3330	73	3	31.8	7/8	1.5	6.8	—	1	506.4	Bypass	781.8	19.6	823.6	✓	33.2
14	0700	6225766	3870	71	2	26.0	7/8	0.9	6.9	3.4	1	506.4	Bypass	801.4	24.4	823.6	0	52.7
15	0715	29530	0343	69	2	26.0	7/8	0.5	6.8	3.2	2	506.4		825.4	23.7	823.6	0	76.7
16	0710	3295	3460	66	3	31.8	5/5	1.0	6.7		2	506.4	Bypass	849.1	24.7	823.6	0	100.4
17	0715	36420	3470	84	4	42.4	5/5	5.5	6.9	4.0	2	506.4	Bypass	873.3	23.9	823.6	0	124.6
18	0700	39890	.354	80	4	42.4	5/5	5.0	6.9	3.5	2	506.4	Bypass	897.2	25.1	823.6	0	148.5
19	1200	43430	.418	76	4	42.4	5/5	4.5	7.0	—	2	506.4	✓	922.9	27.3	823.6	0	174.1
20	1230	47610	.270	72	4	42.4	5/5	1.8	7.0	—	2	506.4	✓	950.2	18.7	823.6	0	201.1
21	0645	50310	.427	69	3	31.8	5/5	2.1	6.9	3.2	2	506.4	✓	968.7	28.5	823.6	0	220.1
22	1130	54580	3090	65	4	42.4	5/5	2.1	6.9	3.2	2	506.4	0	997.4	19.7	823.6	0	248.7
23	715	57670	.343	62	3	31.8	5/5	2.2	7.0	3.0	1	506.4	0	017.1	24.0	823.6	0	268.3
24	700	61100	.341	84	4	42.4	5/5	1.5	6.9	—	1	506.4	Bypass 0	41.1	24.5	823.6	—	292.4
25	0740	64510	.393	—	—	—	—	5.0	7.0	—	1	506.4	✓	65.6	24.5	823.6	✓	318.8
26	1100	68440	.348	79	3	31.8		5.0	7.0	—	1	506.4	✓	93.1	27.5	823.6	131	344.2
27		71920	0.561	76	3	31.8		2.5	7.0	—	1	526.4	✓	115.9	21.8	823.6	—	361.1
28	0745	75530	.344	72	5	53		1.0	7.0	4.0	1	506.4	BT	137.7	21.5	823.6	—	383.8
29	0720	79970	.331	67	2	21.		5.0	7.1	—	1	506.4	Bypass	161.3	23.7	823.6	✓	412.5
30	700	82230	.335	65	3	31.8		2.0	7.1	—	1	506.4	Bypass	185.0	24.3	823.6	—	436.2
31	700	85830	.369	62				1.2	7.0	—	1	506.4		207.3		823.6	—	460.5
Total																		
Average																		
Maximum																		
Minimum																		

Cl_2 Remote Address _____

Electric Meter First 58247 Last _____

August 2006

SRP#2 ETM		BL#1 ETM	hrs	BL#2 ETM	hrs	SP#1 ETM	hrs	SP#2 ETM	hrs	HI TEMP	LOW EMP	RAIN IN.	GEN. ETM	hrs	TIME In/Out	Op INIT.	Comments
		865.3	0	325.5	23.9	641.9	21.7	909.0	4.5	102	73	.18	413.1	1.5	0700 1530	HL	
		865.3	0	349.4	23.7	663.1	23.6	913.5	0	110	73	0	414.6	0	0700 1530	HL	
		865.3	20.3	373.1	2.6	686.7	24.0	913.5	0	106	72	0	414.6	.2	0700 1830	HL	
		886.6	31.8	375.7	Ø	710.7	31.7	913.5	0.9	108	72	.22	414.8	Ø	0700	HL	Amp. 128
		918.4	17.1	375.7	0	742.4	17.1	914.4	0	105	68	0.20	414.8	0	1900	DSA	AS122
		935.5	23.3	375.7	Ø	759.5	23.1	914.4	Ø	94°	70°	0.01"	414.8	Ø	0700 1800	DSA	C6490
		958.5	23.6	375.7	0	782.6	23.5	914.4	0	98	72	0	414.8	0	0700 1545	HL	Amp 126
		982.1	24.3	375.7	0	806.1	24.3	914.4	0	100	74	0.10	414.8	1.6	0700 1535	HL	Amp 126
		24006.9	23.6	375.7	0	830.4	23.8	914.4	3.8	104	74	0	416.4	0	0700 1500	HL	Amp 128
		24030.0	24.1	375.7	0	841.2	19.3	918.1	0	110	75	0	416.4	0	0700 1530	HL	Amp 143
		24054.1	27.1	375.7	Ø	860.5	27.1	918.1	Ø	110	75	Ø	416.4	Ø	0700 1530	HL	Amp 147
		24081.2	25.3	375.7	Ø	887.6	18.1	918.1	11.7	95	77	Ø	416.4	Ø		SP	
		106.5	14.5	375.7	0	905.7	17.0	934.3	17.2	106	80	1.2	416.4	0		BC	138
		126.0	13.4	375.7	20.6	922.7	17.9	951.5	20.4	95	73	0	416.4	0	0700 1530	HL	143
		129.4	0	3963	23.7	940.6	9.2	971.9	20.3	116	74		416.4	1.4	0700 1530	HL	152
		129.4	0	4200	24.2	964.8	7.1	992.2	19.4			0	417.8	0		JWH	Amp 149
		129.4	0	444.2	23.9	988.9	7.5	011.6	19.2	106	72	0	417.8	0	0700 1530	HL	149
		129.4	—	468.1	25.1	1014.4	11.3	030.8	15.3	96	72	Ø	417.8	—	0700	HL	150
		129.4	Ø	493.8	27.3	1041.1	13.9	076.0	10.0	94	52	Ø	417.8	Ø	9:30	SP	
		129.4	Ø	521.1	18.7	1059.2	18.7	56.6	Ø	92	63	Ø	417.8	Ø	1230	BC	142
		129.4	Ø	539.8	28.5	087.9	28.5	56.6	1.7	100	76	Ø	417.8	Ø		BC	150
		129.4	Ø	568.3	19.7	0764	17.2	88.3	16.1	100	72	0.19	417.8	Ø		SP	
		129.4	0	568.0	24.1	1063.6	6	74.4	18.7	99	72	0.19	417.8	2.5		HL	
		129.4	—	613.1	24.5	069.6	5.2	73.4	19.2	94	72	0.25	420.3	Ø		HL	149
		129.4	Ø	637.6	27.4	748.8	11.0	1123	18	91	70	0.12	420.3	Ø		HL	148
		129.4	Ø	664.0	22.3	85.8	16.4	1312	16.9	90	80	0.30	420.3	Ø		SP	
		129.4	Ø	686.8	21.8	162.4	17.1	178.1	19.1	92	78	0.25	420.3	—		BC	148
		129.4	Ø	708.6		1185		1172		92	72	—	420.3	—		BMH	150
		129.4	Ø	732.2	23.8	1206.7	Ø	1373	21.3	98	72	0.24	420.3	1.3		BMH	149
		129.4	Ø	756.0	24.3	1230.1	9.1	2054	18.3	81	74	0.77	421.6	—		SP	
		129.4		7823		1339		2261		90	68		421.6			SP	

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: September 1, 2006 To: September 30, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.328		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.346		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	3.1		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.1			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	06/10/12

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD September 1, 2006 To September 30, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.0	9.5		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				7.0	7.8		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.6			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				1.4	4.0		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.0			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.6			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				252			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				174			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				72 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From September 1, 2006 To: September 30, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.371				5.0			7.2			
2	0.350				5.0			7.2			
3	0.294				5.0			7.1			
4	0.386				5.0			7.0			
5	0.349				5.0			7.0			
6	0.338	184	192	3.1	5.0	4.5	9.5	7.2			
7	0.332				5.0			7.0	<1		
8	0.329				5.0			7.1			
9	0.393				5.0			7.2			
10	0.351				5.0			7.1			
11	0.350				5.0			7.0			
12	0.330				5.0			7.2			
13	0.349	341	317	2.2	5.0	3.2	1.3	7.1			
14	0.328				5.0			7.1	4.0		
15	0.379				5.0			7.1			
16	0.377				5.0			7.2			
17	0.327				5.0			7.1			
18	0.351				5.0			7.6			
19	0.338				5.0			7.7			
20	0.339	290	7.1	2.3	5.0	6.6	4.0	7.6			
21	0.341				1.0			7.6	2.0		
22	0.364				5.0			7.6			
23	0.357				2.5			7.7			
24	0.320				5.0			7.2			
25	0.347				1.0			7.6			
26	0.321				1.0			7.7			
27	0.335	194	178	<2	1.2	4.2	1.3	7.7			
28	0.331				1.8			7.7	1.0		
29	0.330				5.0			7.7			
30	0.382				5.0			7.8			
31											
Total	10.389	1009	694	8.6	128.5	18.5	16.1	220.1	7.5		
Mo. Avg	0.346	252	174	2.2	4.3	4.6	4.0	7.3	1.9		

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

PAGE 02/02 LK GROVES 3522120665 10/13/2006 08:10

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November 9, 2006 11:3(
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Analytical Report

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Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Oct 04, 2006 Oct 05, 2006 Oct 16, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	25740	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
25740WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
25740WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
25740WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 25740WW1 **Date Sampled** Oct 04, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	4.82	mg/L	1.00	0.0100	10071916	EPA353.2
TSS	1.50 I	mg/L	1.00	1.00	10072113	EPA160.2
CBOD5day	4.49	mg/L	1.00	2.00	10072450	SM5210B

Sample Description INF
Laboratory Number 25740WW2 **Date Sampled** Oct 04, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	274	mg/L	1.00	1.00	10072113	EPA160.2
CBOD5day	294	mg/L	1.00	2.00	10072450	SM5210B

Sample Description EFF
Laboratory Number 25740WW3 **Date Sampled** Oct 05, 2006 11:00 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	2.00	cfu/100mL	1.00	1.00	10071996	SM9222D

Quality Control Report

QC Batch 10071916 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.91	2.00	95.50	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	15.5	4	12.5	75.00	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	15.4	4.00	12.5	72.50	80.00-120.00	0.65	20.0

QC Batch 10071996 **Analyst:**TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10072113 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units

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October 12, 2006 08:38
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Utilities Inc. - La

Analytical Report

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Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled**	Sep 20, 2006
		Date Received	Sep 21, 2006
		Date Reported	Oct 11, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	24547	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
24547GW1	INF	EPA160.2	RMV	Main Lab	Ground Water
		SM5210B	LCC	Main Lab	
24547GW2	EFF	SM9222D	TRB	Main Lab	Ground Water
24547WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2			
		SM5210B	LCC	Main Lab	

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description INF
Laboratory Number 24547GW1 **Date Sampled** Sep 20, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	7.13	mg/L	1.00	1.00	10071241	EPA160.2
CBOD5day	290	mg/L	1.00	2.00	10072103	SM5210B

Sample Description EFF
Laboratory Number 24547GW2 **Date Sampled** Sep 21, 2006 11:15 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	2.00	cfu/100mL	1.00	1.00	10071319	SM9222D

Sample Description EFF
Laboratory Number 24547WW1 **Date Sampled** Sep 20, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	6.62	mg/L	1.00	0.0100		EPA353.2
TSS	4.00	mg/L	1.00	1.00	10071414	EPA160.2
CBOD5day	2.32	mg/L	1.00	2.00	10072103	SM5210B

Quality Control Report

QC Batch 10071241 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	78.0	94.2	82.80	53.61-139.53	mg/L

QC Batch 10071319 **Analyst:** TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10071414 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	84.0	94.2	89.17	53.61-139.53	mg/L

QC Batch 10072103 **Analyst:** LCC

Blank	Result	Units
CBOD5day	2.00U	mg/L

		Spike		%REC

Laboratory Control Sample	Result	Amt	%REC	Limits	Units
CBOD5day	215	198	108.42	51.71-141.89	mg/L

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Summary

Client	Utilities Inc. - Lake Groves	**Date Sampled**	Sep 13, 2006
	200 Weathersfield Avenue	**Date Received**	Sep 14, 2006
	Altamonte Springs, FL 32714	**Date Reported**	Sep 26, 2006
		FLDOH #	E83018 (Main Lab)
PO Number		**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	24069	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
24069WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.1	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
24069WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
24069WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 24069WW1 **Date Sampled** Sep 13, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	1.25 I	mg/L	1.00	1.00	10070817	EPA160.2
Nitrate(as N)	3.23	mg/L	16.0	0.160	10070867	EPA353.1
CBOD5day	2.16	mg/L	1.00	2.00	10071219	SM5210B

Sample Description INF
Laboratory Number 24069WW2 **Date Sampled** Sep 13, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	317	mg/L	1.00	1.00	10070817	EPA160.2
CBOD5day	341	mg/L	1.00	2.00	10071219	SM5210B

Sample Description EFF
Laboratory Number 24069WW3 **Date Sampled** Sep 14, 2006 10:00 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	4.00	cfu/100mL	1.00	1.00		SM9222D

Quality Control Report

QC Batch 10070817 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	147	144	102.70	53.61-139.53	mg/L

QC Batch 10070867 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0107	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	0.450	0.500	90.00	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	0.766	0.5	0.00573	151.97	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	0.774	0.500	0.00573	153.69	80.00-120.00	1.12	20.0

QC Batch 10071219 **Analyst:**LCC

Blank	Result	Units

TSS	90.0	94.2	95.54	53.61-139.53	mg/L

QC Batch 10072067	**Analyst:**LCC				
Blank	**Result**	**Units**			
CBOD5day	2.00U	mg/L			
Laboratory Control Sample	**Result**	**Spike Amt**	**%REC**	**%REC Limits**	**Units**
CBOD5day	193	198	97.64	54.08-138.74	mg/L

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Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Sep 06, 2006 Sep 07, 2006 Sep 19, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	23500	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
23500WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.1	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
23500WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
23500WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 23500WW1 **Date Sampled** Sep 06, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	9.50	mg/L	1.00	1.00	10070403	EPA160.2
CBOD5day	3.12	mg/L	1.00	2.00	10070771	SM5210B
Nitrate(as N)	4.48	mg/L	16.0	0.160	10070864	EPA353.1

Sample Description INF
Laboratory Number 23500WW2 **Date Sampled** Sep 06, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	192	mg/L	1.00	1.00	10070476	EPA160.2
CBOD5day	184	mg/L	1.00	2.00	10070771	SM5210B

Sample Description EFF
Laboratory Number 23500WW3 **Date Sampled** Sep 07, 2006 11:30 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10070469	SM9222D

Quality Control Report

QC Batch 10070403 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	148	144	103.14	53.61-139.53	mg/L

QC Batch 10070469 **Analyst:**TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10070476 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	150	144	104.53	53.61-139.53	mg/L

QC Batch 10070771 **Analyst:**LCC

Blank	Result	Units
CBOD5day	2.00U	mg/L

		Spike		%REC

CBOD5day	2.00U	mg/L			
Laboratory Control Sample	**Result**	**Spike Amt**	**%REC**	**%REC Limits**	**Units**
CBOD5day	210	198	106.06	54.08-138.74	mg/L

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FLOWERS
CHEMICAL LABORATORIES INCORPORATED

October 10, 2006 11:17
Welcome, Domenic
Utilities Inc. - La

Analytical Report

Go M

Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Sep 27, 2006 Sep 28, 2006 Oct 09, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	25180	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
25180WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
25180WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
25180WW3	Fecal	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 25180WW1 **Date Sampled** Sep 27, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	4.22	mg/L	1.00	0.0100	10071393	EPA353.2
TSS	1.25 I	mg/L	1.00	1.00	10071599	EPA160.2
CBOD5day	2.00 U	mg/L	1.00	2.00	10072067	SM5210B

Sample Description INF
Laboratory Number 25180WW2 **Date Sampled** Sep 27, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	178	mg/L	1.00	1.00	10071599	EPA160.2
CBOD5day	194	mg/L	1.00	2.00	10072067	SM5210B

Sample Description Fecal
Laboratory Number 25180WW3 **Date Sampled** Sep 28, 2006 09:50 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00	cfu/100mL	1.00	1.00	10071495	SM9222D

Quality Control Report

QC Batch 10071393 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	2.01	2.00	100.50	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	5.23	4	1.06	104.25	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	5.19	4.00	1.06	103.25	80.00-120.00	0.77	20.0

QC Batch 10071495 **Analyst:**TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10071599 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units

Laboratory Control Sample	Result	Amt	%REC	Limits	Units		
CBOD5day	176	198	88.64	54.08-138.74	mg/L		
QC Batch 10070864	Analyst:JGK						
Blank	Result	Units					
Nitrate(as N)	0.0119	mg/L					
		Spike		%REC			
Laboratory Control Sample	Result	Amt	%REC	Limits	Units		
Nitrate(as N)	0.471	0.500	94.24	80.00-120.00	mg/L		
		Spike	Sample		%REC		
Matrix Spike	Result	Amt	Result	%REC	Limits	Units	
Nitrate(as N)	0.524	0.5	0.0188	101.07	80.00-120.00	mg/L	
		Spike	Sample		%REC		RPD
Matrix Spike Duplicate	Result	Amt	Result	%REC	Limits	RPD	Limi
Nitrate(as N)	0.531	0.500	0.0188	102.49	80.00-120.00	1.35	20.0

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LAKE GROVES WASTEWATER TREATMENT PLANT

MONTH AND YEAR September 2006

DAY	TIME	INIT	EFF FLOW METER X 100	TOTAL M.G.D.	CL 2 IN.	TOTAL	RES CL 2	P.H.	TEMP	POND NO:	GEN.	HRS
1	8:00	~	6287430	.371	80	31.8	5.0	7.2	28.6	1 to 2	421.6	0
2	1230	BC	6293140	.350	77	31.8	5.0	7.2	28.4	2	421.6	0
3	1030	BC	6296640	.294	74	31.8	5.0	7.1	28.0	2	421.6	0
4	0530	BC	6299580	.386	71	63.6	5.0	7.0	28.4	2	421.6	1.4
5	0700	4	6303440	.349	65	42.4	5.0	7.0	26.2	2	423.0	1.4
6	0715	4	6306930	.338	61	53	5.0	7.0	27.6	2	424.4	0.2
7	0800	4	6310310	.332	56	Filled	5.0	7.0	27.0	2	424.6	0
8	0800	4	6313630	.329	83	42.4	4.0	7.1	27.9	2	424.6	0
9	0720	RAP	6316920	.343	79	42.4	5.0	7.2	26.7	1	424.6	0
10	1000	BC	6320850	.351	75	53	5.0	7.1	27.3	1	424.6	0
11	715	4	6324360	.350	70	42.4	5.0	7.0	28.8	1	424.6	0
12	8:00	SP	6327860	.330	66	42.4	5.0	7.2	28.2	1	424.6	1.1
13	8:00	SP	6331160	.349	62	Filled	5.0	7.1	28.4	1	425.7	0
14	8:00	SP	6334650	.328	84	42.4	2.0	7.1	26.2	1	425.7	
15	7:45	4	6337930	.379	79	42.4	5.0	7.1	27.1	2	425.7	—
16	0920	RAP	6341720	.377	75	31.8	5.0	7.2	28.1	2	425.7	0
17	1215	BC	6345490	.327	72	53.0	5.0	7.1	29.9	2	425.7	0
18	0710	4	6348960	.351	67	42.4	5.0	7.6	27.4	2	425.7	0
19	8:00	SP	6352270	.338	63	42.4	5.0	7.1	28.2	2	425.7	1.1
20	0130	4	6355650	.339	59	31.8	5.0	7.6	27.2	2	426.8	0
21	0715	4	6359040	.341	56	4	1.0	7.6	26.0	2	426.8	0
22	0730	4	6362450	.364	83	—	5.0	7.6	27.3	1	426.8	0
23	1025	RAP	6366090	.357	79	4/42.4	2.5	7.7	27.2	1	426.8	0
24		BC	6369660	.370	75	9/42.4	5.0	7.9	27.9	1	426.8	0
25	0730	4	6372860	.347	74	3/21.2	1.0	7.6	28.0	1	426.8	0
26	5:00	SP	6376330	.321	72	41.7	1.0	7.7	28.2	1	426.8	1.1
27	8:00	SP	6379540	.335	69	27.8	1.2	7.7	26.7	1	427.9	0
28	8:00	SP	6382830	.331	67	141.7	1.3	7.7	25.7	1	427.9	0
29	8:00	SP	6386200	.330	81	69.5	5.0	7.7	26.2	2	427.9	0
30	1030	RAP	6389500	.387	76		5.0	7.8	27.3	2	427.9	
31												
1			6393320									
TOTAL			10389	10.389		1827 GAL						
AVG				0.346		PER IN.						
PEAK DAILY FLOW				0393								

150

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

675

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: October 1, 2006 To: October 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.331		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.340		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	4.5		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.0			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD October 1, 2006 To October 31 , 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.0	1.0		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				7.2	7.9		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.6			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.7	2.0		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.0			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.5			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				271			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				226			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				70 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From October 1, 2006 To: October 31, 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.288				5.0			7.6			
2	0.330				5.0			7.9			
3	0.320				5.0			7.4			
4	0.329	294	274	4.5	5.0	4.9	<2	7.4			
5	0.324				5.0			7.5	2.0		
6	0.323				5.0			7.6			
7	0.445				5.0			7.8			
8	0.267				5.0			7.6			
9	0.330				5.0			7.6			
10	0.354				5.0			7.5			
11	0.326	326	226	3.8	4.3	5.0	<2	7.4			
12	0.336				5.0			7.6	<1		
13	0.351				5.0			7.7			
14	0.313				5.0			7.7			
15	0.363				5.0			7.8			
16	0.330				5.0			7.6			
17	0.361				5.0			7.6			
18	0.346	226	198	2.9	5.0	4.2	<2	7.6			
19	0.346				5.0			7.3	<1		
20	0.342				5.0			7.3			
21	0.404				3.2			7.2			
22	0.324				2.2			7.2			
23	0.335				5.0			7.4			
24	0.336				1.0			7.6			
25	0.345	236	205	<2	1.6	5.5	<2	7.3			
26	0.326				2.0			7.3	<1		
27	0.342				5.0			7.4			
28	0.408				5.0			7.2			
29	0.319				5.0			7.2			
30	0.357				5.0			7.2			
31	0.323				1.8			7.3			
Total	10543	1082	903	12	136	20	4.0	232	3.5		
Mo. Avg.	0.340	271	226	3.1	4.4	4.9	1.0	7.5	0.9		

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

LAKE GROVES WASTEWATER TREATMENT PLANT

MONTH AND YEAR OCT '06

DAY	TIME	INIT	EFF FLOW METER X 100	TOTAL M.G.D.	CL 2 IN.	TOTAL	RES CL 2	P.H.	TEMP	POND NO:	GEN.	HRS
1	1245	BC	6393320	.288	70	69.5	5.0	7.6	27.0	2	427.9	0
2	7:30	LC	6396700	.330	65	68	5.0	7.7	26.5	2	427.9	0
3	7:30	LC	6399500	.320	60	68	5.0	7.4	27.1	2	427.9	1.1
4	0735	CB	6402700	.329	55	—	5.0	7.4	27.8	2	429.0	ø
5	7:35	SP	6405990	.324	Flow 85	68	5.0	7.5	27.2	2	429.0	ø
6	7:30	LC	6409230	.323	80	83.5	5.0	7.6	27.5	2 to 1	429.0	0
7	0740	RAP	6412460	.445	74	81.6	5.0	7.8	26.1	1	429.0	ø
8	1345	BC	6416910	.267	67	95.2	5.0	7.6	25.8	1	429.0	ø
9	0715	LC	6419580	.330	63	54.4	5.0	7.6	27.1	1	429.0	0
10	0715	LC	6422880	.354	58 Flow	68	5.0	7.5	27.5	1	429.0	1.1
11	8:00	SP	6426420	.326	86 Flow	—	4.3	7.4	25.1	1	430.1	ø
12	7:00	SP	6429680	.336	80	81.6	5.0	7.6	25.8	1	430.1	ø
13	7:30	SP	6433040	.351	—	54.4	5.0	7.7	25.3	1-2	430.1	0
14	0940	RAP	6436550	.313	75	54.5	5.0	7.7	24.6	2	430.1	ø
15	0600	BC	6439670	.363	71	81.6	5.0	7.8	24.0	2	430.1	ø
16	7:30	SP	6443310	.330	65	—	5.0	7.6	24.9	2	430.1	0
17	7:30	LC	6446610	.361	Flow 84	69.5	5.0	7.6	25.0	2	430.1	1.2
18	7:15	LC	6450220	.346	79	34.15	5.0	7.6	25.6	2	431.3	ø
19	7:30	SP	6453680	.346	76.5		5.0	7.3	25.5	2	431.3	ø
20	8:00	SP	6457140	.342	74	55.6	5.0	7.3	26.3	2 to 1	431.3	0
21	0900	RAP	6460560	.304	70	41.7	3.2	7.2	27.5	1	431.3	ø
22		BC	6464600	.324	67	27.8	2.2	7.2	28.9	1	431.3	ø
23	8:00	SP	6467840	.335	63	27.8	5.0	7.4	26.9	1	431.3	ø
24	8:00	SP	6471190	.336	23	27.8	1.0	7.6	23.2	1	431.3	1.1
25	8:00	SP	6474550	.345	61	—	1.6	7.3	23.8	1	432.4	ø
26	8:00	SP	6478000	.326	Flow 84	27.8	2.0	7.3	24.4	1	432.4	ø
27	8:00	SP	6481260	.342	92	41.7	5.0	7.4	25.0	1 to 2	432.4	0
28	0915	RAP	6484680	.408	79	27.8	5.0	7.2	24.8	2	432.4	ø
29	1215	BC	6488760	.319	77	27.8	5.0	7.7	24.0	2	432.4	ø
30	0720	CB	6491950	.351	75	27.8	5.0	7.2	24.6	2	432.4	ø
31	0740	SP	6495520	.323	73	34.8	1.8	7.3	25.1	2	432.4	1.1
1	6:30	SP	6498750		70.5		1.4	7.3	26.1	2	433.5	ø
TOTAL			10543	10543		13.9 GAL						
AVG				340		PER IN.						
PEAK DAILY FLOW				445								

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: November 1, 2006 To: November 30, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.336		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.355		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.7	2.9		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.8			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	06/12/12

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD November 1, 2006 To November 30 , 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.0	1.8		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				7.0	7.4		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.6			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.5	<1		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.6			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.3			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				299			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				223			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				67 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From November 1, 2006 To: November 30 , 2006

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.352	355	164	<2	1.4	4.2	<1	7.3			
2	0.342				1.7			7.2	<1		
3	0.351				2.1			7.3			
4	0.385				2.2			7.3			
5	0.334				2.2			7.3			
6	0.336				5.0			7.3			
7	0.339				5.0			7.2			
8	0.370	277	202	2.9	5.0	5.5	<1	7.4			
9	0.318				5.0			7.3	<1		
10	0.353				5.0			7.2			
11	0.400				5.0			7.3			
12	0.275				5.0			7.4			
13	0.339				5.0			7.1			
14	0.315				5.0			7.3			
15	0.375	242	219	<2	2.2	8.3	<1	7.0			
16	0.317				1.7			7.1	<1		
17	0.463				2.2			7.0			
18	0.470				2.2			7.2			
19	0.343				2.4			7.1			
20	0.345				1.9			7.1			
21	0.339	264	230	2.6	2.2	6.9	1.8	7.3			
22	0.338				2.2			7.3	<1		
23	0.394				2.2			7.3			
24	0.367				2.2			7.3			
25	0.476				1.5			7.1			
26	0.257				1.5			7.1			
27	0.357				0.8			7.1			
28	0.340				0.6			7.2			
29	0.433	358	300	<1	1.1	4.3	1.6	7.0			
30	0.236				1.4			7.3	<1		
31											
Total	10.659	1496	1115	8.5	82.9	29	4.9	216.4	<1		
Mo. Avg.	0.355	299	223	1.7	2.8	5.8	1.0	7.2	<1		

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No:	7347	Name	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	Utilities, Inc.	**Report No.:**	T0613456
Project Name:	Quarterly	**Date Sampled:**	11/29/2006
Project Number:		**Date Received:**	11/29/06 16:30
		Date Reported:	12/13/2006

Attention: Scotty Haws
Phone Number: 8002721919

Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Project Description

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

Project Name: Quarterly

Approved By: [redacted]
[redacted]

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

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

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

Total Number of Pages = 21

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T0613456
Date/Time Received: 11/29/06 16:30

Lab Code: T0613456-01
Client Sample ID: MW-1
Site: Lake Groves
Matrix: Water

Date/Time Sampled: 11/29/2006 14:23
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		T
Nitrate (as N)	1	0.027	0.11	4.6	mg/L		SM4500NO3-F		T
Total Chlorides	1	2.1	8.5	57	mg/L		SM4500CL-E		T
Total Dissolved Solids	1	8.0	8.0	270	mg/L		E160.1		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T0613456
Date/Time Received: 11/29/06 16:30

Lab Code: T0613456-02
Client Sample ID: MW-2
Site: Lake Groves
Matrix: Water

Date/Time Sampled: 11/29/2006 14:55
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		T
Nitrate (as N)	1	0.027	0.11	4.5	mg/L		SM4500NO3-F		T
Total Chlorides	1	2.1	8.5	75	mg/L		SM4500CL-E		T
Total Dissolved Solids	1	8.0	8.0	340	mg/L		E160.1		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T0613456
Date/Time Received: 11/29/06 16:30

Lab Code: T0613456-03
Client Sample ID: MW-3
Site: Lake Groves
Matrix: Water

Date/Time Sampled: 11/29/2006 13:05
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		T
Nitrate (as N)	5	0.14	0.54	12	mg/L		SM4500NO3-F		T
Total Chlorides	1	2.1	8.5	56	mg/L		SM4500CL-E		T
Total Dissolved Solids	1	8.0	8.0	240	mg/L		E160.1		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T0613456
Date/Time Received: 11/29/06 16:30

Lab Code: T0613456-04
Client Sample ID: MW-4
Site: Lake Groves
Matrix: Water

Date/Time Sampled: 11/29/2006 13:49
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		T
Nitrate (as N)	1	0.027	0.11	4.3	mg/L		SM4500NO3-F		T
Total Chlorides	1	2.1	8.5	60	mg/L		SM4500CL-E		T
Total Dissolved Solids	1	8.0	8.0	200	mg/L		E160.1		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
CBOD5day	170	198	85.94	54.08-138.74	mg/L

QC Batch 10076553 **Analyst:** TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

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QC Batch 10075984 **Analyst:**LCC

Blank	**Result**	**Units**
CBOD5day	2.00U	mg/L

Laboratory Control Sample	**Result**	**Spike Amt**	**%REC**	**%REC Limits**	**Units**
CBOD5day	204	198	102.78	54.08-138.74	mg/L

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LAKE GROVES WASTEWATER TREATMENT PLANT

MONTH AND YEAR October 2006

DAY	TIME	INIT	EFF FLOW METER X 100	TOTAL M.G.D.	CL 2 IN.	TOTAL	RES CL 2	P.H.	TEMP	POND NO:	GEN.	HRS
1	6:30	SP	649875	.352	70.5	—	1.4	7.3	26.1	2	433.5	∅
2	7:00	SP	650227	.340	69 (illegible)	27.8	1.7	7.2	25.6	2	433.5	∅
3	7:00	SP	650569	.351	82	27.8	2.1	7.3	24.8	1	433.5	∅
4	9:45	RAP	650920	.385	80	41.7	2.2	7.3	24.5	1	433.5	∅
5	12:30	BC	651305	.334	76	27.8	2.2	7.3	24.8	1	433.5	∅
6	5:00	SP	651639	.336	74	27.8	5.0	7.3	24.2	1	433.5	∅
7	8:00	SP	651975	.339	72	41.7	5.0	7.2	25.0	1	433.5	1.1
8	6:00	SP	652314	.370	69	41.7	5.0	7.4	24.6	1	434.6	∅
9	8:00	SP	652684	.318	66/69	27.8	5.0	7.3	24.2	1	434.6	∅
10	7:30	SP	653002	.353	82	27.8	5.0	7.2	24.9	2	434.6	∅
11	3:00	RAP	653355	.400	80	—	5.0	7.3	24.5	2	434.6	∅
12	13:00	BC	653755	.275	75	13.9	5.0	7.4	24.3	2	434.6	∅
13	7:00	SP	654030	.339	74	13.9	5.0	7.1	21.6	2	434.6	∅
14	8:15	CS	654369	.315	73	41.7	5.0	7.3	24.1	2	434.6	1.1
15	7:15	SP	654684	.375	70	41.7	2.2	7.0	24.0	2	435.7	∅
16	8:30	SP	655059	.317	67	—	1.7	7.1	24.7	2	435.7	∅
17	7:00	SP	655376	.463	83 (illegible)	27.8	2.2	7.0	22.1	1	435.7	∅
18	9:15	RAP	655839	.470	81	41.7	2.2	7.2	21.8	1	435.7	∅
19	7:30	SP	656309	.343	78	41.7	2.4	7.1	20.9	1	435.7	∅
20	7:00	SP	656652	.345	75	13.9	1.9	7.1	20.5	1	435.7	∅
21	7:15	SP	656997	.359	74	41.7	2.2	7.3	19.2	1	435.7	1.2
22	7:30	SP	657336	.338	71.5	32.5	2.2	7.3	20.6	1	436.9	∅
23	6:30	BC	657674	.394	69	27.8	2.2	7.3	19.6	1	436.9	∅
24	6:30	BC	658068	.367	67	—	2.2	7.3	19.3	2	436.9	∅
25	9:25	RAP	658435	.376	85 (illegible)	—	1.5	7.1	22.7	2	436.9	∅
26	14:00	BC	658911	.257	78	55.6	1.5	7.1	23.8	2	436.9	∅
27	8:00	SP	659268	.357	77	27.2	0.8	7.1	23.0	2	436.9	∅
28	8:30	SP	659625	.340	75	27.2	0.6	7.2	24.3	2	436.9	1.1
29	8:00	CS	659965	.433	73	41.7	1.1	7.0	24.4	2	438.0	∅
30	14:00	SP	660298/0	.236	70 (illegible)		1.4	7.3	24.6	2	438.0	∅
31												
1			236				5.0	7.2	24.3	1	438.0	
TOTAL			10659	10659		13.9 GAL						
AVG				.355		PER IN.						
PEAK DAILY FLOW												

* Installed meter at 2:00pm zeroed totalizer started new

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T0613456
Date/Time Received: 11/29/06 16:30

Lab Code: T0613456-05
Client Sample ID: EQ Blank
Site: Lake Groves
Matrix: Water

Date/Time Sampled: 11/29/2006 11:04
Sample Type:
Sampled By: Shannon Beaman
Sampling Method: G
Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		T
Nitrate (as N)	1	0.027	0.11	0.027	mg/L	U	SM4500NO3-F		T
Total Chlorides	1	2.1	8.5	2.1	mg/L	U	SM4500CL-E		T
Total Dissolved Solids	1	8.0	8.0	8.0	mg/L	U	E160.1		T

U The compound was analyzed for but not detected.
T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc. **Report No.:** T0613456

Project Name: Quarterly **Date/Time Received:** 11/29/06 16:30

Sample Cross Reference Information

Lab Code: T0613456-01 **Site: Lake Groves**

Client Sample Number: MW-1 **Matrix: Water**

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Fecal Coliform (MF)	SM9222D	NONE	MICT112906fecal	11/29/2006 16:30	GDB		
Nitrate (as N)	SM4500NO3-F	NONE	WCT113006NO3	11/30/2006 11:53	JCH		
Total Chlorides	SM4500CL-E	NONE	WCT120606CL	12/06/2006 09:55	LSP		
Total Dissolved Solids	E160.1	NONE	WCT120206TDS	12/02/2006 08:00	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T0613456-02 **Site: Lake Groves**

Client Sample Number: MW-2 **Matrix: Water**

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Fecal Coliform (MF)	SM9222D	NONE	MICT112906fecal	11/29/2006 16:30	GDB		
Nitrate (as N)	SM4500NO3-F	NONE	WCT113006NO3	11/30/2006 11:53	JCH		
Total Chlorides	SM4500CL-E	NONE	WCT120606CL	12/06/2006 09:55	LSP		
Total Dissolved Solids	E160.1	NONE	WCT120206TDS	12/02/2006 08:00	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T0613456-03 **Site: Lake Groves**

Client Sample Number: MW-3 **Matrix: Water**

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Fecal Coliform (MF)	SM9222D	NONE	MICT112906fecal	11/29/2006 16:30	GDB		
Nitrate (as N)	SM4500NO3-F	NONE	WCT113006NO3	11/30/2006 11:53	JCH		
Total Chlorides	SM4500CL-E	NONE	WCT120606CL	12/06/2006 09:55	LSP		
Total Dissolved Solids	E160.1	NONE	WCT120206TDS	12/02/2006 08:00	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T0613456-04 **Site: Lake Groves**

Client Sample Number: MW-4 **Matrix: Water**

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Fecal Coliform (MF)	SM9222D	NONE	MICT112906fecal	11/29/2006 16:30	GDB		
Nitrate (as N)	SM4500NO3-F	NONE	WCT113006NO3	11/30/2006 11:53	JCH		
Total Chlorides	SM4500CL-E	NONE	WCT120606CL	12/06/2006 09:55	LSP		
Total Dissolved Solids	E160.1	NONE	WCT120206TDS	12/02/2006 08:00	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T0613456-05 **Site: Lake Groves**

Client Sample Number: EQ Blank **Matrix: Water**

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Fecal Coliform (MF)	SM9222D	NONE	MICT112906fecal	11/29/2006 16:30	GDB		
Nitrate (as N)	SM4500NO3-F	NONE	WCT113006NO3	11/30/2006 11:53	JCH		
Total Chlorides	SM4500CL-E	NONE	WCT120606CL	12/06/2006 09:55	LSP		
Total Dissolved Solids	E160.1	NONE	WCT120206TDS	12/02/2006 08:00	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc. **Report No.:** T0613456

Project Name: Quarterly **Date/Time Received:** 11/29/06 16:30

Definitions:

Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes
Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids, and non-aqueous waste samples
All results in mg/kg or % are reported in dry weight basis, unless notated otherwise. All results in mg/L are reported in wet weight basis.
MDL Method Detection Limit, without correction for dilution or moisture content
Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content cactuations.
PQL is defined to be 4 times the MDL, for all results qualified with an 'i' qualifier.
Sampling Methods; P=Pump, C=Composite, G=Grab

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Quarterly

Report No.: T0613456
Date/Time Received: 11/29/06 16:30

Quality Assurance Report

Method Blanks

Miscellaneous Analytes

QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT112906fecal	Fecal Coliform (MF)	Pre Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT112906fecal	Fecal Coliform (MF)	Post Filter	SM9222D	1.0	1.0	cfu/100ml	U

Miscellaneous Analytes

QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT113006NO3	Nitrate (as N)	Method Blank	4500NO3-F	0.047	0.027	mg/L	U

Miscellaneous Analytes

QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT120206TDS	Total Dissolved Solids	Method Blank	E160.1	8.0	8.0	mg/L	U

Quality Assurance Qualifiers:

U The compound was analyzed for but not detected.

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: UTILITIES INC.		SITE LOCATION: LAKE GROVES	
WELL NUMBER: MW-1	SAMPLE ID: TOCL 32456-01		SAMPLE DATE: 11/29/2006

PURGING DATA

WELL DIAMETER (in): 2"	TOTAL WELL FROM T.O.C. DEPTH (ft): 52.7	STATIC DEPTH FROM T.O.C. TO WATER (ft): 43.0	TOTAL WELL VOLUME (FT): 9.7
ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY =			1.55
FIELD REMARKS: used 1 time use Bailers on all Four wells			
PURGE METHOD: ~~PERISTALTIC PUMP~~ Bailer SB 11/29	PURGE INITIATED AT: 1408	PURGE ENDED AT: 1417	TOTAL VOL. PURGED (gal): 2.0

TIME	1417						
VOL. PURGED (gal)	2.0 gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	NA gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	.25 gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	43.2 ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH	5.03						
TEMP. DEGREE CEL.	23.8 °C	°C	°C	°C	11/29/06	°C	°C
COND. (umhos)	421 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	4.87 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	1500 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	(Y) or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or (N)	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): ~~PERISTALTIC PUMP~~ SB 11/29 Bailer	SAMPLING INITIATED AT: 1418	SAMPLING ENDED AT: 1423
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y (N)	DUPLICATE: Y (N)
FIELD CONDITION CIRCLE ONE: CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-8R1	4 = 4.06	70.5 = 71.7	4 = 3.7	SB 11/29/06
TW1-6E1	7 = 6.96	2D608-36	T2D412-09	NA 8.76 = 8.76
TW1-12P1	10 = 9.91	282 = 279	40 = 37	21.5°C
		2D608-34	T2B412-09	

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS.

SAMPLER'S) SIGNATURE(S)

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: UTILITIES INC.		SITE LOCATION: LAKE GROVES	
WELL NUMBER: MW-2	SAMPLE ID: TOC13456-02		SAMPLE DATE: 11/29/2006

PURGING DATA

WELL DIAMETER (in): 2"	TOTAL WELL FROM T.O.C. DEPTH (ft): 58	STATIC DEPTH FROM T.O.C. TO WATER (ft): 47.85	TOTAL WELL VOLUME (FT): 10.15

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 1.62

FIELD REMARKS:

PURGE METHOD: ~~PERISTALTIC PUMP~~ bailer 58 ntu		PURGE INITIATED AT: 1440		PURGE ENDED AT: 1498		TOTAL VOL. PURGED (gal): 2.0	
TIME	1449						
VOL. PURGED (gal)	2.0 gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	NA gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	.25 gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	48.02 ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH	6.31						
TEMP. DEGREE CEL.	25.1 °C	°C	°C	°C	°C	°C	°C
COND. (umhos)	482 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	3.32 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	200 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	(Y) or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or (N)	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): ~~PERISTALTIC PUMP~~ SB 1.25 bailer		SAMPLING INITIATED AT: 1450	SAMPLING ENDED AT: 1455
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y (N)		DUPLICATE: Y (N)

FIELD CONDITION CIRCLE ONE: CLEAR (CLOUDY) RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO 11/29/06
TW1-8R1	4 = 4.06	70.5 = 71.7	4 = 3.7	SB ~~NA~~ 8.76 = 8.76
TW1-6E1	7 = 6.96	2D608-36	T2D412-09	21.5°C
TW1-12P1	10 = 9.91	282 = 279	40 = 37	
		2D608-34	T2B412-09	

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS.

SAMPLER'S) SIGNATURE(S)

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: UTILITIES INC.		SITE LOCATION: LAKE GROVES	
WELL NUMBER: MW3	SAMPLE ID: T0613456-03		SAMPLE DATE: 11/29/2006

PURGING DATA

WELL DIAMETER (in): 2"	TOTAL WELL FROM T.O.C. DEPTH (ft): 58	STATIC DEPTH FROM T.O.C. TO WATER (ft): 51.4	TOTAL WELL VOLUME (FT): 6.6

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 1.06

FIELD REMARKS:

PURGE METHOD: ~~PERISTALTIC PUMP~~ Bailer SB	PURGE INITIATED AT: 1250	PURGE ENDED AT: 1257	TOTAL VOL. PURGED (gal): 1.2

TIME	1301	1147					
VOL. PURGED (gal)	~~N/A~~ gal.	1.5 gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	58 gal.	NA gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	1165 gpm.	.25 gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	51.7 ft.	ft.	ft.	ft.	ft.	ft.
PH	6.07						
TEMP. DEGREE CEL.	26.5 °C	°C	°C	°C	°C	°C	°C
COND. (umhos)	348 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	6.66 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	800 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	(Y) or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or (N)	~~Y or N~~	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): ~~PERISTALTIC PUMP~~ SB 11/29 Bailer	SAMPLING INITIATED AT: 1302	SAMPLING ENDED AT: 1305
FIELD DECONTAMINATION: (Y) N	FIELD-FILTERED: Y (N)	DUPLICATE: Y (N)

FIELD CONDITION CIRCLE ONE: CLEAR (CLOUDY) RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-8R1	4 = 4.00	70.5 = 71.7	4 = 3.7	SB 11/29/06 ~~NA~~ 8.76 = 8.76
TW1-6E1	7 = 6.96	2D608-36	T2D412-09	
TW1-12P1	10 = 9.91	282 = 279	40 = 37	21.5
		2D608-34	T2B412-09	

SAMPLED BY (PRINT) / SHANNON BEAMAN
AFFILIATION: ADVANCED ENVIRONMENTAL LABS.

SAMPLER'S) SIGNATURE(S)

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: UTILITIES INC.		SITE LOCATION: LAKE GROVES	
WELL NUMBER: MW-4	SAMPLE ID: T0606345B0-04		SAMPLE DATE: 11/29/2006

PURGING DATA

WELL DIAMETER (in): 2"	TOTAL WELL FROM T.O.C. DEPTH (ft): 73.0	STATIC DEPTH FROM T.O.C. TO WATER (ft): 48.0	TOTAL WELL VOLUME (FT): 25

ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 4.0

FIELD REMARKS:

PURGE METHOD: ~~PERISTALTIC PUMP~~ Bailer SB 11/29	PURGE INITIATED AT: 1325	PURGE ENDED AT: 1343	TOTAL VOL. PURGED (gal): 4.5	

TIME	1343						
VOL. PURGED (gal)	4.5 gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	NA gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	.25 gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	48.7 ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH	4.70						
TEMP. DEGREE CEL.	25.2 °C	°C	°C	°C	°C	°C	°C
COND. (umhos)	343 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	5.32 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	1100 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	(Y) or N	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or (N)	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

SB 11/29/06

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): ~~PERISTALTIC PUMP~~ Bailer 11/29 SB	SAMPLING INITIATED AT: 1344	SAMPLING ENDED AT: 1349
FIELD DECONTAMINATION: Y (N)	FIELD-FILTERED: Y (N)	DUPLICATE: Y (N)
FIELD CONDITION CIRCLE ONE: CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO 11/29/06
TW1-8R1	4 = 4.00	70.5 = 71.7	4 = 3.7	~~NA~~ 8.76
TW1-6E1	7 = 6.96	2D608-36	T2D412-09	8.76
TW1-12P1	10 = 9.91	282 = 289	40 = 37	21.5°C
		2D608-34	T2B412-09	

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN, ADVANCED ENVIRONMENTAL LABS.

SAMPLER'S) SIGNATURE(S)

Advanced Environmental Laboratories
9610 Princess Palm Ave, Tampa, FL 33619
Phone (813)630-9616 / Fax (813)630-4327

GROUNDWATER SAMPLING LOG

SITE NAME: UTILITIES INC.		SITE LOCATION: LAKE GROVES	
WELL NUMBER: EOBank	SAMPLE ID: TOO13456-05		SAMPLE DATE: 11/29/2006

PURGING DATA

WELL DIAMETER (in): 2"	TOTAL WELL FROM T.O.C. DEPTH (ft): 58	STATIC DEPTH FROM T.O.C. TO WATER (ft): 51.40	TOTAL WELL VOLUME (Ft): 6.6
ONE WELL VOLUME (gal) = (TOTAL WELL DEPTH - DEPTH TO WATER) X WELL CAPACITY = 1.06			
FIELD REMARKS: SB 11/29/06			

PURGE METHOD: PERISTALTIC PUMP		PURGE INITIATED AT:		PURGE ENDED AT:		TOTAL VOL. PURGED (gal):	
TIME	1101						
VOL. PURGED (gal)	NA gal.	gal.	gal.	gal.	gal.	gal.	gal.
CUMUL. VOL. PURGED (gal)	gal.	gal.	gal.	gal.	gal.	gal.	gal.
PURGE RATE (gpm)	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.	gpm.
DEPTH TO WATER (ft)	ft.	ft.	ft.	ft.	ft.	ft.	ft.
PH	7.56						
TEMP. DEGREE CEL.	23.3 °C	°C	°C	°C SB 11/29/06		°C	°C
COND. (umhos)	38 (umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)	(umhos)
D.O. (mg/L)	4.33 (mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(mg/L)
TURBIDITY (NTUs)	0 (NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)	(NTUs)
COLOR	Y or (N)	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N
ODOR	Y or (N)	Y or N	Y or N	Y or N	Y or N	Y or N	Y or N

WELL CAPACITY (GALLONS per FOOT): 0.75" = 0.02; 1" = 0.04; 1.25 = 0.06; 2" = 0.16; 3" =0.37; 4" =0.65; 5" = 1.02; "6" = 1.47; 12" = 5.88

SAMPLING DATA

SAMPLING METHOD(S): Submersible PERISTALTIC PUMP SB 11/29		SAMPLING INITIATED AT: 1102	SAMPLING ENDED AT: 1104
FIELD DECONTAMINATION: (Y) N		FIELD-FILTERED: Y (N)	DUPLICATE: Y (N)
FIELD CONDITION CIRCLE ONE	CLEAR	CLOUDY	RAINING

CALIBRATIONS	PH	COND.	TURBIDITY	DO
TW1-8R1	4 = 4.00	70.5 = 71.7	4 = 3.7	SB 11/29/06 NA 8.76 = 8.76
TW1-6E1	7 = 6.96	2D608-36	T2D412-09	
TW1-12P1	10 = 9.91	282 = 289	40 = 37	21.5°C
		2D608-34	T2B412-09	

SAMPLED BY (PRINT) / AFFILIATION: SHANNON BEAMAN ADVANCED ENVIRONMENTAL LABS. | SAMPLER'S) SIGNATURE(S)

Advanced Environmental Labs Inc

Advanced Environmental Labs
6601 Southpoint Parkway
Jacksonville, FL 32216

Client: Utilities Project name: Quarterly

Date/Time Rcvd: 11/29/06 16:30 Log-in request number: TD6134516

Received by: HR Completed by: HR

Cooler/Shipping Information:

Courier: ☑ AEL ☐ Client ☐ UPS ☐ Blue Streak ☐ FedEx ☐ Other (describe): _____

Type: ☑ Cooler ☐ Box ☐ Other (describe) _____

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

Cooler ID					
Temp (°C)	0				
Temp taken from	☐ Temp blank ☑ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle	☐ Temp blank ☐ Sample bottle
Temp measured with	☑ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

Any "NO" responses or discrepancies should be explained in the "Comments" section below.

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

Comments:

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

LAB NUMBER: J06B456

Page _____ of _____

NAME: Utilities, Inc.	PROJECT NAME: Quaterly		
200 Weathersfield Ave.	P.O. NUMBER/PROJECT NUMBER		
Altamonte Springs, FL 32714	PROJECT LOCATION: Lake Groves		
800-272-1919	FAX:		
Scotty Haws	SAMPLED BY: SHANNON BEAMAN		
TURN AROUND TIME:	REMARKS/SPECIAL INSTRUCTIONS:		
STANDARD	Field Perameters: pH, Con, Temp, Turb, DO		

wastewater SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

LAB NUMBER	SAMPLE ID	SAMPLE DESCRIPTION	Grab / Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE: 250 ml Plastic (NO3)	500 ml Plastic (TDS/CL)	100 mL Plastic (Fecal)				
								ARNEAQLUYISRIESD						
-01		MW-1	G	11/29/06	1423	W	4	X	X	X				
-02		MW-2	G		1455	W	4	X	X	X				
-03		MW-3	G		1305	W	4	X	X	X				
-04		MW-4	G		1349	W	4	X	X	X				
-05		EQ BLANK	G		1104	W	4	X	X	X				
								Preserv: Ice	Ice	T				

H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)

	Relinquish by:	Date	Time	Received by:	Date	Time
1	[signature]	11/29/06		[signature] LOCKT	11/29/06	16:30
2						
3						
4						

Method: SAMPLED
Via: _____
Via: _____

Sample Kit
RB _____ D/T _____
AB _____ D/T _____
Trip Bl.

Cooler # _____

Iced on Ice: Yes No QC sent Received

revised 8/01

From: ADVANCED ENVIRONMENTAL LABS 813 630 4327 12/26/2006 22:52 #201 P.021/021

Analytical Report

Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Nov (Nov (Nov
		FLDOH #	E830
PO Number		**FLDOH #**	E865
Project Number	WWTP	**NYSDOH #**	1159
Invoice Number	27625	**CTDPH #**	173
		NJDEP #	FL01
		UTDOH #	FLO\

Laboratory Number	Sample Description	Analyses	Chemist	Location
27625WW1	EFF	EPA160.2	RMV	Main Lab
		EPA353.2	JGK	Main Lab
		SM5210B	LCC	Main Lab
27625WW2	INF	EPA160.2	RMV	Main Lab
		SM5210B	LCC	Main Lab
27625WW3	EFF	SM9222D	TRB	Main Lab

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in th
are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 27625WW1 **Date Sampled** Nov 01, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC
Nitrate(as N)	4.21	mg/L	1.00	0.0100	100
TSS	1.00 U	mg/L	1.00	1.00	100
CBOD5day	2.00 U	mg/L	1.00	2.00	100

Sample Description INF
Laboratory Number 27625WW2 **Date Sampled** Nov 01, 2006 01:30 PM

Parameter	Result	Units	DF	MDL	QC
TSS	164	mg/L	1.00	1.00	100
CBOD5day	355	mg/L	1.00	2.00	100

Sample Description EFF
Laboratory Number 27625WW3 **Date Sampled** Nov 02, 2006 10:50 AM

Parameter	Result	Units	DF	MDL	QC
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	

Quality Control Report

QC Batch 10073529 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.97	2.00	98.50	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits
Nitrate(as N)	3.86	4	-0.0250	97.12	80.00-120.00

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits
Nitrate(as N)	3.88	4.00	-0.0250	97.63	80.00-120.00

QC Batch 10073632 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	96.0	94.2	101.91	53.61-139.53	mg/L

QC Batch 10074094 **Analyst:**LCC

Blank	Result	Units
CBOD5day	2.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
CBOD5day	195	198	98.32	54.08-138.74	mg/L

Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Nov (Nov (Nov 2
		FLDOH #	E830
PO Number	SP675S	**FLDOH #**	E865
Project Number	WWTP	**NYSDOH #**	1159
Invoice Number	28110	**CTDPH #**	173
		NJDEP #	FL01
		UTDOH #	FLO\

Laboratory Number	Sample Description	Analyses	Chemist	Location
28110WW1	EFF	EPA160.2	RMV	Main Lab
		EPA353.2	JGK	Main Lab
		SM5210B	LCC	Main Lab
28110WW2	Inf	EPA160.2	RMV	Main Lab
		SM5210B	LCC	Main Lab
28110WW3	EFF	SM9222D	TRB	Main Lab

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in th
are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 28110WW1 **Date Sampled** Nov 08, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC
Nitrate(as N)	5.46	mg/L	1.00	0.0100	100
TSS	1.00 U	mg/L	1.00	1.00	100
CBOD5day	2.90	mg/L	1.00	2.00	100

Sample Description Inf
Laboratory Number 28110WW2 **Date Sampled** Nov 08, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC
TSS	202	mg/L	1.00	1.00	100
CBOD5day	277	mg/L	1.00	2.00	100

Sample Description EFF
Laboratory Number 28110WW3 **Date Sampled** Nov 09, 2006 12:00 AM

Parameter	Result	Units	DF	MDL	QC
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	100

Quality Control Report

QC Batch 10073949 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

QC Batch 10074022 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	96.0	94.2	101.91	53.61-139.53	mg/L

QC Batch 10074044 **Analyst:**TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10074127 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	90.0	94.2	95.54	53.61-139.53	mg/L

QC Batch 10074448 **Analyst:**LCC

Blank	Result	Units
CBOD5day	2.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
CBOD5day	187	198	94.28	54.08-138.74	mg/L

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December 7, 2006 01:1
Welcome, Domenic
Utilities Inc. - La

Analytical Report

Go M

Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled**	Nov 15, 2006
		Date Received	Nov 16, 2006
		Date Reported	Nov 27, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	28602	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
28602WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
28602WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
28602WW3	fecal	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 28602WW1 **Date Sampled** Nov 15, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	8.30	mg/L	1.00	0.0100		EPA353.2
CBOD5day	2.00 U	mg/L	1.00	2.00	10074724	SM5210B
TSS	1.00 U	mg/L	1.00	1.00	10074728	EPA160.2

Sample Description INF
Laboratory Number 28602WW2 **Date Sampled** Nov 15, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
CBOD5day	242	mg/L	1.00	2.00	10074724	SM5210B
TSS	219	mg/L	1.00	1.00	10074728	EPA160.2

Sample Description fecal
Laboratory Number 28602WW3 **Date Sampled** Nov 16, 2006 11:15 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10074472	SM9222D

Quality Control Report

QC Batch 10074472 **Analyst:** TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10074724 **Analyst:** LCC

Blank	Result	Units
CBOD5day	2.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
CBOD5day	192	198	97.14	54.08-138.74	mg/L

QC Batch 10074728 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	96.0	94.2	101.91	53.61-139.53	mg/L

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December 12, 2006 02:0
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Utilities Inc. - L

Analytical Report

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Summary

Client	*Utilities Inc. - Lake Groves* 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Nov 21, 2006 Nov 22, 2006 Dec 06, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	28969	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
28969WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
28969WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
28969WW3	Fecal	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 28969WW1 **Date Sampled** Nov 21, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	1.80 I	mg/L	1.00	1.00	10074626	EPA160.2
Nitrate(as N)	6.92	mg/L	1.00	0.0100	10074753	EPA353.2
CBOD5day	2.60	mg/L	1.00	2.00	10075205	SM5210B

Sample Description INF
Laboratory Number 28969WW2 **Date Sampled** Nov 21, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	230	mg/L	1.00	1.00	10074630	EPA160.2
CBOD5day	264	mg/L	1.00	2.00	10075205	SM5210B

Sample Description Fecal
Laboratory Number 28969WW3 **Date Sampled** Nov 22, 2006 10:45 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10074656	SM9222D

Quality Control Report

QC Batch 10074626 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	96.0	94.2	101.91	53.61-139.53	mg/L

QC Batch 10074630 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	90.0	94.2	95.54	53.61-139.53	mg/L

QC Batch 10074656 **Analyst:** TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10074753 **Analyst:** JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units

Nitrate(as N)	1.92	2.00	96.00	80.00-120.00	mg/L		
		Spike	**Sample**		**%REC**		
Matrix Spike	**Result**	**Amt**	**Result**	**%REC**	**Limits**	**Units**	
Nitrate(as N)	10.8	4	7.29	87.75	80.00-120.00	mg/L	
		Spike	**Sample**		**%REC**		**RPD**
Matrix Spike Duplicate	**Result**	**Amt**	**Result**	**%REC**	**Limits**	**RPD**	**Limi**
Nitrate(as N)	10.7	4.00	7.29	85.25	80.00-120.00	0.93	20.0

QC Batch 10075205	**Analyst:**LCC				
Blank	**Result**	**Units**			
CBOD5day	2.00U	mg/L			
		Spike		**%REC**	
Laboratory Control Sample	**Result**	**Amt**	**%REC**	**Limits**	**Units**
CBOD5day	183	198	92.34	54.08-138.74	mg/L

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December 12, 2006 09:2
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Analytical Report

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Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled**	Nov 29, 2006
		Date Received	Nov 30, 2006
		Date Reported	Dec 11, 2006
		FLDOH #	E83018 (Main Lab)
PO Number		**FLDOH #**	E86562 (South Lab)
Project Number	Lake Groves	**NYSDOH #**	11595
Invoice Number	29367	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
29367WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
29367WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
29367WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 29367WW1 **Date Sampled** Nov 29, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	4.25	mg/L	1.00	0.0100	10075079	EPA353.2
TSS	1.63 I	mg/L	1.00	1.00	10075158	EPA160.2
CBOD5day	2.00 U	mg/L	1.00	2.00	10075640	SM5210B

Sample Description INF
Laboratory Number 29367WW2 **Date Sampled** Nov 29, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	300	mg/L	1.00	1.00	10075158	EPA160.2
CBOD5day	358	mg/L	1.00	2.00	10075640	SM5210B

Sample Description EFF
Laboratory Number 29367WW3 **Date Sampled** Nov 30, 2006 11:00 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10075116	SM9222D

Quality Control Report

QC Batch 10075079 **Analyst:** JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.95	2.00	97.50	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	4.13	4	0.0768	101.33	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	4.13	4.00	0.0768	101.33	80.00-120.00	0.00	20.0

QC Batch 10075116 **Analyst:** TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10075158 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	92.0	94.2	97.66	53.61-139.53	mg/L

QC Batch 10075640 **Analyst:**LCC

Blank	**Result**	**Units**			
CBOD5day	2.00U	mg/L			
Laboratory Control Sample	**Result**	**Spike Amt**	**%REC**	**%REC Limits**	**Units**
CBOD5day	210	198	106.23	54.08-138.74	mg/L

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: 0

MONITORING PERIOD From: December 1, 2006 To: December 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.341		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.361		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	15.6		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.9			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/01/16

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

Ground Monitoring Well, MWC-3 was sampled on 11/29/06. The result was that it exceeded nitrate limits. Notified Jenny Farrell about the result on 1/16/07.

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No. R-001 and Influent
MONITORING PERIOD December 1, 2006 To December 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.9	4.6		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.9	7.5		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.6			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				1.9	100		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.6			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.2			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				288			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				194			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				70 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630
Monitoring Period From December 1, 2006 To: December 31 , 2006
Facility: Lake Groves WWTF

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.344				5.0			7.2			
2	0.425				5.0			7.1			
3	0.254				5.0			7.1			
4	0.340				5.0			7.4			
5	0.311				5.0			7.0			
6	0.334	313	213	15.6	5.0	5.0	3.1	7.2			
7	0.312				5.0			7.1	<1		
8	0.344				5.0			7.2			
9	0.439				5.0			7.1			
10	0.244				5.0			7.1			
11	0.339				5.0			7.4			
12	0.355				3.2			7.0			
13	0.333	293	121	3.1	5.0	7.2	2.4	7.1	<1		
14	0.292				5.0			7.3			
15	0.366				2.5			6.9			
16	0.432				4.5			6.9			
17	0.259				2.0			7.0			
18	0.359				1.9			7.1			
19	0.349				2.1			7.1			
20	0.357				2.2			7.0			
21	0.345	256	189	15	2.6	3.1	4.6	7.5			
22	0.390				5.0			7.3	<1		
23	0.510				1.9			7.1			
24	0.272				2.0			7.2			
25	0.432				1.2			7.3			
26	0.390				0.6			7.1			
27	0.401	291	253	2.3	2.2	4.0	1.5	7.1			
28	0.409				5.0			7.1	100		
29	0.446				5.0			7.3			
30	0.554				2.8			7.3			
31	0.267				2.2			7.2			
Total	11.204	1,153	776	36	113.9	19	11.6	221.8	101.5		
Mo. Avg.	0.361	288	194	9.0	3.7	4.8	2.9	7.2	25.4		

PLANT STAFFING

Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

LAKE GROVES WASTEWATER TREATMENT PLANT

MONTH AND YEAR December 2006

DAY	TIME	INIT	EFF FLOW METER X 100	TOTAL M.G.D.	CL 2 IN.	TOTAL	RES CL 2	P.H.	TEMP	POND NO:	GEN.	HRS
1	8:00	SP	236	.344	70	111.2	5.0	7.2	24.3	1	438.0	0
2	0930	RAP	580	.425	78	69.5	5.0	7.1	25.0	1	438.0	
3	1400	BC	1005	.254	73	27.8	5.0	7.1	28.8	1	438.0	
4	8:00	SP	1259	.340	71	55.6	5.0	7.4	23.8	1	438.0	1.0
5	8:30	SP	1599	.311	67	34.75	5.0	7.0	22.7	1	*439.0	0
6	8:00	SP	1910	.334	67.5	—	5.0	7.2	22.1	1	439.3	0.3
7	8:00	SP	2244	.312	84	22.8	5.0	7.1	22.9	1	439.3	0
8	7:30	SP	2556	.344	82	27.8	5.0	7.2	22.4	1 & 2	439.3	0
9	0905	RAP	2900	439	80	41.7	5.0	7.1	19.1	2	439.3	0
10	1300	BC	3339	.244	77	13.9	5.0	7.1	24.4	2	439.3	0
11	8:00	SP	3583	.339	76	27.8	5.0	7.4	22.8	2	439.3	0
12	8:00	SP	3922	.355	74	27.8	5.2	7.0	21.9	2	439.3	1.1
13	8:00	SP	4277	.333	72	—	5.0	7.1	23.3	2	440.4	0
14	8:00	SP	4610	.292	67.5	27.8	5.0	7.3	23.0	2	440.6	0.2
15	8:00	SP	4902	.366	82	27.8	2.5	6.9	23.0	2 To 1	440.6	0
16	1040	RAP	5268	.432	80	55.6	4.5	6.9	23.1	1	440.6	0
17	1300	BC	5700	.259	76	27.8	2.0	7.0	23.8	1	440.6	0
18	8:30	SP	5959	.359	82	27.8	1.9	7.1	24.4	1	440.6	0
19	8:00	SP	6318	.379	72	27.8	2.1	7.1	24.0	1	440.6	1.2
20	8:00	SP	6667	.357	72	—	2.2	7.0	24.2	1	441.8	0
21	8:00	SP	7024	.345	82	27.8	2.6	7.5	23.6	1	441.8	0
22	7:30	SP	7369	.390	82	27.8	5.0	7.3	23.1	1 & 2	441.8	
23	0845	RAP	7759	.510	80	55.6	1.9	7.1	24.0	2		
24	1400	BC	8269	0.272	76	27.8	2.0	7.2	23.8	2	441.8	
25	0730	SP	8541	.432	74.5	27.8	1.2	7.2	24.2	2	441.8	1.1
26	0800	RAP	8973	0.390	74	41.7	0.6	7.1	23.3	2	442.9	0
27	0745	SP	9363	0.401	71	41.7	2.2	7.1	22.1	2	442.9	0
28	0740	SP	9764	0.401	76	41.7	5.0	7.1	21.0	2	443.9	0
29	0715	SP	10173	0.416	73	41.7	5.0	7.3	22.3	2	443.9	0
30	0840	RAP	10619	0.354	80		2.5	7.3	23.5	1	444.9	
31	1346	BC	11173	0.261	76	13.9	2.2	7.2	23.6	1	444.9	0
1	0530		11440		75		4.7	7.2	23.0	1	442.9	
TOTAL			11440	12.21		13.9 GAL						
AVG				0.401		PER IN.						
PEAK DAILY FLOW				0.510								

LAKE GROVES WASTEWATER TREATMENT PLANT

MONTH AND YEAR December 2006

DAY	TIME	INIT	EFF FLOW METER X 100	TOTAL M.G.D.	CL 2 IN.	TOTAL	RES CL 2	P.H.	TEMP	POND NO:	GEN.	HRS
1	8:00	SP	236	.344	70	111.2	5.0	7.2	24.3	1	438.0	0
2	0930	RAP	580	.425	78	69.5	5.0	7.1	25.0	1	438.0	
3	1400	BC	1005	.254	73	27.8	5.0	7.1	28.8	1	438.0	
4	8:00	SP	1259	.340	71	55.6	5.0	7.4	23.8	1	438.0	1.0
5	8:30	JL	1599	.311	67	34.715	5.0	7.0	22.7	1	*1439.0	0
6	8:00	SP	1910	.334	64.5	—	5.0	7.2	22.1	1	439.3	0.3
7	8:00	SP	2244	.312	84	22.8	5.0	7.1	22.9	1	439.3	
8	7:30	SP	2556	.344	82	27.8	5.0	7.2	22.4	1&2	439.3	0
9	0905	RAP	2900	.439	80	41.7	5.0	7.1	19.1	2	439.3	
10	1300	BC	3339	.244	77	13.9	5.0	7.1	24.4	2	439.3	
11	8:00	SP	3583	.339	76	27.8	5.0	7.4	22.8	2	439.3	
12	8:00	SP	3922	.355	74	27.8	3.2	7.0	21.9	2	439.3	1.1
13	8:00	SP	4277	.333	72	—	5.0	7.1	23.3	2	440.4	
14	8:00	SP	4610	.292	84	27.8	5.0	7.3	23.0	2	440.4	0.2
15	8:00	SP	4902	.366	82	27.8	2.5	6.9	23.0	2To1	440.6	0
16	1040	RAP	5268	.432	80	55.6	4.5	6.9	23.1	1	440.6	0
17	1300	BC	5700	.259	76	27.8	2.0	7.0	23.8	1	440.6	0
18	8:30	SP	5959	.359	74	27.8	1.9	7.1	24.4	1	440.6	
19	8:00	SP	6318	.349	72	27.8	2.1	7.1	24.0	1	440.6	1.2
20	8:00	SP	6667	.357	70/24	—	2.2	7.0	24.2	1	441.8	0
21	8:00	SP	7024	.345	81	27.8	2.6	7.5	23.6	1	441.8	0
22	7:00	SP	7369	.390	82	27.8	5.0	7.3	23.1	1&2	441.8	
23	0845	RAP	7759	.510	80	55.6	1.9	7.1	24.0	2		
24	1400	BC	8269	0.272	76	22.2	2.0	7.2	23.8	2	441.8	
25	0730	RAP	8541	0.437	74.5	41.7	1.2	7.3	24.2	2	441.8	1.1
26	0800	JL	8973	0.340	74	41.7	0.6	7.1	23.3	2	442.9	0
27	0745	JL	9363	0.401	71	41.7	2.2	7.1	22.9	2	442.9	
28	0740	RAP	9764	0.409	86	41.7	5.0	7.1	21.0	2	442.9	0
29	0745	JL	10173	0.446	73	41.7	5.0	7.3	21.6	2	442.9	0
30	0840	RAP	10619	0.554	80		2.8	7.3	23.8	1	442.9	
31	1340	BC	11173	0.267	76	13.9	2.2	7.2	23.6	1	442.9	0
1	0530		11440		75		4.7	7.2	23.0	1	442.9	
TOTAL			11,204	11.204		13.9 GAL						
AVG				0.361		PER IN.						
PEAK DAILY FLOW				0.554								

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date
DEP Application No.

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Lake Groves Utility

Address 2425 US Highway 27

City Clermont Fl. Zip 34714

Telephone Number (352) 242-6573

(2) The GMS Identification Number 3035P05055

(3) DEP Permit Number FLA010630

(4) Authorized Representative Name Utilities Inc. of Fl.

Address 200 Weathersfield Ave.

City Altamonte Springs Fl. Zip 32714

Telephone Number (407) 869-1919

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 1/16/07 Steve Pfister

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # 980174

Analytical Lab Comp QAP # /HRS Certification # E 84589

*Comp QAP # /HRS Certification # E84589

Lab Name Advanced Environmental Laboratories, Inc.

Address 9610 Princess Palm Avenue

Phone Number (813) 630-4327

1/15/2007

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January 4, 2007 12:27
Welcome, Domenic (
Utilities Inc. - Lak

Analytical Report

Go M

Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Dec 06, 2006 Dec 07, 2006 Dec 18, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	29884	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
29884WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
29884WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
29884WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 29884WW1 **Date Sampled** Dec 06, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	5.02	mg/L	1.00	0.0100	10075569	EPA353.2
TSS	3.13	mg/L	1.00	1.00	10075594	EPA160.2
CBOD5day	15.6	mg/L	1.00	2.00	10075984	SM5210B

Sample Description INF
Laboratory Number 29884WW2 **Date Sampled** Dec 06, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	213	mg/L	1.00	1.00	10075594	EPA160.2
CBOD5day	313	mg/L	1.00	2.00	10075984	SM5210B

Sample Description EFF
Laboratory Number 29884WW3 **Date Sampled** Dec 07, 2006 11:00 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10075677	SM9222D

Quality Control Report

QC Batch 10075569 **Analyst:** JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.96	2.00	98.00	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	5.92	4	2.14	94.50	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	5.88	4.00	2.14	93.50	80.00-120.00	0.68	20.0

QC Batch 10075594 **Analyst:** RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	84.0	94.2	89.17	50.64-142.98	mg/L

QC Batch 10075677 **Analyst:** TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

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January 16, 2007 07:35
Welcome, Domenic
Utilities Inc. - La

Analytical Report

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Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Dec 20, 2006 Dec 21, 2006 Jan 04, 2007
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	LAKE GROVES WWTP	**NYSDOH #**	11595
Invoice Number	30885	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
30885WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
30885WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
30885WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 30885WW1 **Date Sampled** Dec 20, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	3.12	mg/L	1.00	0.0100	10076276	EPA353.2
TSS	4.60	mg/L	1.00	1.00	10076322	EPA160.2
CBOD5day	15.0	mg/L	1.00	2.00	10076957	SM5210B

Sample Description INF
Laboratory Number 30885WW2 **Date Sampled** Dec 20, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	189	mg/L	1.00	1.00	10076322	EPA160.2
CBOD5day	256	mg/L	1.00	2.00	10076957	SM5210B

Sample Description EFF
Laboratory Number 30885WW3 **Date Sampled** Dec 21, 2006 10:45 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10076279	SM9222D

Quality Control Report

QC Batch 10076276 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.98	2.00	99.00	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	3.80	4	-0.00883	95.22	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	3.79	4.00	-0.00883	94.97	80.00-120.00	0.26	20.0

QC Batch 10076279 **Analyst:**TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10076322 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	82.0	94.2	87.05	53.61-139.53	mg/L

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January 4, 2007 12:31
Welcome, Domenic C
Utilities Inc. - Lak

Analytical Report

Go M

Summary

Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	**Date Sampled** **Date Received** **Date Reported**	Dec 13, 2006 Dec 14, 2006 Dec 26, 2006
		FLDOH #	E83018 (Main Lab)
PO Number	SP675S	**FLDOH #**	E86562 (South Lab)
Project Number	WWTP	**NYSDOH #**	11595
Invoice Number	30411	**CTDPH #**	173
		NJDEP #	FL015
		UTDOH #	FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
30411WW1	EFF	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
30411WW2	INF	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
30411WW3	EFF	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description EFF
Laboratory Number 30411WW1 **Date Sampled** Dec 13, 2006 03:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	7.22	mg/L	1.00	0.0100	10075858	EPA353.2
TSS	2.40	mg/L	1.00	1.00	10075958	EPA160.2
CBOD5day	3.13	mg/L	1.00	2.00	10076439	SM5210B

Sample Description INF
Laboratory Number 30411WW2 **Date Sampled** Dec 13, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	121	mg/L	1.00	1.00	10075958	EPA160.2
CBOD5day	293	mg/L	1.00	2.00	10076439	SM5210B

Sample Description EFF
Laboratory Number 30411WW3 **Date Sampled** Dec 14, 2006 11:15 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	1.00 U	cfu/100mL	1.00	1.00	10076553	SM9222D

Quality Control Report

QC Batch 10075858 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.94	2.00	97.00	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	3.87	4	-0.0262	97.40	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limi
Nitrate(as N)	3.88	4.00	-0.0262	97.66	80.00-120.00	0.26	20.0

QC Batch 10075958 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	90.0	89.9	100.11	53.61-139.53	mg/L

QC Batch 10076439 **Analyst:**LCC

Blank	Result	Units
CBOD5day	2.00U	mg/L

QC Batch 10076957 **Analyst:**LCC

Blank	**Result**	**Units**			
CBOD5day	2.00U	mg/L			
Laboratory Control Sample	**Result**	**Spike Amt**	**%REC**	**%REC Limits**	**Units**
CBOD5day	177	198	89.56	54.08-138.74	mg/L

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January 15, 2007 02:59
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Analytical Report

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Summary			
Client	Utilities Inc. - Lake Groves 200 Weathersfield Avenue Altamonte Springs, FL 32714	Date Sampled Date Received Date Reported FLDOH #	Dec 27, 2006 Dec 28, 2006 Jan 15, 2007 E83018 (Main Lab)
PO Number Project Number Invoice Number	SP675S WWTP 31295	FLDOH # NYSDOH # CTDPH # NJDEP # UTDOH #	E86562 (South Lab) 11595 173 FL015 FLOW

Laboratory Number	Sample Description	Analyses	Chemist	Location	Sample Matrix
31295WW1	Eff	EPA160.2	RMV	Main Lab	Waste Water
		EPA353.2	JGK	Main Lab	
		SM5210B	LCC	Main Lab	
31295WW2	Inf	EPA160.2	RMV	Main Lab	Waste Water
		SM5210B	LCC	Main Lab	
31295WW3	Eff	SM9222D	TRB	Main Lab	Waste Water

Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards, except as noted in the Quality Control Repo are available on request. This report may not be reproduced in part; results relate only to items tested.

Analysis Report

Sample Description Eff
Laboratory Number 31295WW1 **Date Sampled** Dec 27, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Nitrate(as N)	4.02	mg/L	1.00	0.0100	10076623	EPA353.2
TSS	1.50 I	mg/L	1.00	1.00	10076778	EPA160.2
CBOD5day	2.27	mg/L	1.00	2.00	10077121	SM5210B

Sample Description Inf
Laboratory Number 31295WW2 **Date Sampled** Dec 27, 2006 04:00 PM

Parameter	Result	Units	DF	MDL	QC Batch	Method
TSS	253	mg/L	1.00	1.00	10076778	EPA160.2
CBOD5day	291	mg/L	1.00	2.00	10077121	SM5210B

Sample Description Eff
Laboratory Number 31295WW3 **Date Sampled** Dec 28, 2006 12:00 AM

Parameter	Result	Units	DF	MDL	QC Batch	Method
Fecal_Coliform	100	cfu/100mL	1.00	1.00	10076754	SM9222D

Quality Control Report

QC Batch 10076623 **Analyst:**JGK

Blank	Result	Units
Nitrate(as N)	0.0100U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
Nitrate(as N)	1.94	2.00	97.00	80.00-120.00	mg/L

Matrix Spike	Result	Spike Amt	Sample Result	%REC	%REC Limits	Units
Nitrate(as N)	4.14	4	0.248	97.30	80.00-120.00	mg/L

Matrix Spike Duplicate	Result	Spike Amt	Sample Result	%REC	%REC Limits	RPD	RPD Limit
Nitrate(as N)	4.13	4.00	0.248	97.05	80.00-120.00	0.24	20.0

QC Batch 10076754 **Analyst:**TRB

Blank	Result	Units
Fecal_Coliform	1.00U	cfu/100mL

QC Batch 10076778 **Analyst:**RMV

Blank	Result	Units
TSS	1.00U	mg/L

Laboratory Control Sample	Result	Spike Amt	%REC	%REC Limits	Units
TSS	94.0	88.9	105.74	53.61-139.53	mg/L

QC Batch 10077121 **Analyst:**LCC

Blank	**Result**	**Units**			
CBOD5day	2.00U	mg/L			
		Spike		**%REC**	
Laboratory Control Sample	**Result**	**Amt**	**%REC**	**Limits**	**Units**
CBOD5day	187	198	94.28	54.08-138.74	mg/L

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January - June 2007

25.30.440 (4)
OPERATIONS REPORTS

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 , 2007

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 records at the plant

Signature and Date	Printed or Typed Name	License Number
2/25/07	Steve Pfouts	C-14204

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: January , 2007

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	47,000										1.2	0,000 Indicates no flow
2	X	24	36,000										2.0	
3	X	24	58,000										2.0	
4	X	24	14,000										2.0	
5	X	24	49,000										1.7	
6		24	49,000											
7	X	24	48,000										1.5	
8	X	24	28,000										1.6	
9	X	24	39,000										1.3	
10	X	24	42,000										1.0	
11	X	24	10,000										1.3	
12	X	24	31,000										2.0	
13		24	31,000											
14	X	24	64,000										1.5	
15	X	24	31,000										2.8	
16	X	24	55,000										2.5	
17	X	24	72,000										2.2	
18	X	24	65,000										3.5	
19	X	24	76,000										2.0	
20		24	75,000											
21	X	24	78,000										1.6	
22	X	24	38,000										1.8	
23	X	24	59,000										2.5	
24	X	24	66,000										1.0	
25	X	24	41,000										1.3	
26	X	24	72,000										1.2	
27		24	71,000											
28	X	24	64,000										1.3	
29	X	24	42,000										1.4	
30	X	24	84,000										3.0	
31	X	24	91,000										2.0	
Total			1,626,000											
Average			52,452											
Maximum			91,000											

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

FILE COPY

See page 4 for instructions.

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

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 records at the plant site for at least ten

Steve Pfouts 3/05/07 — 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: February , 2007

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	60,000										1.5	0,000 Indicates no flow
2	X	24	42,000										1.3	
3	X	24	57,000										1.2	
4		24	56,000											
5	X	24	39,000										1.6	
6	X	24	64,000										1.8	
7	X	24	62,000										1.8	
8	X	24	60,000										1.6	
9	X	24	59,000										2.0	
10		24	59,000											
11	X	24	51,000										1.7	
12	X	24	31,000										1.5	
13	X	24	43,000										1.7	
14	X	24	54,000										1.8	
15	X	24	17,000										1.7	
16	X	24	37,000										1.2	
17	X	24	30,000										1.0	
18		24	29,000											
19	X	24	28,000										1.4	
20	X	24	59,000										1.6	
21	X	24	74,000										1.7	
22	X	24	51,000										1.8	
23	X	24	72,000										1.6	
24		24	71,000											
25	X	24	74,000										1.3	
26	X	24	0,000										1.2	
27	X	24	0,000										1.7	
28	X	24	0,000										1.4	
Total			1,279,000											
Average			45,678											
Maximum			74,000											

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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: March , 2007

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 records at the plant site for at least ten years and to

Signature and Date	Printed or Typed Name	License Number
4/3/07	Steve Pfouts	C-14204

[redacted] 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: March , 2007

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	54,000										0.8	0,000 Indicates no flow
2	X	24	48,000										2.4	
3	X	24	43,000										1.5	
4		24	43,000											
5	X	24	27,000										2.6	
6	X	24	39,000										2.3	
7	X	24	99,000										2.1	
8	X	24	74,000										2.3	
9	X	24	84,000										1.2	
10		24	84,000											
11	X	24	102,000										1.6	
12	X	24	57,000										1.2	
13	X	24	79,000										1.4	
14	X	24	93,000										1.5	
15	X	24	57,000										2.3	
16	X	24	48,000										2.0	
17	X	24	84,000										1.7	
18		24	83,000											
19	X	24	44,000										2.1	
20	X	24	55,000										2.0	
21	X	24	87,000										2.4	
22	X	24	86,000										2.3	
23	X	24	103,000										2.0	
24		24	103,000											
25	X	24	101,000										2.1	
26	X	24	81,000										1.8	
27	X	24	93,000										1.8	
28	X	24	104,000										1.7	
29	X	24	86,000										2.5	
30	X	24	61,000										2.6	
31		24	61,000											
Total			2,263,000											
Average			73,000											
Maximum			104,000											

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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 , 2007

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Signature and Date		Printed or Typed Name	License Number
Steve Pfouts	5/2/07	Steve Pfouts	C-14204

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: April , 2007

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	138,000										1.5	0.000 Indicates no flow
2	X	24	74,000										1.6	
3	X	24	100,000										1.4	
4	X	24	95,000										1.3	
5	X	24	81,000										2.5	
6	X	24	58,000										1.3	
7	X	24	102,000										1.6	
8		24	102,000											
9	X	24	29,000										1.6	
10	X	24	32,000										1.5	
11	X	24	46,000										1.5	
12	X	24	61,000										1.4	
13	X	24	61,000										1.7	
14		24	60,000											
15	X	24	49,000										1.9	
16	X	24	27,000										1.7	
17	X	24	53,000										1.6	
18	X	24	64,000										1.4	
19	X	24	110,000										1.0	
20	X	24	98,000										1.5	
21		24	98,000											
22	X	24	107,000										1.3	
23	X	24	81,000										1.5	
24	X	24	114,000										1.3	
25	X	24	114,000										1.3	
26	X	24	99,000										1.1	
27	X	24	98,000										0.7	
28	X	24	120,000										1.1	
29		24	120,000											
30	X	24	99,000										1.8	
Total			2,490,000											
Average			83,000											
Maximum			138,000											

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

FILE COPY

See page 4 for instructions.

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

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:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Domenic Gentilucci 6-5-07 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

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

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

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

Means of Achieving Four-Log Virus Inactivation/Removal: *
☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	99,000										1.8	0,000 Indicates no flow
2	X	24	85,000										1.8	
3	X	24	162,000										1.6	
4	X	24	114,000										1.2	
5		24	117,000											
6	X	24	117,000										1.5	
7	X	24	87,000										1.7	
8	X	24	83,000										1.5	
9	X	24	116,000										2.0	
10	X	24	104,000										2.2	
11	X	24	99,000										1.0	
12		24	89,000											
13	X	24	89,000										1.3	
14	X	24	149,000										1.1	
15	X	24	95,000										1.0	
16	X	24	117,000										1.8	
17	X	24	108,000										2.0	
18	X	24	85,000										1.9	
19		24	97,000											
20	X	24	96,000										1.6	
21	X	24	124,000										1.7	
22	X	24	87,000										1.3	
23	X	24	99,000										1.5	
24	X	24	96,000										1.3	
25	X	24	91,000										1.2	
26	X	24	129,000										1.5	
27		24	0,000											
28	X	24	129,000										1.2	
29	X	24	99,000										1.5	
30	X	24	107,000										1.9	
31	X	24	108,000										1.4	
Total			3,177,000											
Average			102,483											
Maximum			162,000											

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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 , 2007

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:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Steve Pfouts 7/3/07

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

If: Daily Data for the Month Year of: June , 2007

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	92,000										1.5	0.000 Indicates no flow
2	X	24	36,000										1.3	
3		24	69,000											
4	X	24	69,000										1.5	
5	X	24	80,000										1.6	
6	X	24	94,000										1.5	
7	X	24	49,000										1.5	
8	X	24	43,000										1.6	
9	X	24	80,000										1.9	
10		24	78,000											
11	X	24	78,000										1.2	
12	X	24	42,000										1.7	
13	X	24	61,000										1.2	
14	X	24	77,000										2.0	
15	X	24	87,000										1.3	
16		24	95,000											
17	X	24	95,000										1.6	
18	X	24	95,000										1.3	
19	X	24	69,000										1.6	
20	X	24	63,000										1.6	
21	X	24	93,000										1.9	
22	X	24	88,000										2.0	
23		24	90,000											
24	X	24	89,000										1.6	
25	X	24	77,000										1.4	
26	X	24	50,000										1.6	
27	X	24	129,000										1.6	
28	X	24	98,000										1.0	
29	X	24	82,000										1.7	
30		24	88,000											
Total			2,336,000											
Average			77,867											
Maximum			129,000											

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

629-11

FILE COPY

See page 4 for instructions.

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

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 2/05/07 | 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: 3350153 | Plant Name: CLERMONT II

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

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										1.1	
4	X	24	0,000										1.6	
5	X	24	0,000										1.3	
6		24	0,000											
7	X	24	0,000										1.1	
8	X	24	0,000										1.0	
9	X	24	0,000										0.8	
10	X	24	0,000										0.9	
11	X	24	0,000										1.0	
12	X	24	0,000										0.9	
13		24	0,000											
14	X	24	0,000										1.0	
15	X	24	0,000										1.0	
16	X	24	0,000										1.3	
17	X	24	0,000										1.5	
18	X	24	0,000										2.0	
19	X	24	0,000										1.7	
20		24	0,000											
21	X	24	0,000										1.0	
22	X	24	0,000										1.1	
23	X	24	0,000										1.2	
24	X	24	0,000										1.3	
25	X	24	0,000										1.3	
26	X	24	0,000										1.5	
27		24	0,000											
28	X	24	0,000										1.0	
29	X	24	0,000										1.1	
30	X	24	0,000										1.2	
31	X	24	0,000										1.3	
Total			0,000											
Average			0,000											
Maximum			0,000											

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

FILE COPY

See page 4 for instructions.

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

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 records at the plant site for at least ten

Steve Pfouts 3/05/07 — 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: February , 2007

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										1.4	0,000 Indicates no flow
2	X	24	0,000										1.3	
3	X	24	0,000										1.0	
4		24	0,000											
5	X	24	0,000										1.1	
6	X	24	0,000										1.3	
7	X	24	0,000										2.0	
8	X	24	0,000										1.5	
9	X	24	0,000										1.5	
10		24	0,000											
11	X	24	0,000										1.1	
12	X	24	0,000										1.0	
13	X	24	0,000										1.6	
14	X	24	0,000										1.5	
15	X	24	0,000										1.7	
16	X	24	0,000										1.6	
17	X	24	0,000										1.0	
18		24	0,000											
19	X	24	0,000										1.0	
20	X	24	0,000										1.5	
21	X	24	0,000										1.5	
22	X	24	0,000										1.9	
23	X	24	0,000										1.8	
24		24	0,000											
25	X	24	0,000										1.0	
26	X	24	0,000										1.2	
27	X	24	0,000										1.7	
28	X	24	0,000										1.6	
Total			0,000											
Average			0,000											
Maximum			0,000											

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

FILE COPY

See page 4 for instructions.

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

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 records at the plant site for at least ten years and to

Steve Pfouts 4/3/07 — 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: March , 2007

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										1.9	0,000 Indicates no flow
2	X	24	0,000										1.9	
3	X	24	0,000										1.2	
4		24	0,000											
5	X	24	0,000										1.2	
6	X	24	0,000										1.0	
7	X	24	0,000										1.5	
8	X	24	0,000										2.3	
9	X	24	0,000										2.3	
10		24	0,000											
11	X	24	0,000										1.3	
12	X	24	0,000										1.1	
13	X	24	10,000										1.0	
14	X	24	0,000										2.2	
15	X	24	0,000										2.0	
16	X	24	0,000										2.0	
17	X	24	0,000										1.3	
18		24	0,000											
19	X	24	0,000										1.2	
20	X	24	0,000										1.6	
21	X	24	0,000										2.0	
22	X	24	0,000										2.0	
23	X	24	0,000										1.9	
24		24	0,000											
25	X	24	0,000										1.1	
26	X	24	0,000										1.0	
27	X	24	0,000										1.2	
28	X	24	0,000										1.1	
29	X	24	1,000										1.0	
30	X	24	2,000										1.7	
31		24	1,000											
Total			14,000											
Average			451											
Maximum			10,000											

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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 , 2007

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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Steve Pfouts 5/2/07 — 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: April , 2007

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	8,000										1.1	0.000 Indicates no flow
2	X	24	0,000										1.0	
3	X	24	10,000										1.3	
4	X	24	8,000										1.6	
5	X	24	0,000										1.7	
6	X	24	0,000										1.3	
7	X	24	5,000										1.6	
8		24	5,000											
9	X	24	0,000										1.4	
10	X	24	0,000										1.3	
11	X	24	0,000										1.5	
12	X	24	0,000										1.6	
13	X	24	0,000										1.7	
14		24	0,000											
15	X	24	0,000										1.3	
16	X	24	0,000										1.0	
17	X	24	0,000										1.1	
18	X	24	0,000										1.0	
19	X	24	0,000										1.6	
20	X	24	0,000										1.2	
21		24	0,000											
22	X	24	3,000										1.0	
23	X	24	0,000										1.3	
24	X	24	5,000										1.5	
25	X	24	0,000										1.5	
26	X	24	0,000										1.2	
27	X	24	4,000										1.5	
28	X	24	0,000										1.1	
29		24	0,000											
30	X	24	0,000										1.3	
Total			48,000											
Average			1,600											
Maximum			10,000											

6284

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 6-5-07	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: May , 2007

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										2.0	0.000 Indicates no flow
2	X	24	0,000										1.5	
3	X	24	22,000										1.1	
4	X	24	0,000										1.1	
5		24	3,000											
6	X	24	3,000										1.0	
7	X	24	0,000										1.2	
8	X	24	0,000										1.5	
9	X	24	11,000										1.0	
10	X	24	0,000										1.2	
11	X	24	0,000										1.2	
12		24	2,000											
13	X	24	2,000										1.1	
14	X	24	7,000										1.2	
15	X	24	0,000										1.0	
16	X	24	11,000										2.3	
17	X	24	10,000										3.5	
18	X	24	0,000										1.1	
19		24	10,000											
20	X	24	10,000										1.4	
21	X	24	2,000										0.6	
22	X	24	0,000										1.3	
23	X	24	13,000										1.2	
24	X	24	10,000										1.1	
25	X	24	0,000										1.2	
26	X	24	12,000										1.1	
27		24	0,000											
28	X	24	11,000										1.3	
29	X	24	0,000										1.4	
30	X	24	16,000										1.0	
31	X	24	13,000										1.1	
Total			168,000											
Average			5,419											
Maximum			22,000											

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: June , 2007

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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Signature and Date	Printed or Typed Name	License Number
Steve Pfouts 7/3/07	Steve Pfouts	C-14204

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 , 2007

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										1.1	
3		24	0,000											
4	X	24	0,000										1.1	
5	X	24	0,000										1.5	
6	X	24	11,000										1.0	
7	X	24	0,000										1.1	
8	X	24	0,000										1.0	
9	X	24	6,000										1.2	
10		24	3,000											
11	X	24	4,000										1.6	
12	X	24	0,000										1.3	
13	X	24	0,000										1.4	
14	X	24	0,000										1.2	
15	X	24	0,000										1.0	
16		24	0,000											
17	X	24	0,000										1.0	
18	X	24	0,000										1.0	
19	X	24	0,000										1.2	
20	X	24	0,000										1.3	
21	X	24	0,000										1.0	
22	X	24	0,000										1.3	
23		24	17,000											
24	X	24	16,000										1.2	
25	X	24	0,000										1.3	
26	X	24	0,000										1.2	
27	X	24	140,000										0.7	
28	X	24	15,000										1.4	
29	X	24	0,000										1.3	
30		24	0,000											
Total			212,000											
Average			7,066											
Maximum			140,000											

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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 , 2007

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 2/05/07

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: January , 2007

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										1.3	Hydro Tank off line, ordering a new one
3	X	24	0,000										1.4	
4	X	24	0,000										1.6	
5	X	24	0,000										1.4	
6		24	0,000											
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										1.0	
11	X	24	0,000										0.5	
12	X	24	0,000										0.9	
13		24	0,000											
14	X	24	0,000										1.1	
15	X	24	0,000										1.2	
16	X	24	0,000										1.5	
17	X	24	0,000										1.5	
18	X	24	0,000										2.0	
19	X	24	0,000										1.6	
20		24	0,000											
21	X	24	0,000										1.2	
22	X	24	0,000										1.0	
23	X	24	0,000										1.1	
24	X	24	0,000										1.0	
25	X	24	0,000										1.2	
26	X	24	0,000										1.3	
27		24	0,000											
28	X	24	0,000										1.1	
29	X	24	0,000										1.0	
30	X	24	0,000										1.5	
31	X	24	0,000										1.4	
Total			0,000											
Average			0,000											
Maximum			0,000											

WATER LOSS RECORD

Amber Hill WTP Jan.2007

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
Jan. 2007	Eye Wash				5		10 gpd	
	Plant Off Line							
								Total 0000

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

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR — JANUARY 2007

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	0415	843335	—	285.6	—	45			1.1			TC
2	1230	843335	0	285.6	0.1	45	0		1.2			TC
3	1210	843335	0	285.7	0	45	0		1.4			RAP
4	1035	843335	0	285.7	0	45	0		1.6			RAP
5	1030	843335	—	285.7	—	45	—		1.4			RAP
6			—		—							
7	1320	843335	—	285.7	—	45	—		1.0			TC
8	1340	843335	0	285.7	0	45			1.0			TC
9	0915	843335	0	285.7	0	45	0		1.0			RAP
10	0905	843335	0	285.7	0	45	0		1.0			RAP
11	1055	843335	0	285.7	0	45	0		0.5			RAP
12	0950	843335	—	285.7	—	45	—		0.9			RAP
13			—		—		—					
14	0640	843335	—	285.7	—	45	—		1.1			TC
15	0955	843335	0	285.7	0	45	0		1.2			TC
16	1010	843335	0	285.7	0	45	0		1.5			RAP
17	0935	843335	0	285.7	0	45	0		1.5			RAP
18	0935	843335	0	285.7	0	45	0		2.0			RAP
19	1010	843335	—	285.7	—	45	—		1.6			RAP
20			—		—		—					
21	1050	843335	—	285.7	—	45	—		1.2			TC
22	1330	843335	—	285.7	—	45	—		1.0			TC
23	1310	843335	0	285.7	0	45	0		1.1			TC
24	0940	843335	0	285.7	0	45	0		1.0			RAP
25	0820	843335	0	285.7	0	45	0		1.2			RAP
26	0720	843335	—	285.7	—	45	—		1.3			RAP
27			—		—		—					
28	1430	843335	—	285.7	—	45	—		1.1			TC
29	1015	843335	0	285.7	0	45	0		1.0			TC
30	1025	843335	0	285.7	0	45	0		1.5			RAP
31	0915	843335	0	285.7	0	45	0		1.4			RAP
1	1035	843335		285.7		45			1.5			RAP
TOTAL												
AVG												

1-7 = 0

651

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: February , 2007

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 records at the plant site for at least ten

Steve Pfouts 3/05/07 — 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: February , 2007

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										1.4	
3	X	24	0,000										1.2	
4		24	0,000											
5	X	24	0,000										1.0	
6	X	24	0,000										1.7	
7	X	24	0,000										2.0	
8	X	24	0,000										1.8	
9	X	24	0,000										1.7	
10		24	0,000											
11	X	24	0,000										1.3	
12	X	24	0,000										1.0	
13	X	24	0,000										1.7	
14	X	24	0,000										1.8	
15	X	24	0,000										1.4	
16	X	24	0,000										1.4	
17	X	24	0,000										1.1	
18		24	0,000											
19	X	24	0,000										1.4	
20	X	24	0,000										1.5	
21	X	24	0,000										1.4	
22	X	24	0,000										1.5	
23	X	24	79,000										1.5	Plant back on line new hydro tank
24	X	24	231,000										1.3	
25	X	24	0,000										0.9	
26		24	19,000											
27	X	24	117,000										1.3	
28	X	24	0,000										1.0	
Total			446,000											
Average			15,928											
Maximum			231,000											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

02-20-07
1255

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

Lab Receipt Date & Time: 2-20-07 1000
Analysis Date & Time: 2-20-07 1005
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: 07-02562 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 [X] Other

Sample Collection Date: 2/19/2007

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
AMBH	Amber Hill WTP Well # 1	320pm	R	0.0			A			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.*) 0

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

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

All tests are performed in accordance with NELAC standards.

Person performing analysis is (Please see instructions on reverse):
[X] A certified Operator (# C-12582) [ ] 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

02/20/07 1255

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

Report Number: 52256 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☐ Standard Coliform test
☐ HPC
☒ Other: MF

Lab Receipt Date & Time: 2/20/07 1700
Analysis Date & Time: 2/20/07 1705
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ °C
Disinfectant Chlor: ☐ 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: Hydro Tank

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

Sample Collection Date: 2/20/2007

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
H 2	Amber Hill WTP Hydro Tank	820am	S	1.8			A			1
	Replaced hydro tank 2/15/07									

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 (ID C-12562) ☐ Employed by a certified lab
☐ Supervised by a cert operator (ID _____) ☐ Employed by DEP or DOH

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

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

02-20-07 1255

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

Lab Receipt Date & Time: 2-20-07 1300
Analysis Date & Time: 2-20-07 1305
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: 072565 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)

- [■] Community Water System
- [ ] Non-Transient Non-community Water System
- [ ] Transient Non-community Water System
- [ ] Limited Use System
- [ ] Bottled Water
- [ ] Private Well
- [ ] Swimming Pool
- [■] Other: Hydro Tank

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

Sample Collection Date: 2/19/2007

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
H 1	Amber Hill WTP Hydro Tank	300pm	S	2.0			A			1
	Replaced hydro tank 2/15/07									

[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 4,800. 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 (# 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

02-2-2-1255

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

Lab Receipt Date & Time: 2-20-07 1700
Analysis Date & Time: 2-20-07 1705
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: 072264 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: 352-242-0566
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
- [X] Other: Well # 1

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

Sample Collection Date: 2/19/2007

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
W 1	Amber Hill WTP Well # 1	315pm	S	0.0			A			1
	Well pump and column									
	replaced 2/14/07									

[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: [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 (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

02-20-07 1255

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

Lab Receipt Date & Time: 2/20/07 1300
Analysis Date & Time: 2/20/07 1205
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: 070243 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 #: 407-948-9639

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
- [x] Other: Well # 1

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

Sample Collection Date: 2/20/2007

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
W 2	Amber Hill WTP Well # 1	840am	S	0.0			A			1
	Well pump and column									
	replaced 2/14/07									

[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: [x] 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:

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

Amber Hill WTP Feb.2007

DATE	ADDRESS		RESIDUA	TIME	TYPE	SIZE	RATE	TOTAL GAL.
2/1/2007	Eye Wash				5		10 gpd	30 gals
2/15/2007	Construction Replace hydro tank				4			150,000
								Total 150,030

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

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR **FEBRUARY 2007**

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	1035	843335		285.7		45			1.5			RAP
2	7:40	843335	-	285.7	-	45	-		1.4			SP
3	1030	843335	-	285.7	-	45	-		1.2			TC
4			-		-		-					
5	1105	843335	0	285.7	0	45	0		1.0			TC
6	0715	843335	0	285.7	0	45	0		1.7			RAP
7	0805	843335	0	285.7	0	45	0		2.0			RAP
8	1:10PM	843335	0	285.7	0	45	0		1.8			RAP
9	9:15AM	843335	-	285.7		45			1.7			RAP
10			-		-		-					
11	1150	843335	-	285.7	-	45			1.3			TC
12	12:40	843335	0	285.7	0	45	0		1.0			TC
13	10:20	843335	0	285.7	0	45	0		1.7			RAP
14	1045A	843335	0	285.7	0	45	0		1.8			RAP
15	0930	843335	0	285.7		45	0		1.4			MW
16	1015	843335	-	285.7	-	45	-		1.4			MW
17	0900	843335		285.7		45	.25		1.1			TC
18					0.1		.25					TC
19	1220	843335		285.4	0.4	44.5	0	3.5	1.4			TC
20	9:40	843335	0	286.2	0	44.5	0		1.5			RAP
21	1035	843335	0	286.2	0	44.5	0		1.4			RAP
22	9:40	843335	0	286.2	0	44.5	0		1.5			RAP
23	546	843335	79	286.2	3.6	44.5			1.5			RAP
24	1030	843414	2.31	289.8	8.0	44.25		1.4	1.3	635		SP
25	1230	843645		98.6				0.4	0.9	400		CS
26			19		0.9		0					
27	10:45	843664	11.7	299.5	4.1	44.25	.25	0.8	1.3	480	20	RAP
28	6:40	843781	0	303.6	0.1	44	0	0.7	1.0	400		RAP
29	8:10	843781		303.7		44		2.0	1.5	550	10	RAP
30												
31												
1												
TOTAL		446										
AVG		15.926										

* 27 - A/C
* 28 - A/C
* 29 - A/C

22-28 - 80

* See log

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

631

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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 records at the plant site for at least ten years and to

Steve Pfouts 4/3/07 — 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: March , 2007

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	53,000										1.5	0,000 Indicates no flow
2	X	24	110,000										2.0	
3	X	24	48,000										1.0	
4		24	48,000											
5	X	24	33,000										1.1	
6	X	24	122,000										1.0	
7	X	24	171,000										2.4	
8	X	24	94,000										2.0	
9	X	24	169,000										1.5	
10		24	169,000											
11	X	24	137,000										1.3	
12	X	24	71,000										1.2	
13	X	24	178,000										1.1	
14	X	24	223,000										1.2	
15	X	24	30,000										2.0	
16	X	24	146,000										1.8	
17	X	24	177,000										1.1	
18		24	177,000											
19	X	24	52,000										1.3	
20	X	24	156,000										1.5	
21	X	24	211,000										2.0	
22	X	24	122,000										1.9	
23	X	24	210,000										1.9	
24		24	210,000											
25	X	24	140,000										1.6	
26	X	24	87,000										1.3	
27	X	24	212,000										1.1	
28	X	24	238,000										1.7	
29	X	24	119,000										0.7	
30	X	24	209,000										1.5	
31		24	209,000											
Total			4,331,000											
Average			139,709											
Maximum			238,000											

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR **MARCH 2007**

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	8:10	843781	53	303.7	2.5	44	0.5	2.0	1.5	550	10%	RAP A/C
2	7:10	843834	110	306.2	3.9	43.5	.25	1.0	2.0	620	10%	RAP A/C
3	0835	843944	48	310.1		43.25	.25	0.9	1.0	520	10	TC
4			48				.25					
5	1425	844040	33	314.0	4.5	42.75	0.25	0.7	1.1	575	10	TC
6	8:40	844073	122	315.5	4.3	42.5	1.0	0.5	1.0	600	10%	RAP A/C
7	1:30	844195	171	319.8	6.3	41.5	0.5	0.4	2.4	380	0	RAP A/C
8	10:10	844366	94	326.1	4.0	41	0.5	1.0	2.0	620	10%	RAP
9	6:40a	844460	169	330.1	6.4	40.5	1.5	1.7	1.5	640	40	SP
10			169		5.4		1.25					
11	0855	844798	137	341.9	5.4	37.75	.75	1.0	1.3	605	40	TC
12	12:50	844935	71	347.3	2.8	37.0	.75	1.7	1.2	650	40	TC
13	1115	845006	178	350.1		36.25	.25	1.2	1.1	635	40	TC
14	10:55	845184	223	355.8	7.6	36	1.5	1.5	1.2	500	40	SP
15	11:35	845407	30	363.4	1.3	34.5	0.5	1.3	2.0	615	40	RAP
16	8:35	845437	146	364.7	4.9	34	1.75	2.0	1.8	660	40	RAP
17	1445	845583	177	369.6	6.4	32.25	1.25	1.2	1.1	615	40	TC
18			177		6.4		1.0					
19	1405	845937	52	382.4	2.1	30.0	0	1.7	1.3	660	45	TC
20	10:35	845989	156	384.5	5.1	30.0	0.5	1.0	1.6	610	45	RAP
21	10:15	846145	211	389.6	7.4	29.5	2.0	0.5	2.0	580	50	RAP
22	10:05	846356	122	397.0	4.7	27.5	1.0	1.3	1.9	610	45	RAP
23	9:35	846478	210	401.7	7.3	26.5	2.0	1.4	1.9	640	45	RAP
24			210		7.2		1.75					
25	1005	846898	140	416.2	5.13	22.75	.75	1.4	1.6	585	45	TC
26	1240	847038	87	421.5	2.8	22.0	.75	1.7	1.3	650	45	TC
27	1110	847125	212	424.3	7.7	21.25	.25	1.0	1.1	600	45	TC
28	1330	847337	238	432.0	7.9	21.00	1.00	1.04	1.07	620	50=55%	DSA
29	1430	847575	119	439.9	4.5	20.00	1.00	1.3	0.7	565	60=70%	DSA
30	1430	847694	209	444.4	6.9	19.00	3.50	1.3	1.5	645	50=55%	DSA
31			209		7.0		3.50					
1	0530	848112		458.3		12.00		1.1	1.3	575	55	TC
TOTAL		4331,000										
AVG		139,709										

1-7 = 84 15-21 = 136

8-14 = 119

* See Log
A/C Air-comp

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 , 2007

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Steve Pfouts — 5/2/07 — 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: 3354883-6 | Plant Name: AMBER HILL

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

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										1.3	0.000 Indicates no flow
2	X	24	146,000										1.2	
3	X	24	314,000										1.3	
4	X	24	632,000										1.1	
5	X	24	0,000										1.1	
6	X	24	139,000										1.5	
7	X	24	426,000										1.3	
8		24	427,000											
9	X	24	0,000										1.4	
10	X	24	161,000										1.3	
11	X	24	199,000										1.0	
12	X	24	0,000										1.2	
13	X	24	283,000										1.5	
14		24	282,000											
15	X	24	0,000										1.1	
16	X	24	0,000										1.2	
17	X	24	289,000										1.1	
18	X	24	273,000										1.5	
19	X	24	0,000										1.0	
20	X	24	315,000										1.3	
21		24	315,000											
22	X	24	110,000										1.1	
23	X	24	122,000										1.0	
24	X	24	302,000										1.3	
25	X	24	612,000										1.4	
26	X	24	275,000										1.8	
27	X	24	308,000										1.4	
28	X	24	603,000										1.3	
29		24	603,000											
30	X	24	327,000										1.5	
Total			7,850,000											
Average			261,666											
Maximum			632,000											

WATER LOSS RECORD

Amber Hill WTP April 2007

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
4/1/2007	Eye Wash				5		10 gpd	300 gals
	ORP				5		200 gpd	6000 gals.
								Total 6,300

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

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR **APRIL 2007**

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
1	0550	406245	387	778.2	8.9	26.0	1.0	1.7	1.3	690	20	TC
2	1120	406683	146	787.1	3.5	20.0	0	1.4	1.7	690	20	TC
3	8:40	406828	314	790.6	7.1	20.0	1.0	2.0	1.3	685	20	RAP
4	1:45	407142	632	797.7	14.5	19	3.0	1.7	1.1	680	20	SP
5	1445	407774	0	9812.2	0	16	0	1.4	1.1	665	55=20%	DSA
6	1600	407777	139	9812.2	3.2	16	1.0	2.0	1.5	685	55=20%	DSA
7	5:15	407913	426	815.4	9.8	15	2.0	1.3	1.3	680		
8			427		9.8		2.0					
9	1800	408766	0	835.0	0	11.0	0	1.8	1.4	690	56=20%	DSA
10	11:30	408766	161	835.0	3.7	11.0	0.5	1.4	1.3	700	20	RAP
11	12:40	408927	199	838.7	4.6	10.5	—	1.3	1.0	685	20	RAP
12	8:10	409126	0	843.3	0	49	0	1.4	1.2	680	20	SP
13	1030	409126	283	843.3	7.0	49"	1.75	1.8	1.5	690	56=9%	DSA
14			282		6.0		1.0					
15	1245	409691	—	856.3	—	46.25	—	1.6	1.1	685	40	TC
16	1225	409691	—	856.3	—	46.25	—	1.4	1.2	710	40	TC
17	0940	409691	289	856.3	6.6	46.25	0.75	1.5	1.1	705	40	TC
18	11:10	409980	273	862.9	6.3	45.5	0.5	0.7	1.5	660	40	RAP
19	1300	410253	0	869.2	0	45.0	0	1.2	1.0	650	55=30%	DSA
20	1200	410253	315	869.2	7.2	45.0	1.0	1.4	1.3	660	56=30%	DSA
21			315		7.2		1.0					
22	1050	410883	110	883.6	2.4	43.0	.5	1.2	1.1	675	30	TC
23	1010	410993	122	886.0	3.0	42.5	0	1.3	1.0	640	30	TC
24	1030	411115	302	889.0	6.9	43	1.5	0.5	1.3	650	30	RAP
25	1210	411417	612	895.9	14.1	41.5	2.0	1.8	1.4	680	30	RAP
26	1630	412029	275	910.0	6.4	38.5	1.5	2.4	1.8	690	56=20%	DSA
27	1025	412304	308	916.4	7.1	37	3.0	2.3	1.4	690	20	RAP
28	1150	412612	603	923.5	14.0	34	2.5	2.1	1.3	690	25	TC
29			603		13.9		2.5					
30	1200	413814		951.4		25		1.8	1.5	690		TC
31			327				2.0					
1	10:00	414145		959.0	7.6	27		1.8	1.5	670	20	RAP
TOTAL		7850										
AVG		261.666										

1-6 = 270 20-26 = 293

13-19 = 161

* Serhog

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: May , 2007

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:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Domenic Gentilucci 6-5-07 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

[redacted] 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: May , 2007

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	93,000										1.5	0.000 Indicates no flow
2	X	24	204,000										1.3	
3	X	24	327,000										1.5	
4	X	24	101,000										1.3	
5		24	237,000											
6	X	24	237,000										1.0	
7	X	24	25,000										1.2	
8	X	24	40,000										1.3	
9	X	24	228,000										1.1	
10	X	24	237,000										1.3	
11	X	24	93,000										1.3	
12		24	191,000											
13	X	24	190,000										1.0	
14	X	24	260,000										0.8	
15	X	24	91,000										0.4	
16	X	24	275,000										4.0	
17	X	24	355,000										2.2	
18	X	24	77,000										1.5	
19		24	298,000											
20	X	24	297,000										1.0	
21	X	24	228,000										1.1	
22	X	24	192,000										1.3	
23	X	24	320,000										1.7	
24	X	24	358,000										1.7	
25	X	24	121,000										1.8	
26	X	24	393,000										1.3	
27		24	0,000											
28	X	24	381,000										1.5	
29	X	24	211,000										1.3	
30	X	24	360,000										1.3	
31	X	24	402,000										1.3	
Total			6,822,000											
Average			220											
Maximum			402,000											

Amber Hill [redacted]

12651 LAKE RIDGE CLUB PWS # 3354883-5

MONTH AND YEAR **MAY 2007**

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL 1 ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
Pre	[redacted]	852551	[redacted]	614.3	[redacted]	30.25	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
1	9:30	852644	93	617.9	3.6	30.0	.25	1.3	1.5	640	60	RAP *
2	6:40	852848	204	624.3	6.4	29.5	0.5	1.5	1.3	605	55	RAP
3	12:20	853175	327	635.6	11.3	28.0	1.5	1.9	1.5	650	55	RAP
4	1:30	853276	101	639.2	3.6	27.0	1.0	1.5	1.3	660	55	RAP #
5			237		8.0		1.0					
6	1415	853750	237	654.4	7.2	25.0	1.0	1.2	1.0	640	55	TC
7	1025	853775	25	655.3	0.9	24.5	0.5	1.0	1.2	650	45	TC
8	10:20	853815	40	656.7	1.4	24.5	0	1.4	1.3	665	45	RAP
9	1200	854043	228	663.9	7.2	44.5	1.0 est	1.4	1.1	635	46=45%	DSA
10	1400	854280	237	671.6	7.7	43.0	1.5"	1.7	1.3	640	52=45%	DSA
11	10:00	854373	93	674.9	3.3	42.0	1.0	1.4	1.3	670	45	RAP
12			191		6.1		1.0					
13	0545	854751	190	680.2	6.2	40.25	.75	1.3	1.0	635		TC
14	1010	855014	260	695.7	8.5	39.25	1.0	0.6	0.8	620		TC
15	1040	855105	91	698.9	3.2	39.5	0	0.2	0.4	420	50	RAP *
16	1100	855380	275	707.7	8.8	36.5	3.0	4.8	4.0	685	51=47%	DSA
17	0930	855735	355	718.9	11.2	34.5	2.0	2.5	2.2	625	50=47%	DSA
18	1400	855812	77	721.6	2.7	34.0	0.5	2.0	1.5	650	53=47%	DSA
19			298		9.4		1.5					
20	0825	856407	297	740.4	9.4	31.0	1.5	1.2	1.0	600	45	TC
21	1200	856635	228	746.0	7.6	30.5	0.5	1.5	1.1	645	45	TC
22	9:30	856827	192	754.4	6.4	29	1.5	1.0	1.3	620	45	RAP *
23	1400	857147	320	764.6	10.2	46.5"	1.5 est	3.0	1.7	670	54=45%	DSA
24	1050	857505	358	776.0	11.4	43.0	3.5	2.5	1.7	670	45%	CS
25	1000	857626	121	780.1	4.1	41.15	1.25	2.6	1.8	650	55=40%	DSA
26	1650	858019	393	792.4	12.3	39.75	2.0	1.7	1.3	620	40	TC
27						38.5						
28	9:50	858400	381	805.3	12.9	38.5	1.25	1.5	1.5	635	50	RAP
29	11:00	858611	211	812.6	7.3	37.0	1.5	1.5	1.3	635	40	RAP
30	1105	858971	360	824.0	11.4	35.0	2.0	1.7	1.3	690	45	RAP
31	1430	859373	402	836.6	12.6	32.5	2.5"	1.8	1.3	645	54=45%	DSA
TOTAL			6,822		222.3		40.25					
AVG			220		7.2		1.3					

1-4 = 181 18-24 = 253

11-17 = 208 25-31 = 267

511 gpm

* See Log

WATER LOSS RECORD

Amber Hill WTP May2007

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
5/1/2007	Eye Wash				5		10 gpd	310 gals
	ORP				5		200 gpd	6200 gals.
								Total 6,510

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

631

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: June , 2007

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Steve Pfouts 7/3/07

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: June , 2007

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	152,000										1.5	0.000 Indicates no flow
2	X	24	90,000										1.4	
3		24	145,000											
4	X	24	145,000										1.3	
5	X	24	98,000										1.3	
6	X	24	263,000										1.5	
7	X	24	87,000										2.0	
8	X	24	7,000										1.9	
9	X	24	0,000										1.7	
10		24	0,000											
11	X	24	0,000										1.4	
12	X	24	0,000										1.5	
13	X	24	163,000										1.4	
14	X	24	139,000										1.5	
15	X	24	135,000										1.5	
16		24	249,000											
17	X	24	248,000										1.5	
18	X	24	147,000										1.3	
19	X	24	120,000										1.2	
20	X	24	141,000										1.6	
21	X	24	242,000										1.4	
22	X	24	128,000										1.1	
23		24	308,000											
24	X	24	308,000										1.0	
25	X	24	86,000										0.5	
26	X	24	114,000										0.7	
27	X	24	467,000										0.5	
28	X	24	357,000										1.4	
29	X	24	132,000										1.6	
30		24	259,000											
Total			4,730,000											
Average			157,666											
Maximum			467,000											

WATER LOSS RECORD

Amber Hill WTP June 2007

DATE	ADDRESS		RESIDUAL	TIME	TYPE	SIZE	RATE	TOTAL GAL.
6/1/2007	Eye Wash				5		10 gpd	300 gals
	ORP				5		200 gpd	6000 gals.
								Total 6,300

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

1

AMBER HILL

END OF TOPAZ ST.

MONTH AND YEAR **JUNE 2007**

DATE	TIME	WELL METER	TOTAL G.P.D.	WELL ETM'S	HR'S	CL2 INCHES	USED	CL2 POE	CL2 RT	ORP	AIR %	INITI
Pre		859373		836.6		32.5						
1	0845	859525	152	841.9	5.3	31.0	1.5	2.1	1.5	640	47=47%	DSA
2	1630	859615	90	844.9	3.0	30.25	.75	1.8	1.4	655		JC
3			145		5.0		.25					
4	1300	859905	145	854.9	5.0	29.75	.25	0.9	1.3	680	51=45%	DSA
5	10:10	860003	98	858.3	3.4	29.5	.25	1.9	1.3	665	45	RAP
6	11:20	860266	263	866.3	8.0	28.5	1.0	2.1	1.5	680	45	RAP
7	1230	860353	87	869.5	3.2	44.0	0.75	2.5	2.0	695	54=45%	DSA
8	1315	860360	7	869.8	0.3	43.75	.25	2.7	1.9	700	55=40%	DSA
9	1735	860360	—	869.8	—	43.75	—	2.3	1.7	710	40	JC
10			—		—		—					
11	1515	860360	—	869.8	—	43.75	—	1.8	1.4	690	40	JC
12	9:40	860360	0	869.8	0	43.75	0	1.5	1.5	690	40	RAP
13	1430	860523	163	875.0	5.2	44.50	0.50	1.9	1.4	675	56=40%	DSA
14	1430	860662	139	879.5	4.5	43.50	1.0	2.1	1.5	680	56=40%	DSA
15	9:30	860797	135	884.3	4.8	42.5	1.0	1.8	1.5	690	40	RAP
16			249		8.1		1.5					
17	1240	861294	248	900.5	8.1	39.5	1.5	1.7	1.5	685	40	JC
18	1030	861441	147	905.7	5.2	38.5	1.0	1.6	1.3	690	35	JC
19	6:10	861561	120	909.9	4.2	38.0	0.5	1.7	1.2	660	40	RAP
20	11:20	861702	141	914.4	4.5	37.5	0.5	0.7	1.6	590	40	RAP
21	1530	861944	242	922.0	7.6	37.0	0.5	1.7	1.4	670	39=40%	DSA
22	1700	862072	128	926.6	4.6	36.3	0.7	1.5	1.1	670	54=40%	DSA
23			208		10.0		0.3					
24	1225	862284	304	945.9	9.3	35.75	.25	1.3	1.0	670	40	JC
25		862774	86	949.0	3.1	35.5	.25	0.5	0.5	520	40	JC
26	1215	862888	114	952.9	3.9	35	0.5	1.1	0.7	615	40	SP
27	1430	863355	467	967.3	14.4	34.0	1.0	0.8	0.5	545	54=40	DSA
28	1530	863712	357	978.8	11.5	32.0	2.0	1.8	1.4	635	52=38%	DSA
29	1400	863844	132	983.8	5.0	31.0	1.0	2.1	1.6	645	55=25%	DSA
30		864103	259		9.0		2.0					
31												
TOTAL		4730										
AVG		157.66										

1-7 = 140
8-14 = 44
21-28 = 253

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

633

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (ORANGES)			PWS Identification Number:	3354883-10
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:	THE ORANGES			Plant Telephone Number:	
Plant Address:	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:	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 records at the

Steve Pfouts 2/05/07

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: 3354883-10 | Plant Name: THE ORANGES

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

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	19,000										1.4	
4	X	24	0,000										1.5	
5	X	24	63,000										1.5	
6		24	62,000											
7	X	24	11,000										1.2	
8	X	24	0,000										1.0	
9	X	24	67,000										0.5	
10	X	24	71,000										1.5	
11	X	24	0,000										1.3	
12	X	24	55,000										0.5	
13		24	54,000											
14	X	24	27,000										1.6	
15	X	24	0,000										1.2	
16	X	24	86,000										1.1	
17	X	24	86,000										1.5	
18	X	24	5,000										0.5	
19	X	24	91,000										1.5	
20		24	91,000											
21	X	24	40,000										1.1	
22	X	24	0,000										1.3	
23	X	24	68,000										0.9	
24	X	24	60,000										1.8	
25	X	24	0,000										1.5	
26	X	24	63,000										1.4	
27		24	63,000											
28	X	24	0,000										1.2	
29	X	24	7,000										1.0	
30	X	24	62,000										1.0	
31	X	24	80,000										1.5	
Total			1,231,000											
Average			39,710											
Maximum			91,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (ORANGES)		PWS Identification Number:	3354883-10
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:	THE ORANGES	Plant Telephone Number:		
Plant Address:	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:	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 records at the plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
Steve Pfouts 3/05/07	Steve Pfouts	C-14204

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

PWS Identification Number: 3354883-10 | Plant Name: THE ORANGES

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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										1.8	0,000 Indicates no flow
2	X	24	42,000										1.0	
3	X	24	14,000										1.2	
4		24	13,000											
5	X	24	0,000										1.1	
6	X	24	0,000										1.0	
7	X	24	0,000										1.0	
8	X	24	0,000										1.0	
9	X	24	0,000										1.0	
10		24	0,000											
11	X	24	0,000										1.0	
12	X	24	0,000										1.0	
13	X	24	18,000										1.4	
14	X	24	116,000										1.3	
15	X	24	3,000										1.1	
16	X	24	98,000										1.2	
17	X	24	48,000										1.0	
18		24	48,000											
19	X	24	31,000										1.1	
20	X	24	170,000										0.8	
21	X	24	211,000										1.0	
22	X	24	140,000										1.2	
23	X	24	190,000										1.5	
24		24	189,000											
25	X	24	181,000										1.3	
26	X	24	74,000										1.0	
27	X	24	161,000										1.2	
28	X	24	231,000										1.4	
Total			1,978,000											
Average			70,643											
Maximum			231,000											

655

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: March , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (ORANGES)		PWS Identification Number:	3354883-10
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:	THE ORANGES	Plant Telephone Number:		
Plant Address:	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:	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 records at the plant site for at least ten years and to

Steve Pfouts 4/3/07 — 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: 3354883-10 | Plant Name: THE ORANGES

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

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	117,000										1.2	0.000 Indicates no flow
2	X	24	146,000										1.4	
3	X	24	68,000										1.2	
4		24	68,000											
5	X	24	81,000										1.5	
6	X	24	160,000										1.0	
7	X	24	225,000										1.3	
8	X	24	181,000										1.3	
9	X	24	201,000										1.4	
10		24	201,000											
11	X	24	185,000										1.4	
12	X	24	115,000										1.2	
13	X	24	196,000										1.5	
14	X	24	217,000										1.2	
15	X	24	80,000										2.0	
16	X	24	147,000										2.0	
17	X	24	193,000										1.5	
18		24	192,000											
19	X	24	102,000										1.5	
20	X	24	161,000										0.8	
21	X	24	221,000										1.4	
22	X	24	142,000										1.3	
23	X	24	217,000										1.3	
24		24	217,000											
25	X	24	185,000										1.6	
26	X	24	125,000										1.4	
27	X	24	217,000										1.3	
28	X	24	297,000										1.5	
29	X	24	180,000										1.5	
30	X	24	199,000										1.2	
31		24	198,000											
Total			5,234,000											
Average			168,838											
Maximum			297,000											

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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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (ORANGES)	PWS Identification Number:	3354883-10
PWS Type:	☑ Community ☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive
Number of Service Connections at End of Month:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	THE ORANGES	Plant Telephone Number:	
Plant Address:	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:	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 records at the plant site for at least ten years and to

Steve Pfouts — 5/2/07 — 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: 3354883-10 | Plant Name: THE ORANGES

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

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	264,000										1.3	0.000 Indicates no flow
2	X	24	159,000										1.3	
3	X	24	231,000										1.2	
4	X	24	280,000										1.2	
5	X	24	152,000										1.0	
6	X	24	143,000										1.2	
7	X	24	278,000										1.2	
8		24	278,000											
9	X	24	46,000										1.4	
10	X	24	0,000										1.3	
11	X	24	117,000										1.3	
12	X	24	59,000										1.2	
13	X	24	182,000										0.7	
14		24	182,000											
15	X	24	83,000										1.5	
16	X	24	96,000										1.5	
17	X	24	154,000										1.3	
18	X	24	212,000										1.3	
19	X	24	174,000										1.6	
20	X	24	199,000										1.5	
21		24	199,000											
22	X	24	165,000										1.6	
23	X	24	135,000										1.1	
24	X	24	195,000										1.7	
25	X	24	278,000										1.4	
26	X	24	274,000										1.3	
27	X	24	207,000										1.4	
28	X	24	281,000										1.1	
29		24	281,000											
30	X	24	212,000										1.4	
Total			5,516,000											
Average			168,838											
Maximum			281,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (ORANGES)	PWS Identification Number:	3354883-10
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	THE ORANGES	Plant Telephone Number:	
Plant Address:	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:	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 records at the plant site for at least ten years and to

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 6-5-07	Domenic Gentilucci	C-12562

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

PWS Identification Number: 3354883-10 | Plant Name: THE ORANGES

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	212,000										1.5	0,000 Indicates no flow
2	X	24	246,000										1.4	
3	X	24	302,000										1.5	
4	X	24	166,000										1.4	
5		24	211,000											
6	X	24	211,000										1.5	
7	X	24	47,000										1.3	
8	X	24	133,000										1.2	
9	X	24	209,000										1.3	
10	X	24	168,000										1.5	
11	X	24	126,000										1.4	
12		24	146,000											
13	X	24	146,000										1.3	
14	X	24	290,000										1.4	
15	X	24	158,000										1.3	
16	X	24	230,000										1.4	
17	X	24	258,000										1.4	
18	X	24	0,000										1.3	
19		24	224,000											
20	X	24	223,000										1.2	
21	X	24	196,000										1.0	
22	X	24	202,000										1.3	
23	X	24	213,000										1.3	
24	X	24	264,000										1.3	
25	X	24	216,000										1.4	
26	X	24	309,000										1.3	
27		24	0,000											
28	X	24	431,000										1.4	
29	X	24	200,000										1.0	
30	X	24	246,000										2.2	
31	X	24	312,000										1.5	
otal			6,295,000											
verage			203,064											
laximum			431,000											

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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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (ORANGES)	PWS Identification Number:	3354883-10
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	THE ORANGES	Plant Telephone Number:	
Plant Address:	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:	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 records at the plant site for at least ten years and to

Steve Pfouts 7/3/07

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: 3354883-10 | Plant Name: THE ORANGES

Daily Data for the Month/Year of: June , 2007

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	192,000										1.3	0,000 Indicates no flow
2		24	44,000											
3	X	24	43,000										1.2	
4	X	24	166,000										1.3	
5	X	24	90,000										1.2	
6	X	24	212,000										1.0	
7	X	24	9,000										1.2	
8	X	24	0,000										1.2	
9	X	24	158,000										1.0	
10		24	156,000											
11	X	24	157,000										1.3	
12	X	24	53,000										1.3	
13	X	24	118,000										1.4	
14	X	24	106,000										1.0	
15	X	24	17,000										1.1	
16		24	199,000											
17	X	24	196,000										1.3	
18	X	24	162,000										1.5	
19	X	24	91,000										1.5	
20	X	24	78,000										1.5	
21	X	24	149,000										1.1	
22	X	24	13,000										0.8	
23		24	213,000											
24	X	24	212,000										1.5	
25	X	24	40,000										1.6	
26	X	24	99,000										0.9	
27	X	24	206,000										1.3	
28	X	24	180,000										1.3	
29	X	24	81,000										1.2	
30	X	24	193,000											
Total			3,635,000											
Average			121,166											
Maximum			213,000											

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

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FILE COPY

See page 4 for instructions.

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

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 2/05/07

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: January , 2007

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	155,000										1.1	
3	X	24	204,000										1.4	
4	X	24	0,000										1.6	
5	X	24	229,000										1.4	
6		24	228,000											
7	X	24	0,000										1.2	
8	X	24	0,000										1.0	
9	X	24	246,000										1.0	
10	X	24	250,000										1.0	
11	X	24	0,000										0.5	
12	X	24	189,000										0.9	
13		24	188,000											
14	X	24	163,000										1.0	
15	X	24	0,000										1.2	
16	X	24	305,000										1.5	
17	X	24	285,000										1.5	
18	X	24	0,000										2.0	
19	X	24	289,000										1.6	
20		24	289,000											
21	X	24	0,000										1.2	
22	X	24	0,000										1.1	
23	X	24	279,000										1.0	
24	X	24	248,000										1.0	
25	X	24	0,000										1.2	
26	X	24	235,000										1.3	
27		24	235,000											
28	X	24	0,000										1.1	
29	X	24	0,000										1.0	
30	X	24	255,000										1.5	
31	X	24	233,000										1.4	
Total			4,505,000											
Average			145,323											
Maximum			305,000											

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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: February , 2007

FILE COPY

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 records at the plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
Steve Pfouts 3/05/07	Steve Pfouts	C-14204

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: February , 2007

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	96,000										1.4	
3	X	24	0,000										1.3	
4		24	0,000											
5	X	24	0,000										1.1	
6	X	24	239,000										1.7	
7	X	24	246,000										1.8	
8	X	24	0,000										1.8	
9	X	24	281,000										1.7	
10		24	281,000											
11	X	24	0,000										1.4	
12	X	24	0,000										1.2	
13	X	24	168,000										1.7	
14	X	24	246,000										1.8	
15	X	24	0,000										1.7	
16	X	24	214,000										1.4	
17	X	24	105,000										1.1	
18		24	105,000											
19	X	24	0,000										1.0	
20	X	24	298,000										1.5	
21	X	24	312,000										1.4	
22	X	24	142,000										1.5	
23	X	24	301,000										1.5	
24		24	301,000											
25	X	24	0,000										1.3	
26	X	24	0,000										1.0	
27	X	24	229,000										1.3	
28	X	24	335,000										1.0	
Total			3,899,000											
Average			139.25											
Maximum			335,000											

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

FILE COPY

See page 4 for instructions.

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

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 records at the plant site for at least ten

Steve Pfouts 4/3/07 — 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: March , 2007

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										1.5	0.000 Indicates no flow
2	X	24	271,000										2.0	
3	X	24	59,000										1.4	
4		24	58,000											
5	X	24	0,000										1.1	
6	X	24	275,000										1.0	
7	X	24	255,000										2.4	
8	X	24	0,000										2.0	
9	X	24	281,000										1.6	
10		24	281,000											
11	X	24	0,000										1.2	
12	X	24	0,000										1.5	
13	X	24	278,000										1.0	
14	X	24	297,000										1.4	
15	X	24	0,000										2.0	
16	X	24	290,000										1.8	
17	X	24	155,000										1.7	
18		24	155,000											
19	X	24	112,000										1.5	
20	X	24	291,000										1.5	
21	X	24	277,000										2.0	
22	X	24	0,000										1.9	
23	X	24	330,000										1.9	
24		24	330,000											
25	X	24	181,000										1.5	
26	X	24	116,000										1.3	
27	X	24	309,000										1.6	
28	X	24	601,000										1.6	
29	X	24	188,000										1.8	
30	X	24	247,000										1.4	
31		24	247,000											
Total			5,889,000											
Average			189,967											
Maximum			601,000											

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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 , 2007

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:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 records at the plant site for at least ten

Steve Pfouts 5/2/07 — 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: 3354883-5 | Plant Name: LAKE RIDGE CLUB

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

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	249,000										1.3	0.000 Indicates no flow
2	X	24	131,000										1.2	
3	X	24	237,000										1.3	
4	X	24	261,000										1.2	
5	X	24	123,000										1.1	
6	X	24	141,000										1.2	
7	X	24	260,000										1.3	
8		24	260,000											
9	X	24	36,000										1.1	
10	X	24	45,000										1.3	
11	X	24	84,000										1.0	
12	X	24	49,000										1.2	
13	X	24	161,000										1.8	
14		24	160,000											
15	X	24	47,000										1.5	
16	X	24	46,000										2.4	
17	X	24	160,000										1.7	
18	X	24	178,000										1.5	
19	X	24	112,000										1.2	
20	X	24	192,000										1.8	
21		24	191,000											
22	X	24	152,000										1.4	
23	X	24	79,000										1.0	
24	X	24	214,000										1.3	
25	X	24	233,000										1.4	
26	X	24	126,000										1.1	
27	X	24	177,000										1.4	
28	X	24	168,000										1.0	
29		24	167,000											
30	X	24	93,000										1.5	
Total			4,532,000											
Average			151,066											
Maximum			261,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 6-5-07	Domenic Gentilucci	C-12562

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: May , 2007

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	327,000										1.5	0,000 Indicates no flow
2	X	24	386,000										1.3	
3	X	24	753,000										1.5	
4	X	24	216,000										1.3	
5		24	365,000											
6	X	24	365,000										1.4	
7	X	24	127,000										1.6	
8	X	24	127,000										1.3	
9	X	24	400,000										1.4	
10	X	24	538,000										1.5	
11	X	24	328,000										1.3	
12		24	314,000											
13	X	24	314,000										1.5	
14	X	24	608,000										1.8	
15	X	24	190,000										0.4	
16	X	24	344,000										1.2	
17	X	24	615,000										0.9	
18	X	24	103,000										1.6	
19		24	331,000											
20	X	24	331,000										1.3	
21	X	24	662,000										1.2	
22	X	24	262,000										1.3	
23	X	24	370,000										1.7	
24	X	24	628,000										1.7	
25	X	24	580,000										1.6	
26	X	24	598,000										1.5	
27		24	0,000											
28	X	24	997,000										1.5	
29	X	24	267,000										1.3	
30	X	24	440,000										1.3	
31	X	24	658,000										1.4	
Total			12,544,000											
Average			404,645											
Maximum			997,000											

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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 , 2007

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten

Steve Pfouts 7/3/07 — 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: June , 2007

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	591,000										1.4	0.000 Indicates no flow
2	X	24	118,000										1.3	
3		24	184,000											
4	X	24	184,000										1.3	
5	X	24	138,000										1.3	
6	X	24	323,000										1.5	
7	X	24	212,000										1.9	
8	X	24	0,000										1.5	
9	X	24	326,000										1.3	
10		24	496,000											
11	X	24	496,000										1.3	
12	X	24	125,000										1.5	
13	X	24	326,000										1.5	
14	X	24	315,000										1.3	
15	X	24	0,000										1.5	
16		24	337,000											
17	X	24	337,000										1.6	
18	X	24	536,000										1.1	
19	X	24	63,000										1.2	
20	X	24	80,000										1.5	
21	X	24	0,000										1.2	
22	X	24	0,000										1.0	
23		24	0,000											
24	X	24	0,000										1.1	
25	X	24	0,000										0.8	
26	X	24	0,000										0.7	
27	X	24	0,000										0.4	
28	X	24	1,000										1.4	
29	X	24	1,000										1.4	
30		24	352,000											
Total			5,541,000											
Average			184,700											
Maximum			591,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
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:	THE VISTAS			Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per 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
2/05/07	Steve Pfouts	C-14204

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

PWS Identification Number: 3354883-3 | Plant Name: THE VISTAS

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

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										1.4	
3	X	24	0,000										1.6	
4	X	24	0,000										1.8	
5	X	24	41,000										1.7	
6	X	24	119,000										1.8	
7	X	24	0,000										1.5	
8	X	24	0,000										1.6	
9	X	24	41,000										1.5	
10	X	24	109,000										1.2	
11	X	24	0,000										0.9	
12	X	24	137,000										0.9	
13	X	24	108,000										2.3	
14	X	24	18,000										1.3	
15	X	24	0,000										1.4	
16	X	24	162,000										1.3	
17	X	24	184,000										1.9	
18	X	24	16,000										1.7	
19	X	24	139,000										1.9	
20	X	24	229,000										2.0	
21	X	24	137,000										1.5	
22	X	24	0,000										1.8	
23	X	24	0,000										1.7	
24	X	24	12,000										1.1	
25	X	24	0,000										1.4	
26	X	24	79,000										1.5	
27	X	24	98,000										1.5	
28	X	24	0,000										1.3	
29	X	24	0,000										1.4	
30	X	24	140,000										1.5	
31	X	24	144,000										1.3	
Total			1,913,000											
Average			61,709											
Maximum			229,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
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:	THE VISTAS			Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per 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 plant site for at least ten

Steve Pfouts 3/05/07 — 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:	3354883-3	Plant Name:	THE VISTAS

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	0,000										1.7	0,000 Indicates no flow.
2	X	24	83,000										1.4	
3	X	24	31,000										1.5	
4	X	24	0,000										1.3	
5	X	24	0,000										0.9	
6	X	24	161,000										0.8	
7	X	24	213,000										1.8	
8	X	24	62,000										1.6	
9	X	24	162,000										1.5	
10	X	24	160,000										2.0	
11	X	24	0,000										1.0	
12	X	24	0,000										1.0	
13	X	24	0,000										1.6	
14	X	24	5,000										1.5	
15	X	24	6,000										1.7	
16	X	24	0,000										1.5	
17	X	24	3,000										1.6	
18	X	24	0,000										1.1	
19	X	24	0,000										1.3	
20	X	24	121,000										1.4	
21	X	24	159,000										1.4	
22	X	24	0,000										1.8	
23	X	24	86,000										1.7	
24	X	24	138,000										1.5	
25	X	24	0,000										1.3	
26	X	24	0,000										1.6	
27	X	24	115,000										1.6	
28	X	24	125,000										1.4	
Total			1,630,000											
Average			58,214											
Maximum			213,000											

6356

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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
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:	THE VISTAS			Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per 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 plant site for at least ten years and to make

Steve Pfouts 4/3/07 — 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: 3354883-3 | Plant Name: THE VISTAS

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

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	39,000										2.0	0,000 Indicates no flow
2	X	24	108,000										1.4	
3	X	24	0,000										2.0	
4	X	24	0,000										1.3	
5	X	24	0,000										0.4	
6	X	24	99,000										1.2	
7	X	24	97,000										2.0	
8	X	24	0,000										1.4	
9	X	24	113,000										2.0	
10	X	24	198,000										1.5	
11	X	24	0,000										1.2	
12	X	24	0,000										1.4	
13	X	24	0,000										1.1	
14	X	24	24,000										1.8	
15	X	24	11,000										2.0	
16	X	24	135,000										1.4	
17	X	24	164,000										2.0	
18	X	24	0,000										1.0	
19	X	24	0,000										1.1	
20	X	24	168,000										2.1	
21	X	24	171,000										2.2	
22	X	24	6,000										2.1	
23	X	24	145,000										2.0	
24	X	24	207,000										1.6	
25	X	24	0,000										1.5	
26	X	24	0,000										1.8	
27	X	24	156,000										1.6	
28	X	24	248,000										1.2	
29	X	24	0,000										1.6	
30	X	24	114,000										1.5	
31	X	24	199,000										0.8	
Total			2,402,000											
Average			77,483											
Maximum			248,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)	PWS Identification Number:	3354883-3
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,344	Total Population Served at End of Month:	18,704
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:	[illegible] 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:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	THE VISTAS	Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per 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 plant site for at least ten years and to make

Steve Pfouts 5/2/07 — 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: 3354883-3 | Plant Name: THE VISTAS

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

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	80,000										1.0	0.000 Indicates no flow
2	X	24	0,000										1.3	
3	X	24	162,000										1.4	
4	X	24	235,000										1.3	
5	X	24	70,000										1.2	
6	X	24	111,000										1.2	
7	X	24	228,000										1.3	
8	X	24	73,000										1.4	
9	X	24	0,000										1.4	
10	X	24	0,000										1.3	
11	X	24	1,000										1.3	
12	X	24	0,000										1.8	
13	X	24	108,000										1.6	
14	X	24	184,000										1.6	
15	X	24	0,000										1.5	
16	X	24	0,000										1.3	
17	X	24	141,000										1.5	
18	X	24	166,000										1.4	
19	X	24	4,000										1.3	
20	X	24	174,000										1.3	
21	X	24	196,000										2.0	
22	X	24	0,000										1.1	
23	X	24	0,000										1.0	
24	X	24	181,000										1.4	
25	X	24	207,000										1.6	
26	X	24	56,000										1.6	
27	X	24	185,000										1.6	
28	X	24	238,000										2.0	
29	X	24	53,000										1.0	
30	X	24	0,000										1.3	
Total			2,853,000											
Average			95,100											
Maximum			238,000											

636

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)			PWS Identification Number:	3354883-3
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	THE VISTAS			Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per 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 plant site for at least ten years and to make

Domenic Gentilucci 6-5-07 | 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: 3354883-3 | Plant Name: THE VISTAS

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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										1.4	0.000 Indicates no flow
2	X	24	188,000										1.4	
3	X	24	295,000										1.2	
4	X	24	142,000										1.3	
5	X	24	165,000										2.0	
6	X	24	281,000										1.5	
7	X	24	0,000										1.5	
8	X	24	0,000										1.4	
9	X	24	164,000										1.4	
10	X	24	193,000										1.4	
11	X	24	0,000										1.3	
12	X	24	197,000										1.8	
13	X	24	161,000										1.1	
14	X	24	62,000										1.2	
15	X	24	0,000										1.3	
16	X	24	178,000										1.4	
17	X	24	309,000										1.5	
18	X	24	0,000										1.2	
19	X	24	207,000										1.6	
20	X	24	253,000										1.3	
21	X	24	56,000										1.2	
22	X	24	0,000										1.4	
23	X	24	179,000										1.3	
24	X	24	258,000										1.2	
25	X	24	66,000										1.4	
26	X	24	158,000										1.9	
27	X	24	296,000										1.4	
28	X	24	0,000										1.8	
29	X	24	0,000										1.3	
30	X	24	180,000										1.1	
31	X	24	346,000										1.3	
Total			4,334,000											
Average			139,806											
Maximum			346,000											

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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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. - NORTH (VISTAS)	PWS Identification Number:	3354883-3
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month:	5,344	Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name:	THE VISTAS	Plant Telephone Number:	
Plant Address:	10440 Vista Del Sol 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:	822,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per 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 plant site for at least ten years and to make

Steve Pfouts 7/3/07 — 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: 3354883-3 | Plant Name: THE VISTAS

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

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	69,000										1.2	0.000 Indicates no flow
2	X	24	0,000										1.5	
3	X	24	0,000										1.3	
4	X	24	0,000										1.4	
5	X	24	0,000										1.4	
6	X	24	166,000										1.4	
7	X	24	65,000										1.5	
8	X	24	0,000										1.4	
9	X	24	128,000										1.6	
10	X	24	293,000										1.3	
11	X	24	0,000										1.4	
12	X	24	0,000										1.3	
13	X	24	106,000										1.5	
14	X	24	19,000										1.4	
15	X	24	0,000										1.3	
16	X	24	182,000										1.6	
17	X	24	152,000										1.2	
18	X	24	58,000										1.6	
19	X	24	0,000										1.5	
20	X	24	0,000										1.4	
21	X	24	180,000										1.3	
22	X	24	28,000										1.3	
23	X	24	216,000										1.5	
24	X	24	275,000										1.3	
25	X	24	0,000										1.4	
26	X	24	0,000										1.5	
27	X	24	188,000										1.6	
28	X	24	270,000										1.4	
29	X	24	52,000										1.5	
30	X	24	157,000										2.0	
Total			2,604,000											
Average			86,800											
Maximum			293,000											

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

FILE COPY

See page 4 for instructions.

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

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 2/05/07 — 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: January , 2007

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										1.0	0,000 Indicates no flow
2	X	24	0,000										1.0	
3	X	24	0,000										1.5	
4	X	24	0,000										1.5	
5	X	24	0,000										1.5	
6		24	0,000											
7	X	24	0,000										1.3	
8	X	24	0,000										1.0	
9	X	24	0,000										1.0	
10	X	24	0,000										1.3	
11	X	24	61,000										1.0	
12	X	24	0,000										0.5	
13		24	0,000											
14	X	24	0,000										1.0	
15	X	24	0,000										1.0	
16	X	24	0,000										1.0	
17	X	24	1,000										1.5	
18	X	24	0,000										1.5	
19	X	24	0,000										1.3	
20		24	0,000											
21	X	24	0,000										1.5	
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										1.2	
26	X	24	0,000										1.3	
27		24	0,000											
28	X	24	0,000										1.2	
29	X	24	0,000										1.5	
30	X	24	1,000										1.3	
31	X	24	0,000										1.4	
Total			64,000											
Average			2,065											
Maximum			61,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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 records at the plant site for at least ten

Steve Pfouts 3/05/07 — 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: February , 2007

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	0,000										1.4	0,000 Indicates no flow
2	X	24	0,000										1.2	
3	X	24	0,000										1.0	
4		24	0,000											
5	X	24	0,000										1.1	
6	X	24	0,000										1.5	
7	X	24	0,000										1.4	
8	X	24	0,000										1.3	
9	X	24	0,000										1.5	
10		24	0,000											
11	X	24	0,000										1.0	
12	X	24	0,000										1.0	
13	X	24	0,000										2.0	
14	X	24	0,000										1.2	
15	X	24	7,000										1.5	
16	X	24	0,000										1.6	
17	X	24	0,000										1.1	
18		24	0,000											
19	X	24	0,000										1.1	
20	X	24	98,000										1.7	
21	X	24	0,000										0.8	
22	X	24	2,000										1.5	
23	X	24	0,000										1.7	
24		24	0,000											
25	X	24	0,000										1.0	
26	X	24	0,000										1.0	
27	X	24	0,000										1.5	
28	X	24	0,000										1.2	
Total			107,000											
Average			3,821											
Maximum			98,000											

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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: March , 2007

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 records at the plant site for at least ten years and to

Signature and Date		Printed or Typed Name	License Number
Steve Pfouts	4/3/07	Steve Pfouts	C-14204

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: March , 2007

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										1.4	
3	X	24	0,000										1.0	
4		24	0,000											
5	X	24	0,000										1.0	
6	X	24	2,000										0.6	
7	X	24	0,000										1.3	
8	X	24	0,000										2.3	
9	X	24	15,000										0.6	
10		24	12,000											
11	X	24	0,000										1.3	
12	X	24	0,000										1.0	
13	X	24	90,000										1.1	
14	X	24	92,000										0.7	
15	X	24	0,000										1.5	
16	X	24	0,000										1.5	
17	X	24	0,000										1.2	
18		24	0,000											
19	X	24	0,000										1.3	
20	X	24	105,000										1.5	
21	X	24	95,000										1.7	
22	X	24	0,000										1.2	
23	X	24	65,000										1.7	
24		24	65,000											
25	X	24	0,000										1.5	
26	X	24	0,000										1.3	
27	X	24	125,000										1.4	
28	X	24	158,000										1.1	
29	X	24	0,000										1.4	
30	X	24	18,000										1.5	
31		24	17,000											
Total			859,000											
Average			27,709											
Maximum			158,000											

061

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 , 2007

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Steve Pfouts 5/2/07 — 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

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

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

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	191,000										1.2	0,000 Indicates no flow
2	X	24	0,000										1.6	
3	X	24	129,000										1.3	
4	X	24	262,000										2.0	
5	X	24	0,000										1.2	
6	X	24	148,000										1.2	
7	X	24	81,000										1.3	
8		24	81,000											
9	X	24	0,000										1.3	
10	X	24	0,000										1.5	
11	X	24	0,000										1.0	
12	X	24	0,000										1.3	
13	X	24	0,000										1.6	
14		24	0,000											
15	X	24	0,000										1.5	
16	X	24	0,000										1.7	
17	X	24	95,000										1.4	
18	X	24	0,000										0.8	
19	X	24	0,000										1.3	
20	X	24	67,000										1.3	
21		24	66,000											
22	X	24	0,000										1.5	
23	X	24	0,000										1.3	
24	X	24	122,000										1.0	
25	X	24	144,000										1.1	
26	X	24	0,000										0.8	
27	X	24	1,000										1.1	
28	X	24	117,000										1.1	
29		24	117,000											
30	X	24	0,000										1.0	
Total			1,621,000											
Average			54,033											
Maximum			262,000											

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: May , 2007

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 6-5-07	Domenic Gentilucci	C-12562

...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: May , 2007

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	141,000										1.0	
3	X	24	408,000										1.0	
4	X	24	39,000										1.1	
5		24	50,000											
6	X	24	50,000										1.3	
7	X	24	38,000										1.6	
8	X	24	1,000										1.3	
9	X	24	118,000										2.0	
10	X	24	146,000										1.5	
11	X	24	0,000										1.3	
12		24	80,000											
13	X	24	80,000										1.2	
14	X	24	151,000										1.4	
15	X	24	0,000										1.3	
16	X	24	136,000										1.3	
17	X	24	183,000										1.0	
18	X	24	0,000										1.2	
19		24	143,000											
20	X	24	142,000										1.0	
21	X	24	0,000										1.0	
22	X	24	0,000										1.0	
23	X	24	157,000										1.2	
24	X	24	374,000										1.4	
25	X	24	0,000										1.2	
26	X	24	133,000										1.3	
27		24	0,000											
28	X	24	163,000										1.0	
29	X	24	0,000										1.2	
30	X	24	143,000										1.3	
31	X	24	183,000										1.2	
Total			3,059,000											
Average			98,677											
Maximum			408,000											

Color

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	5,344			Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 records at the plant site for at least ten years and to

Steve Pfouts 7/3/07 — 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: June , 2007

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										1.2	0,000 Indicates no flow
2	X	24	0,000										1.0	
3	X	24	0,000										0.7	
4	X	24	0,000										0.7	
5	X	24	0,000										1.5	
6	X	24	126,000										1.2	
7	X	24	0,000										1.3	
8	X	24	0,000										1.3	
9		24	100,000											
10	X	24	100,000										1.0	
11	X	24	0,000										1.1	
12	X	24	0,000										1.0	
13	X	24	0,000										1.5	
14	X	24	0,000										1.5	
15	X	24	0,000										1.3	
16		24	96,000											
17	X	24	95,000										1.3	
18	X	24	89,000										1.1	
19	X	24	0,000										1.3	
20	X	24	0,000										1.4	
21	X	24	120,000										1.0	
22	X	24	0,000										1.4	
23		24	143,000											
24	X	24	143,000										0.9	
25	X	24	0,000										1.0	
26	X	24	0,000										0.9	
27	X	24	153,000										1.3	
28	X	24	140,000										0.8	
29	X	24	0,000										1.2	
30		24	145,000											
Total			1,450,000											
Average			48,333											
Maximum			153,000											

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

FILE COPY

See page 4 for instructions.

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

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 2/05/07

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: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

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

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	2,139,000										1.1	
2	X	24	1,333,000										1.4	
3	X	24	1,648,000										1.6	
4	X	24	1,781,000										1.6	
5	X	24	1,567,000										1.7	
6	X	24	2,410,000										1.8	
7	X	24	1,314,000										1.3	
8	X	24	1,547,000										1.4	
9	X	24	1,400,000										1.5	
10	X	24	2,036,000										1.2	
11	X	24	1,780,000										0.9	
12	X	24	1,780,000										1.3	
13	X	24	1,847,000										2.3	
14	X	24	1,941,000										1.7	
15	X	24	1,803,000										1.9	
16	X	24	1,559,000										1.3	
17	X	24	1,858,000										1.9	
18	X	24	1,796,000										1.7	
19	X	24	1,681,000										1.9	
20	X	24	2,277,000										2.0	
21	X	24	2,007,000										1.6	
22	X	24	1,089,000										1.8	
23	X	24	300,000										1.7	
24	X	24	1,856,000										1.4	
25	X	24	1,610,000										1.4	
26	X	24	1,467,000										1.5	
27	X	24	2,524,000										1.5	
28	X	24	1,217,000										1.3	
29	X	24	1,534,000										1.4	
30	X	24	1,665,000										1.5	
31	X	24	1,833,000										1.3	
Total			52,599,000											
Average			1,696,742											
Maximum			2,524,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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 plant site for at least ten

Steve Pfouts 3/05/07 — 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: February , 2007

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	1,727,000										1.7	
2	X	24	1,304,000										1.4	
3	X	24	2,235,000										1.5	
4	X	24	1,370,000										1.2	
5	X	24	1,585,000										0.9	
6	X	24	1,629,000										0.8	
7	X	24	1,925,000										1.8	
8	X	24	1,857,000										1.6	
9	X	24	1,902,000										1.5	
10	X	24	2,073,000										2.0	
11	X	24	1,679,000										1.1	
12	X	24	1,679,000										1.2	
13	X	24	1,777,000										1.6	
14	X	24	1,863,000										1.4	
15	X	24	1,894,000										1.7	
16	X	24	1,370,000										1.5	
17	X	24	2,296,000										1.6	
18	X	24	1,449,000										1.1	
19	X	24	1,833,000										1.0	
20	X	24	1,876,000										1.4	
21	X	24	2,004,000										1.3	
22	X	24	1,960,000										1.8	
23	X	24	1,784,000										1.7	
24	X	24	2,264,000										1.4	
25	X	24	1,574,000										1.5	
26	X	24	1,695,000										1.6	
27	X	24	1,709,000										1.6	
28	X	24	1,862,000										1.4	
Total			50,175,000											
Average			1,791,964											
Maximum			2,296,000											

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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: March , 2007

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 plant site for at least ten

Steve Pfouts 4/3/07 — 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: March , 2007

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	1,909,000										2.0	
2	X	24	1,847,000										1.4	
3	X	24	2,226,000										2.0	
4	X	24	1,429,000										1.2	
5	X	24	1,704,000										0.4	
6	X	24	1,762,000										1.2	
7	X	24	1,884,000										2.2	
8	X	24	1,957,000										2.5	
9	X	24	1,720,000										2.0	
10	X	24	2,222,000										1.5	
11	X	24	1,704,000										1.5	
12	X	24	1,294,000										1.4	
13	X	24	1,572,000										1.1	
14	X	24	1,888,000										1.8	
15	X	24	2,182,000										2.0	
16	X	24	1,500,000										1.3	
17	X	24	2,359,000										2.0	
18	X	24	1,436,000										1.5	
19	X	24	1,754,000										1.4	
20	X	24	1,946,000										2.0	
21	X	24	1,901,000										2.0	
22	X	24	1,876,000										2.1	
23	X	24	1,912,000										2.0	
24	X	24	2,308,000										1.6	
25	X	24	1,487,000										1.0	
26	X	24	1,859,000										1.8	
27	X	24	2,009,000										1.6	
28	X	24	2,132,000										1.1	
29	X	24	1,782,000										1.4	
30	X	24	1,814,000										1.2	
31	X	24	1,794,000										0.8	
Total			57,169,000											
Average			1,844,161											
Maximum			2,359,000											

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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 , 2007

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:	5,344			Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 plant site for at least ten

Signature and Date		Printed or Typed Name	License Number
Steve Pfouts 5/2/07		Steve Pfouts	C-14204

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: April , 2007

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	1,835,000										1.2	
2	X	24	1,930,000										1.3	
3	X	24	1,998,000										1.1	
4	X	24	1,771,000										1.0	
5	X	24	1,985,000										1.0	
6	X	24	1,797,000										1.3	
7	X	24	1,821,000										1.3	
8	X	24	1,868,000										1.4	
9	X	24	1,683,000										1.3	
10	X	24	1,627,000										1.3	
11	X	24	1,845,000										1.0	
12	X	24	1,822,000										1.8	
13	X	24	1,782,000										1.3	
14	X	24	2,333,000										1.6	
15	X	24	1,567,000										1.3	
16	X	24	1,686,000										1.0	
17	X	24	1,986,000										1.5	
18	X	24	2,010,000										0.9	
19	X	24	1,973,000										0.7	
20	X	24	2,205,000										2.0	
21	X	24	1,724,000										2.0	
22	X	24	1,862,000										1.3	
23	X	24	1,905,000										0.6	
24	X	24	2,034,000										1.4	
25	X	24	1,801,000										1.4	
26	X	24	2,162,000										0.7	
27	X	24	1,837,000										1.6	
28	X	24	2,412,000										2.0	
29	X	24	1,487,000										1.2	
30	X	24	2,036,000										1.8	
Total			56,784,000											
Average			1,892,800											
Maximum			2,412,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	5,344			Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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 plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 6-5-07	Domenic Gentilucci	C-12562

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: May , 2007

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	2,036,000										1.6	
2	X	24	2,277,000										1.6	
3	X	24	1,683,000										1.4	
4	X	24	1,865,000										2.0	
5	X	24	2,104,000										2.0	
6	X	24	2,506,000										1.7	
7	X	24	1,861,000										1.4	
8	X	24	853,000										1.4	
9	X	24	2,188,000										1.4	
10	X	24	2,337,000										1.4	
11	X	24	2,162,000										1.5	
12	X	24	2,221,000										1.8	
13	X	24	3,497,000										1.2	
14	X	24	2,186,000										1.2	
15	X	24	2,014,000										1.2	
16	X	24	2,225,000										1.3	
17	X	24	2,076,000										1.3	
18	X	24	2,060,000										1.2	
19	X	24	2,200,000										1.6	
20	X	24	1,801,000										1.2	
21	X	24	1,702,000										1.3	
22	X	24	2,108,000										1.4	
23	X	24	2,212,000										0.5	
24	X	24	1,984,000										1.3	
25	X	24	2,140,000										1.4	
26	X	24	2,059,000										1.9	
27	X	24	2,667,000										1.2	
28	X	24	1,910,000										1.8	
29	X	24	2,041,000										1.3	
30	X	24	2,271,000										1.1	
31	X	24	2,532,000										1.3	
Total			65,778,000											
Average			2,121,871											
Maximum			3,497,000											

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

FILE COPY

See page 4 for instructions.

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

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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 plant site for at least ten

Steve Pfouts 7/3/07

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: 3354883-2 | Plant Name: GREATER GROVES WATER PLANT (LAKE LOUISA)

HL Daily Data for the Month/Year of: June , 2007

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 Operater (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	2,489,000										1.3	
2	X	24	2,246,000										1.5	
3	X	24	2,029,000										1.6	
4	X	24	2,608,000										1.3	
5	X	24	2,234,000										1.4	
6	X	24	2,413,000										1.4	
7	X	24	2,304,000										1.5	
8	X	24	2,011,000										1.5	
9	X	24	1,841,000										1.6	
10	X	24	3,283,000										1.3	
11	X	24	1,936,000										1.4	
12	X	24	2,226,000										1.3	
13	X	24	2,198,000										1.3	
14	X	24	2,443,000										0.9	
15	X	24	2,386,000										1.4	
16	X	24	2,132,000										1.6	
17	X	24	2,655,000										1.5	
18	X	24	2,923,000										1.5	
19	X	24	2,551,000										1.3	
20	X	24	2,179,000										1.1	
21	X	24	2,522,000										1.2	
22	X	24	2,633,000										1.2	
23	X	24	2,560,000										1.4	
24	X	24	3,166,000										1.1	
25	X	24	2,341,000										1.3	
26	X	24	1,753,000										1.2	
27	X	24	2,266,000										1.2	
28	X	24	2,995,000										1.3	
29	X	24	2,669,000										1.2	
30	X	24	2,434,000										2.0	
Total			72,426,000											
Average			2,414,200											
Maximum			3,283,000											

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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 , 2007

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

Signature and Date	Printed or Typed Name	License Number
2/5/07	Steve Pfouts	C-14204

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: January , 2007

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	3,222,000										1.0	
2	X	24	2,672,000										0.9	
3	X	24	3,160,000										1.2	
4	X	24	3,221,000										1.6	
5	X	24	3,329,000										0.9	
6	X	24	4,959,000										1.4	
7	X	24	2,443,000										1.2	
8	X	24	3,156,000										1.3	
9	X	24	3,568,000										0.6	
10	X	24	3,949,000										1.0	
11	X	24	3,760,000										0.9	
12	X	24	3,445,000										1.0	
13	X	24	3,247,000										1.0	
14	X	24	4,560,000										1.1	
15	X	24	3,318,000										1.0	
16	X	24	3,553,000										1.4	
17	X	24	3,702,000										1.6	
18	X	24	3,030,000										1.8	
19	X	24	3,537,000										1.0	
20	X	24	4,462,000										0.9	
21	X	24	3,021,000										1.6	
22	X	24	2,621,000										1.1	
23	X	24	3,943,000										1.9	
24	X	24	2,921,000										1.4	
25	X	24	3,292,000										0.6	
26	X	24	3,019,000										1.3	
27	X	24	4,725,000										1.0	
28	X	24	2,264,000										1.2	
29	X	24	2,750,000										1.3	
30	X	24	3,204,000										1.2	
31	X	24	3,538,000										1.6	
Total			105,591,000											
Average			3,406,161											
Maximum			4,959,000											

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

FILE COPY

See page 4 for instructions.

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

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 records at the plant site for at least ten

Steve Pfouts 3/05/07

Signature and Date

Steve Pfouts

Printed or Typed Name

C-14204

License Number

DEP Form 62-555.900(3)

Effective August 28, 2003

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: February , 2007

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	2,914,000										1.3	
2	X	24	2,211,000										1.2	
3	X	24	3,728,000										1.0	
4	X	24	2,393,000										1.1	
5	X	24	2,686,000										1.0	
6	X	24	3,275,000										1.1	
7	X	24	3,667,000										0.8	
8	X	24	3,187,000										1.0	
9	X	24	3,502,000										1.3	
10	X	24	4,136,000										1.4	
11	X	24	2,961,000										1.1	
12	X	24	2,722,000										1.3	
13	X	24	2,869,000										1.4	
14	X	24	3,281,000										1.6	
15	X	24	3,160,000										1.4	
16	X	24	2,978,000										1.4	
17	X	24	4,511,000										1.0	
18	X	24	2,437,000										1.0	
19	X	24	3,163,000										1.0	
20	X	24	3,436,000										1.4	
21	X	24	4,101,000										1.3	
22	X	24	3,913,000										1.4	
23	X	24	3,768,000										1.5	
24	X	24	4,756,000										1.4	
25	X	24	3,279,000										1.2	
26	X	24	3,265,000										1.3	
27	X	24	3,713,000										0.6	
28	X	24	3,884,000										0.6	
Total			93,896,000											
Average			3,353,429											
Maximum			4,756,000											

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: March , 2007

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 Pers 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 Addres 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 records at the plant

Signature and Date	Printed or Typed Name	License Number
4/3/07	Steve Pfouts	C-14204

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: March , 2007

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	3,726,000										1.1	
2	X	24	4,291,000										0.3	
3	X	24	5,083,000										1.3	
4	X	24	3,030,000										1.1	
5	X	24	3,840,000										1.2	
6	X	24	4,399,000										1.3	
7	X	24	4,752,000										2.1	
8	X	24	4,447,000										2.5	
9	X	24	4,333,000										2.0	
10	X	24	5,564,000										1.3	
11	X	24	3,968,000										1.2	
12	X	24	4,588,000										0.9	
13	X	24	4,448,000										0.9	
14	X	24	4,645,000										2.0	
15	X	24	4,067,000										2.0	
16	X	24	4,319,000										1.2	
17	X	24	5,785,000										1.0	
18	X	24	3,133,000										1.6	
19	X	24	4,067,000										1.4	
20	X	24	3,784,000										1.0	
21	X	24	4,291,000										2.2	
22	X	24	4,129,000										1.5	
23	X	24	4,164,000										2.0	
24	X	24	5,593,000										1.3	
25	X	24	4,181,000										1.0	
26	X	24	3,306,000										1.0	
27	X	24	4,667,000										1.0	
28	X	24	5,365,000										0.8	
29	X	24	4,659,000										1.0	
30	X	24	4,467,000										1.2	
31	X	24	5,274,000										1.3	
Total			136,365,000											
Average			4,398,871											
Maximum			5,785,000											

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

FILE COPY

See page 4 for instructions.

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

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: 2,853		Total Population Served at End of Month: 9,986	
PWS Owner: LAKE UTILITY SERVICES INC.			
Contact Pers 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: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: GREATER GROVES		Plant Telephone Number:	
Plant Addres 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 records at the plant

Steve Pfouts 5/2/07 — 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: 3354881-1 | Plant Name: GREATER GROVES

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

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	5,129,000										1.5	
2	X	24	4,632,000										1.2	
3	X	24	5,122,000										1.1	
4	X	24	5,268,000										1.0	
5	X	24	4,149,000										1.0	
6	X	24	3,924,000										1.0	
7	X	24	4,612,000										1.4	
8	X	24	4,333,000										1.5	
9	X	24	3,211,000										1.3	
10	X	24	2,970,000										1.1	
11	X	24	3,284,000										1.0	
12	X	24	3,265,000										1.2	
13	X	24	4,418,000										1.3	
14	X	24	5,953,000										2.0	
15	X	24	3,317,000										1.3	
16	X	24	3,354,000										1.0	
17	X	24	4,860,000										1.0	
18	X	24	4,964,000										0.9	
19	X	24	4,576,000										0.9	
20	X	24	5,607,000										2.0	
21	X	24	4,487,000										1.3	
22	X	24	4,450,000										1.3	
23	X	24	4,257,000										0.6	
24	X	24	4,803,000										1.4	
25	X	24	5,624,000										1.3	
26	X	24	5,035,000										0.7	
27	X	24	4,994,000										1.4	
28	X	24	6,511,000										1.5	
29	X	24	3,678,000										1.4	
30	X	24	4,681,000										1.7	
Total			135,468,000											
Average			4,515,600											
Maximum			6,511,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: 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: 2,853			Total Population Served at End of Month: 9,986	
PWS Owner: LAKE UTILITY SERVICES INC.				
Contact Pers 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: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: GREATER GROVES			Plant Telephone Number:	
Plant Addres 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 records at the plant

Domenic Gentilucci 6-5-07 | 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: 3354881-1 | Plant Name: GREATER GROVES

Daily Data for the Month/Year of: May , 2007

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	4,681,000										1.3	
2	X	24	5,123,000										1.4	
3	X	24	5,515,000										1.4	
4	X	24	5,375,000										2.0	
5	X	24	5,367,000										2.0	
6	X	24	5,491,000										1.7	
7	X	24	4,513,000										1.3	
8	X	24	4,281,000										1.4	
9	X	24	5,102,000										1.4	
10	X	24	5,539,000										1.4	
11	X	24	5,186,000										1.4	
12	X	24	5,311,000										1.8	
13	X	24	5,179,000										1.4	
14	X	24	4,487,000										1.3	
15	X	24	4,097,000										1.3	
16	X	24	5,060,000										1.3	
17	X	24	5,763,000										1.3	
18	X	24	4,604,000										1.2	
19	X	24	5,133,000										2.0	
20	X	24	5,581,000										1.5	
21	X	24	4,625,000										1.3	
22	X	24	4,911,000										1.4	
23	X	24	5,113,000										0.7	
24	X	24	5,550,000										1.3	
25	X	24	4,659,000										1.4	
26	X	24	4,863,000										1.9	
27	X	24	6,388,000										1.7	
28	X	24	4,308,000										1.8	
29	X	24	4,940,000										1.2	
30	X	24	5,081,000										1.3	
31	X	24	6,023,000										1.2	
Total			157,849,000											
Average			5,091,903											
Maximum			6,388,000											

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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 , 2007

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: 2,853			Total Population Served at End of Month: 9,986	
PWS Owner: LAKE UTILITY SERVICES INC.				
Contact Pers 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: pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name: GREATER GROVES			Plant Telephone Number:	
Plant Addres 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 records at the plant

Steve Pfouts 7/3/07 — 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: 3354881-1 | Plant Name: GREATER GROVES

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

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	5,280,000										1.6	
2	X	24	4,185,000										1.8	
3	X	24	3,219,000										1.5	
4	X	24	5,070,000										1.3	
5	X	24	4,176,000										1.4	
6	X	24	5,007,000										1.2	
7	X	24	4,459,000										1.3	
8	X	24	4,311,000										1.4	
9	X	24	4,221,000										1.7	
10	X	24	6,655,000										1.7	
11	X	24	2,015,000										1.4	
12	X	24	3,745,000										1.3	
13	X	24	4,423,000										1.3	
14	X	24	4,867,000										0.9	
15	X	24	4,432,000										1.4	
16	X	24	4,958,000										1.8	
17	X	24	4,887,000										1.7	
18	X	24	5,392,000										1.5	
19	X	24	4,626,000										1.3	
20	X	24	4,629,000										1.1	
21	X	24	4,672,000										1.1	
22	X	24	4,731,000										1.2	
23	X	24	5,116,000										1.4	
24	X	24	5,236,000										1.1	
25	X	24	5,529,000										1.3	
26	X	24	4,899,000										1.2	
27	X	24	5,031,000										1.2	
28	X	24	5,777,000										1.3	
29	X	24	5,718,000										1.7	
30	X	24	4,669,000										2.0	
Total			141,935,000											
Average			4,731,167											
Maximum			6,655,000											

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

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FILE COPY

See page 4 for instructions.

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

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 2/05/07

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: January , 2007

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	39,000										1.5	
2	X	24	22,000										1.3	
3	X	24	25,000										1.5	
4	X	24	26,000										1.5	
5	X	24	37,000										1.5	
6		24	37,000											
7	X	24	29,000										1.3	
8	X	24	25,000										1.2	
9	X	24	23,000										1.5	
10	X	24	46,000										1.4	
11	X	24	26,000										1.3	
12	X	24	36,000										1.5	
13		24	35,000											
14	X	24	38,000										1.3	
15	X	24	28,000										1.2	
16	X	24	43,000										1.5	
17	X	24	38,000										1.5	
18	X	24	28,000										1.4	
19	X	24	49,000										1.4	
20		24	49,000											
21	X	24	39,000										1.2	
22	X	24	24,000										1.4	
23	X	24	32,000										1.7	
24	X	24	43,000										1.5	
25	X	24	35,000										1.5	
26	X	24	65,000										1.5	
27		24	65,000											
28	X	24	68,000										1.0	
29	X	24	150,000										1.1	HIGH FLOW DUE TO MAIN LINE BREAKAGE
30	X	24	32,000										1.6	
31	X	24	30,000										1.8	
Total			1,262,000											
Average			40,710											
Maximum			150,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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 records at the plant site for at least ten

Steve Pfouts 3/05/07 — 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: February , 2007

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	23,000										1.3	
2	X	24	14,000										1.1	
3	X	24	22,000										1.0	
4		24	22,000											
5	X	24	18,000										1.0	
6	X	24	18,000										1.5	
7	X	24	31,000										1.7	
8	X	24	24,000										1.6	
9	X	24	34,000										2.0	
10		24	34,000											
11	X	24	25,000										1.5	
12	X	24	18,000										1.2	
13	X	24	18,000										2.0	
14	X	24	21,000										2.0	
15	X	24	25,000										2.0	
16	X	24	21,000										1.8	
17	X	24	26,000										1.3	
18		24	25,000											
19	X	24	24,000										1.5	
20	X	24	19,000										2.0	
21	X	24	33,000										1.8	
22	X	24	29,000										2.0	
23	X	24	32,000										1.8	
24		24	32,000											
25	X	24	25,000										1.6	
26	X	24	23,000										1.3	
27	X	24	28,000										1.7	
28	X	24	42,000										1.7	
Total			706,000											
Average			25,214											
Maximum			42,000											

445

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 , 2007

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 records at the plant site for at least ten

Steve Pfouts 4/3/07 — 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: March , 2007

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	24,000										2.1	
2	X	24	18,000										2.0	
3	X	24	29,000										1.3	
4		24	28,000											
5	X	24	19,000										2.2	
6	X	24	19,000										1.8	
7	X	24	34,000										2.0	
8	X	24	34,000										2.0	
9	X	24	35,000										2.0	
10		24	35,000											
11	X	24	39,000										2.0	
12	X	24	14,000										1.1	
13	X	24	37,000										1.5	
14	X	24	33,000										1.2	
15	X	24	33,000										1.5	
16	X	24	38,000										1.2	
17	X	24	44,000										1.0	
18		24	43,000											
19	X	24	23,000										1.1	
20	X	24	26,000										1.3	
21	X	24	37,000										1.5	
22	X	24	37,000										1.2	
23	X	24	45,000										1.1	
24		24	45,000											
25	X	24	43,000										1.2	
26	X	24	37,000										1.0	
27	X	24	55,000										1.9	
28	X	24	51,000										1.4	
29	X	24	48,000										1.6	
30	X	24	52,000										1.7	
31		24	51,000											
Total			1,106,000											
Average			35,677											
Maximum			55,000											

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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 , 2007

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:	pcflynn@uiwater.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 records at the plant site for at least ten

Steve Pfouts 5/2/07 — 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: 3354647 | Plant Name: FOUR LAKES

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

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	71,000										1.3	
2	X	24	34,000										1.5	
3	X	24	60,000										1.7	
4	X	24	54,000										1.9	
5	X	24	36,000										1.5	
6	X	24	38,000										1.5	
7	X	24	62,000										1.5	
8		24	63,000											
9	X	24	14,000										1.4	
10	X	24	22,000										1.7	
11	X	24	31,000										1.5	
12	X	24	23,000										1.5	
13	X	24	39,000										1.5	
14		24	39,000											
15	X	24	31,000										1.6	
16	X	24	19,000										1.9	
17	X	24	36,000										1.6	
18	X	24	42,000										2.3	
19	X	24	25,000										1.5	
20	X	24	40,000										1.5	
21		24	40,000											
22	X	24	42,000										1.3	
23	X	24	37,000										1.3	
24	X	24	40,000										1.5	
25	X	24	49,000										1.5	
26	X	24	42,000										1.3	
27	X	24	30,000										1.5	
28	X	24	42,000										1.3	
29		24	41,000											
30	X	24	30,000										1.4	
Total			1,172,000											
Average			39,067											
Maximum			71,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	pcflynn@uiwater.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:	88,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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 plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
Domenic Gentilucci 6-5-07	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: May , 2007

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										1.5	
2	X	24	45,000										1.3	
3	X	24	43,000										1.3	
4	X	24	52,000										1.2	
5		24	43,000											
6	X	24	43,000										1.3	
7	X	24	18,000										1.0	
8	X	24	28,000										1.4	
9	X	24	44,000										1.5	
10	X	24	47,000										1.5	
11	X	24	36,000										1.4	
12		24	57,000											
13	X	24	57,000										1.2	
14	X	24	56,000										1.3	
15	X	24	31,000										1.3	
16	X	24	48,000										1.2	
17	X	24	55,000										1.3	
18	X	24	33,000										1.3	
19		24	48,000											
20	X	24	47,000										1.2	
21	X	24	48,000										1.0	
22	X	24	35,000										1.3	
23	X	24	40,000										1.3	
24	X	24	54,000										1.3	
25	X	24	46,000										1.5	
26		24	48,000											
27	X	24	47,000										1.3	
28	X	24	88,000										1.5	
29	X	24	61,000										1.3	
30	X	24	43,000										1.5	
31	X	24	75,000										1.3	
Total			1,446,000											
Average			46,645											
Maximum			88,000											

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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 , 2007

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:	pcflynn@uiwater.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:	88,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	

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 plant site for at least ten

Steve Pfouts 7/3/07

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: June , 2007

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										1.3	
2	X	24	45,000										1.4	
3		24	43,000											
4	X	24	52,000										1.9	
5	X	24	43,000										1.2	
6	X	24	43,000										1.3	
7	X	24	18,000										1.5	
8	X	24	28,000										1.5	
9		24	44,000											
10	X	24	47,000										1.6	
11	X	24	36,000										1.5	
12	X	24	57,000										1.4	
13	X	24	57,000										1.3	
14	X	24	56,000										1.3	
15	X	24	31,000										1.4	
16		24	48,000											
17	X	24	55,000										1.3	
18	X	24	33,000										1.2	
19	X	24	48,000										1.5	
20	X	24	47,000										1.3	
21	X	24	48,000										1.3	
22	X	24	35,000										1.2	
23		24	40,000											
24	X	24	54,000										1.0	
25	X	24	46,000										1.1	
26	X	24	48,000										1.2	
27	X	24	47,000										1.2	
28	X	24	88,000										1.6	
29	X	24	61,000										1.5	
30		24	43,000											
Total			1,371,000											
Average			45,700											
Maximum			88,000											

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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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. (**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:	45		Total Population Served at End of Month:	157	
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 SAUNDERS			Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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 2/05/07

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: 3354695 | Plant Name: LAKE SAUNDERS

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

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										1.2	
2	X	24	13,000										0.5	
3	X	24	14,000										1.0	
4	X	24	17,000										1.2	
5	X	24	13,000										1.4	
6		24	12,000											
7	X	24	9,000										1.1	
8	X	24	14,000										1.3	
9	X	24	8,000										1.3	
10	X	24	17,000										1.4	
11	X	24	16,000										1.4	
12	X	24	13,000										1.5	
13		24	12,000											
14	X	24	32,000										1.2	
15	X	24	9,000										1.9	
16	X	24	12,000										1.5	
17	X	24	15,000										1.5	
18	X	24	15,000										1.4	
19	X	24	15,000										1.4	
20		24	15,000											
21	X	24	9,000										1.2	
22	X	24	12,000										1.0	
23	X	24	6,000										1.0	
24	X	24	15,000										1.5	
25	X	24	10,000										1.0	
26	X	24	12,000										1.2	
27		24	11,000											
28	X	24	6,000										1.0	
29	X	24	12,000										1.0	
30	X	24	8,000										1.4	
31	X	24	13,000										1.6	
Total			403,000											
Average			13,000											
Maximum			32,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(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:	45	Total Population Served at End of Month:	157	
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 SAUNDERS		Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.	City: Tavares	State: FLORIDA	Zip Code: 32778
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 refereaced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
3/05/07	Steve Pfouts	C-14204

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

PWS Identification Number: 3354695 | Plant Name: LAKE SAUNDERS

(1). Daily Data for the Month/Year of: February , 2007

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										1.6	
2	X	24	5,000										1.5	
3	X	24	11,000										1.1	
4		24	10,000											
5	X	24	15,000										1.0	
6	X	24	7,000										1.0	
7	X	24	18,000										1.3	
8	X	24	10,000										1.3	
9	X	24	14,000										1.3	
10		24	13,000											
11	X	24	6,000										1.2	
12	X	24	10,000										1.0	
13	X	24	14,000										1.2	
14	X	24	8,000										1.3	
15	X	24	74,000										1.3	
16	X	24	11,000										1.4	
17	X	24	14,000										1.2	
18		24	14,000											
19	X	24	7,000										1.2	
20	X	24	14,000										1.4	
21	X	24	11,000										1.3	
22	X	24	18,000										1.4	
23	X	24	16,000										1.2	
24		24	15,000											
25	X	24	15,000										1.1	
26	X	24	6,000										1.0	
27	X	24	16,000										1.0	
28	X	24	10,000										1.0	
Total			398,000											
Average			14,214											
Maximum			74,000											

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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:

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(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:	45		Total Population Served at End of Month:	157	
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 SAUNDERS		Plant Telephone Number:		
Plant Address:	Alane Ct. & Carrolls Ct.		City: Tavares	State: FLORIDA	Zip Code: 32778
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 records at the plant site for at least ten

Signature and Date	Printed or Typed Name	License Number
Steve Pfouts 4/3/07	Steve Pfouts	C-14204

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

PWS Identification Number: 3354695 | Plant Name: LAKE SAUNDERS

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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										1.2	
2	X	24	9,000										1.2	
3	X	24	14,000										1.1	
4		24	14,000											
5	X	24	9,000										0.7	
6	X	24	16,000										1.0	
7	X	24	10,000										1.4	
8	X	24	19,000										1.3	
9	X	24	18,000										1.3	
10		24	17,000											
11	X	24	32,000										1.1	
12	X	24	12,000										1.6	
13	X	24	21,000										1.8	
14	X	24	16,000										1.1	
15	X	24	15,000										1.0	
16	X	24	14,000										1.0	
17	X	24	18,000										1.0	
18		24	17,000											
19	X	24	11,000										1.4	
20	X	24	14,000										2.2	
21	X	24	10,000										3.0	
22	X	24	15,000										0.6	
23	X	24	16,000										0.5	
24		24	16,000											
25	X	24	25,000										0.6	
26	X	24	11,000										1.4	
27	X	24	18,000										1.5	
28	X	24	18,000										1.3	
29	X	24	28,000										0.5	
30	X	24	14,000										1..0	
31		24	14,000											
Total			497,000											
Average			16,032											
Maximum			32,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(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:	45	Total Population Served at End of Month:	157	
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:	pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name:	LAKE SAUNDERS	Plant Telephone Number:		
Plant Address:	Alane Ct. & Carrolls Ct.	City: Tavares	State: FLORIDA	Zip Code: 32778
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 records at the plant site for at least ten

Signature and Date		Printed or Typed Name	License Number
Steve Pfouts	5/2/07	Steve Pfouts	C-14204

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

PWS Identification Number: 3354695 | Plant Name: LAKE SAUNDERS

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

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	23,000										1.0	
2	X	24	9,000										1.0	
3	X	24	26,000										1.2	
4	X	24	17,000										1.3	
5	X	24	22,000										1.1	
6	X	24	11,000										1.3	
7	X	24	29,000										1.2	
8		24	29,000											
9	X	24	6,000										0.8	
10	X	24	14,000										0.9	
11	X	24	23,000										0.9	
12	X	24	11,000										0.9	
13	X	24	19,000										1.5	
14		24	18,000											
15	X	24	15,000										1.0	
16	X	24	5,000										1.1	
17	X	24	16,000										1.3	
18	X	24	8,000										1.3	
19	X	24	25,000										1.3	
20	X	24	16,000										1.3	
21		24	15,000											
22	X	24	10,000										1.2	
23	X	24	15,000										1.1	
24	X	24	23,000										1.0	
25	X	24	22,000										1.1	
26	X	24	22,000										1.0	
27	X	24	19,000										1.2	
28	X	24	33,000										1.1	
29		24	33,000											
30	X	24	14,000										1..0	
Total			548,000											
Average			18,267											
Maximum			33,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(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:	45		Total Population Served at End of Month:	157	
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:	pcflynn@uiwater.com				

B. Water Treatment Plant Information

Plant Name:	LAKE SAUNDERS		Plant Telephone Number:	
Plant Address:	Alane Ct. & Carrolls Ct.	City: Tavares	State: FLORIDA	Zip Code: 32778
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.):	D	

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 plant site for at least ten

Domenic Gentilucci 6-5-07 — Signature and Date

Domenic Gentilucci — Printed or Typed Name

C-12562 — License Number

[redacted] OF OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354695 | Plant Name: LAKE SAUNDERS

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	14,000										1.3	
2	X	24	27,000										1.0	
3	X	24	18,000										1.2	
4	X	24	22,000										1.4	
5		24	25,000											
6	X	24	24,000										1.3	
7	X	24	24,000										1.0	
8	X	24	20,000										0.9	
9	X	24	19,000										1.2	
10	X	24	22,000										1.5	
11	X	24	24,000										1.4	
12		24	28,000											
13	X	24	28,000										1.1	
14	X	24	25,000										1.3	
15	X	24	13,000										1.5	
16	X	24	25,000										1.2	
17	X	24	22,000										1.4	
18	X	24	22,000										1.2	
19		24	29,000											
20	X	24	28,000										1.3	
21	X	24	24,000										1.2	
22	X	24	29,000										1.2	
23	X	24	36,000										1.2	
24	X	24	13,000										1.2	
25	X	24	25,000										1.3	
26		24	21,000											
27	X	24	21,000										1.9	
28	X	24	25,000										1.9	
29	X	24	19,000										1.3	
30	X	24	23,000										1.4	
31	X	24	18,000										1.3	
Total			713,000											
Average			23,000											
Maximum			36,000											

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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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. **(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:	45	Total Population Served at End of Month:	157	
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:	pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name:	LAKE SAUNDERS	Plant Telephone Number:		
Plant Address:	Alane Ct. & Carrolls Ct.	City: Tavares	State: FLORIDA	Zip Code: 32778
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.):	D	

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 plant site for at least ten

Steve Pfouts 7/3/07 — 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: 3354695 | Plant Name: LAKE SAUNDERS

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

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										1.0	
2	X	24	18,000										1.1	
3		24	18,000											
4	X	24	18,000										1.0	
5	X	24	9,000										1.0	
6	X	24	21,000										1.1	
7	X	24	9,000										1.3	
8	X	24	17,000										1.5	
9		24	18,000											
10	X	24	18,000										1.3	
11	X	24	15,000										0.5	
12	X	24	11,000										1.8	
13	X	24	21,000										1.2	
14	X	24	12,000										1.2	
15	X	24	17,000										1.3	
16		24	22,000											
17	X	24	22,000										1.2	
18	X	24	16,000										1.0	
19	X	24	21,000										0.6	
20	X	24	18,000										1.2	
21	X	24	9,000										1.0	
22	X	24	25,000										1.0	
23		24	16,000											
24	X	24	16,000										1.1	
25	X	24	24,000										1.0	
26	X	24	17,000										0.8	
27	X	24	20,000										0.8	
28	X	24	11,000										0.6	
29	X	24	22,000										0.6	
30		24	16,000											
Total			522,000											
Average			17,400											
Maximum			25,000											

62-699-665

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 , 2007

A. Public Water System (PWS) Information

PWS Name:	LAKE UTILITY SERVICES INC. SOUTH (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:	5,291		Total Population Served at End of Month:	18,518	
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:	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 plant site for at

Steve Pfouts 2/05/07 — 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 | Plant Name: C.R. 561

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

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	365,000										1.0	
2	X	24	447,000										1.2	
3	X	24	766,000										1.4	
4	X	24	444,000										1.0	
5	X	24	696,000										1.0	
6	X	24	1,104,000										1.0	
7	X	24	521,000										1.0	
8	X	24	310,000										1.3	
9	X	24	754,000										0.5	
10	X	24	934,000										1.0	
11	X	24	682,000										1.4	
12	X	24	850,000										1.5	
13	X	24	859,000										1.4	
14	X	24	1,187,000										1.2	
15	X	24	569,000										1.2	
16	X	24	1,025,000										1.7	
17	X	24	1,116,000										1.7	
18	X	24	612,000										2.0	
19	X	24	831,000										1.7	
20	X	24	1,399,000										2.0	
21	X	24	1,196,000										1.5	
22	X	24	347,000										1.7	
23	X	24	754,000										1.6	
24	X	24	872,000										2.0	
25	X	24	312,000										1.8	
26	X	24	522,000										1.4	
27	X	24	1,048,000										1.4	
28	X	24	596,000										1.5	
29	X	24	351,000										1.4	
30	X	24	671,000										1.3	
31	X	24	1,016,000										1.1	
Total			23,156,000											
Average			746,968											
Maximum			1,399,000											

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

FILE COPY

See page 4 for instructions.

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

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:	5,291		Total Population Served at End of Month:	18,518	
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:	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 plant site for at least ten

Steve Pfouts 3/05/07 — 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 | Plant Name: C.R. 561

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	377,000										1.2	
2	X	24	287,000										1.1	
3	X	24	392,000										1.2	
4	X	24	412,000										1.0	
5	X	24	247,000										1.1	
6	X	24	676,000										1.0	
7	X	24	866,000										1.0	
8	X	24	751,000										1.1	
9	X	24	894,000										1.0	
10	X	24	1,291,000										1.1	
11	X	24	1,004,000										1.1	
12	X	24	302,000										1.0	
13	X	24	678,000										1.1	
14	X	24	979,000										1.0	
15	X	24	444,000										1.3	
16	X	24	635,000										1.0	
17	X	24	1,027,000										1.1	
18	X	24	589,000										1.0	
19	X	24	494,000										1.0	
20	X	24	453,000										1.0	
21	X	24	1,724,000										0.8	
22	X	24	895,000										1.5	
23	X	24	1,271,000										1.7	
24	X	24	1,618,000										1.1	
25	X	24	1,199,000										1.0	
26	X	24	592,000										1.1	
27	X	24	989,000										1.4	
28	X	24	1,367,000										1.5	
Total			22,453,000											
Average			801,893											
Maximum			1,724,000											

632.662.665

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: March , 2007

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:	5,291		Total Population Served at End of Month:	18,518	
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:	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 plant site for at least ten years and to make

Steve Pfouts 4/3/07 — 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 | Plant Name: C.R. 561

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	884,000										1.7	
2	X	24	953,000										1.5	
3	X	24	598,000										1.4	
4	X	24	881,000										1.2	
5	X	24	562,000										1.1	
6	X	24	1,072,000										1.3	
7	X	24	1,434,000										1.5	
8	X	24	930,000										1.2	
9	X	24	1,408,000										1.4	
10	X	24	1,676,000										1.5	
11	X	24	1,524,000										1.2	
12	X	24	821,000										1.2	
13	X	24	1,355,000										1.4	
14	X	24	1,714,000										1.3	
15	X	24	854,000										1.5	
16	X	24	1,200,000										1.6	
17	X	24	1,738,000										1.5	
18	X	24	1,291,000										1.4	
19	X	24	953,000										1.8	
20	X	24	1,369,000										1.6	
21	X	24	1,668,000										1.6	
22	X	24	1,313,000										1.7	
23	X	24	1,426,000										1.5	
24	X	24	2,138,000										1.6	
25	X	24	1,799,000										1.3	
26	X	24	1,164,000										1.6	
27	X	24	1,624,000										0.9	
28	X	24	2,284,000										1.3	
29	X	24	1,579,000										1.4	
30	X	24	1,305,000										1.5	
31	X	24	1,796,000										1.4	
Total			41,313,000											
Average			1,332,677											
Maximum			2,284,000											

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

FILE COPY

See page 4 for instructions.

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

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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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:	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 plant site for at least ten years and to make

Steve Pfouts 5/2/07 — 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 | Plant Name: C.R. 561

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

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	2,715,000										1.5	
2	X	24	1,632,000										1.3	
3	X	24	2,127,000										1.3	
4	X	24	2,037,000										1.5	
5	X	24	1,635,000										1.1	
6	X	24	1,672,000										0.6	
7	X	24	2,155,000										1.0	
8	X	24	2,012,000										1.0	
9	X	24	730,000										1.1	
10	X	24	630,000										1.4	
11	X	24	932,000										1.3	
12	X	24	945,000										1.3	
13	X	24	1,270,000										1.5	
14	X	24	1,613,000										1.5	
15	X	24	853,000										1.3	
16	X	24	712,000										1.5	
17	X	24	1,284,000										1.4	
18	X	24	1,564,000										1.5	
19	X	24	1,284,000										1.2	
20	X	24	1,318,000										1.4	
21	X	24	1,695,000										1.0	
22	X	24	1,647,000										1.3	
23	X	24	1,284,000										1.2	
24	X	24	1,595,000										1.3	
25	X	24	1,719,000										1.3	
26	X	24	1,962,000										1.0	
27	X	24	1,357,000										1.3	
28	X	24	2,541,000										1.3	
29	X	24	1,905,000										1.6	
30	X	24	1,601,000										0.7	
Total			46,426,000											
Average			1,547,533											
Maximum			2,715,000											

561

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	5,344		Total Population Served at End of Month:	18,704	
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:	pcflynn@uiwater.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:	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 plant site for at least ten years and to make

Domenic Gentilucci 6-5-07

Signature and Date

Domenic Gentilucci

Printed or Typed Name

C-12562

License Number

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

PWS Identification Number: 3354883 | Plant Name: C.R. 561

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

Means of Achieving Four-Log Virus Inactivation/Removal: * ☑ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (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	1,601,000										2.0	
2	X	24	1,319,000										1.5	
3	X	24	2,547,000										1.5	
4	X	24	1,832,000										1.3	
5	X	24	1,143,000										1.4	
6	X	24	2,058,000										1.4	
7	X	24	1,532,000										1.0	
8	X	24	1,040,000										1.2	
9	X	24	1,603,000										1.0	
10	X	24	1,725,000										1.0	
11	X	24	1,726,000										1.2	
12	X	24	1,604,000										1.3	
13	X	24	1,583,000										1.1	
14	X	24	2,564,000										1.0	
15	X	24	1,385,000										1.0	
16	X	24	1,542,000										1.3	
17	X	24	2,131,000										1.3	
18	X	24	1,796,000										1.0	
19	X	24	1,222,000										1.2	
20	X	24	2,321,000										1.0	
21	X	24	2,303,000										1.0	
22	X	24	1,603,000										1.1	
23	X	24	1,663,000										1.2	
24	X	24	2,259,000										1.3	
25	X	24	2,125,000										1.0	
26	X	24	1,556,000										1.5	
27	X	24	2,406,000										1.3	
28	X	24	2,251,000										1.2	
29	X	24	1,842,000										1.2	
30	X	24	1,792,000										1.3	
31	X	24	2,211,000										1.3	
Total			56,285,000											
Average			1,815,645											
Maximum			2,564,000											

5401

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	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:	5,344			Total Population Served at End of Month:	18,704
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:	pcflynn@uiwater.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:	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 plant site for at least ten years and to make

Steve Pfouts 7/3/07

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 | Plant Name: C.R. 561

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

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	2,283,000										1.2	
2	X	24	711,000										1.2	
3	X	24	598,000										1.1	
4	X	24	1,768,000										1.3	
5	X	24	1,163,000										1.3	
6	X	24	1,663,000										1.0	
7	X	24	1,000,000										1.3	
8	X	24	653,000										1.2	
9	X	24	988,000										1.4	
10	X	24	1,960,000										1.1	
11	X	24	1,232,000										1.3	
12	X	24	882,000										1.1	
13	X	24	1,032,000										1.4	
14	X	24	1,060,000										1.3	
15	X	24	1,241,000										1.1	
16	X	24	1,434,000										1.5	
17	X	24	1,250,000										1.1	
18	X	24	2,287,000										0.8	
19	X	24	1,260,000										1.1	
20	X	24	1,033,000										1.4	
21	X	24	1,376,000										1.1	
22	X	24	1,362,000										1.1	
23	X	24	1,299,000										1.1	
24	X	24	2,176,000										1.2	
25	X	24	1,530,000										1.0	
26	X	24	952,000										1.0	
27	X	24	1,687,000										0.8	
28	X	24	1,803,000										1.0	
29	X	24	1,417,000										1.2	
30	X	24	1,232,000										1.0	
Total			40,332,000											
Average			1,344,400											
Maximum			2,287,000											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

075

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: 0

MONITORING PERIOD From: June 1, 2007 To: June 30 , 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.358		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.353		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	11.0		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.8			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/7/11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Ground Monitoring Well, MWC-1 was sampled on 4/16/07. The result was that it exceeded nitrate limit at 13 mg/L. Notified Blake on voice mail . We re-sampled on 6/25/07 and exceeded nitrate limit at 12mg/L.

FILE COPY

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD June 1, 2007 To June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.1	3.0		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.8	7.7		s.u.	0	5 days/Wieek	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				1.4	48		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.3			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate. Total (as N)	Sample Measurement				5.0			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				233			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				178			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity. (TMADF/Permitted Capacity) x 100	Sample Measurement				72 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From June 1, 2007 To: June 30, 2007

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.347				>2.2			7.2			
2	0.387				<2.2			7.2			
3	0.375				<2.2			7.2			
4	0.311				<2.2			7.2			
5	0.347				<2.2			7.2			
6	0.328	275	176	2.3	<2.2	5.0	1.5	7.2			
7	0.326				<2.2			7.2	1.0		
8	0.360				<2.2			7.2			
9	0.332				<2.2			7.2			
10	0.398				<2.2			7.2			
11	0.333				<2.2			6.8			
12	0.337	213	188		<2.2			7.0			
13	0.350			8.8	<2.2	3.0	1.0	7.1	0.5		
14	0.341				5.0			7.4			
15	0.387				4.8			7.4			
16	0.337				8.8			7.4			
17	0.269				5.1			7.2			
18	0.402				5.0			7.4			
19	0.351	244	274	11	1.3	2.5	3.0	7.4			
20	0.354				<2.2			7.4	0.5		
21	0.344				<2.2			7.5			
22	0.363				<2.2			7.5			
23	0.359				<2.2			7.5			
24	0.365				<2.2			7.5			
25	0.391				1.7			7.5			
26	0.348	198	72	9.8	1.6	1.8	3.0	7.5	48		
27	0.350				1.7			7.6			
28	0.356				<2.2			7.7	0.5		
29	0.384				<2.2			7.7			
30	0.347				<2.2			7.5			
31											
Total	10.579	930	710	31.9	81.2	12	8.5	220	10.1		
Mo. Avg.	0.353	233	178	8.0	2.7	3.1	2.1	7.3	1.4		

PLANT STAFFING:

Day Shift Operator	Class	C	Certificate No:	14490	Name	ROBERT JOHNSON
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: April 2007 To: June 2007
Date Sampled Obtained: 04/16/07 1231
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 165.49

Lab Sample ID: T0755307001
Monitoring Location Site #: MWC-1
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28244
Input WAFR Number: MWC-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	121.25		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	13 / mg/L		0.24 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	380 / mg/L		8 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	EPA 300.0	67 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	6.49		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	1.9		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4927 06/13/2007 14:44 #276 P.001/005

9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: April 2007 To: Jume 2007
Date Sampled Obtained: 04/16/07 1310
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 161.94

Lab Sample ID: T0755307002
Monitoring Location Site #: MWC-2
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28245
Input WAFR Number: MWC-2

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	112.61		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	5.7 / mg/L		0.24 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	310 / mg/L		8 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	72 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	6.73		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	1.0		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

FROM:ADVANCED ENVIRONMENTAL LABS 813 630 4327 06/15/2007 14:44 #276 P.002/005

9610 PrincessPalm Avenue
Tampa, FL 33619

FROM:ADVANCED ENVIRONMENTAL LABS 813 690 4927 06/13/2007 14:45 #276 P.003/005

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: April 2007 To: June 2007
Date Sampled Obtained: 04/16/07 1055
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 158.14

Lab Sample ID: T0755307003
Monitoring Location Site #: MWC-3
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28246
Input WAFR Number: MWC-3

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	105.6		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	5.2 / mg/L		0.24 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	290 / mg/L		8 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	72 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	6.63		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	2.8		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

From:ALWANDEL ENVIRONMENTAL LABS 813 660 4927 06/13/2007 14:45 #276 P.004/005

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

Permit Number: FLA010630 GMS# 305P05055
Monitoring Period: From: April 2007 To: June 2007
Date Sampled Obtained: 04/16/07 1147
Purged Before Sampling? (X) Yes ( ) No
Elevation T.O.C.: 161

Lab Sample ID: T0755307004
Monitoring Location Site #: MWC-04
Well Type: Compliance
Ground Water Class: G-II
WAFR #: N/A
Input WAFR Number: MWC-4

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
Water Level (ft. NGVD)	082545	Pump	N	N/A	Field	111.79		N/A
Nitrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	3.0 / mg/L		0.047 / mg/L
TDS (mg/L)	070296	Pump	N	Ice	EPA 160.1	250 / mg/L		8 / mg/L
Chloride (mg/L)	000940	Pump	N	Ice	SM 4500ClE	76 / mg/L		2.1 / mg/L
Fecal Coliform (# / 100mL)	074055	Pump	N	Ice	SM 9222D	1 / #/100mL	U	1 / #/100mL
pH (Standard Units)	000400	Pump	N	N/A	Field	4.60		N/A
Turbidity (NTU)	082079	Pump	N	N/A	Field	3.3		N/A

Comments and Explanations: U= Not Detected Above The Detection Limit

P.16

610 PrincessPalm Avenue
'ampa, FL 33619

Groundwater Monitoring Report - Part D (Lake Grove Utilities / Lake County) Ponds

ermit Number: FLA010630 GMS# 305P05055
lonitoring Period: From: April 2007 To: June 2007
'ate Sampled Obtained: 06/25/2007 10:35
urged Before Sampling? (X) Yes ( ) No
levation T.O.C.: 165.49

Lab Sample ID: T0758403001
Monitoring Location Site #: MWC-1
Well Type: Compliance
Ground Water Class: G-II
WAFR #: 28244
Input WAFR Number: MWC-1

Parameter Monitored	Storet Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result / Units	Qualifier Codes	Detection Limits / Units
'ater Level (ft. NGVD)	082545	Pump	N	N/A	Field	119.65		N/A
itrate (mg/L as N)	000620	Pump	N	Ice	SM 4500NO3F	12 / mg/L		0.24 / mg/L
H (Standard Units)	000400	Pump	N	N/A	Field	6.79		N/A
urbidity (NTU)	082079	Pump	N	N/A	Field	1.65		N/A

omments and Explanations:

From:ADVANCED ENVIRONMENTAL LABS 813 660 4627 07/02/2007 09:00 #082 P.007/012

6 of 5

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

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

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1, 2007 To: May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.359		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.350		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9	7.0		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.8			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/6/1

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD May 1, 2007 To May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.2	6.0		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.9	7.2		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.8			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.6	1.0		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.8			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.5			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				218			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				116			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				73 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From May 1, 2007 To: May 31, 2007

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INT-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.340				<2.2			7.1			
2	0.347	177	121	7.0	0.9	5.5	6.0	7.1			
3	0.352				<2.2			7.0	<1		
4	0.345				<2.2			7.1			
5	0.368				5.0			7.0			
6	0.372				<2.2			7.0			
7	0.325				<2.2			7.1			
8	0.339				<2.2			7.1			
9	0.341	214	105	6.7	<2.2	4.5	5.0	7.1			
10	0.335				<2.2			7.1	<1		
11	0.364				<2.2			7.1			
12	0.348				0.9			7.1			
13	0.358				<2.2			7.2			
14	0.320				<2.2			7.2			
15	0.350				1.1			7.1			
16	0.323	204	76	1.0	<2.2	5.7	0.5	7.2			
17	0.356				<2.2			7.1	<1		
18	0.350				<2.2			7.1			
19	0.369				5.0			7.1			
20	0.384				<2.2			7.1			
21	0.305				<2.2			7.1			
22	0.363				<2.2			6.9			
23	0.311	273	168	1.0	1.2	6.5	1.5	7.0			
24	0.335				<2.2			7.2	1.0		
25	0.354				<2.2			7.2			
26	0.354				5.0			7.1			
27	0.421				<2.2			7.1			
28	0.316				<2.2			7.2			
29	0.389				0.8			7.1			
30	0.357	221	111	3.8	<2.2	6.2	2.8	7.2			
31	0.360				0.9			7.1	<1		
Total	10.851	1089	581	19.5	69.2	28	15.8	220.2	0.6		
Mo. Avg.	0.350	218	116	3.9	2.2	5.7	3.2	7.1	0.6		

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No:	7347	Name	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

675

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

FILE COPY

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: April 1, 2007 To: April 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.358		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.372		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9	6.0		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.0			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/5/11

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD April 1, 2007 To April 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.1	5.5		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				7.0	7.5		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.8			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.6	1.0		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.9			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.9			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				263			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				184			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				73 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From April 1, 2007 To: April 30 , 2007

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.411				>2.2			7.2			
2	0.374				>2.2			7.2			
3	0.394				>2.2			7.3			
4	0.389	256	248	6.0	>2.2	4.2	4.0	7.5			
5	0.406				1.0			7.2	<1		
6	0.369				>2.2			7.0			
7	0.412				5.0			7.2			
8	0.388				>2.2			7.2			
9	0.358				5.0			7.1			
10	0.383				5.0			7.1			
11	0.393	267	197	2.4	1.5	5.7	2.0	7.2			
12	0.389				>2.2			7.2	<1		
13	0.362				>2.2			7.5			
14	0.387				5.0			7.2			
15	0.405				5.0			7.2			
16	0.321				>2.2			7.2			
17	0.358				1.4			7.2			
18	0.349	293	192	2.8	<2.2	4.1	4.8	7.2			
19	0.356				<2.2			7.2	<1		
20	0.420				>2.2			7.1			
21	0.312				5.0			7.0			
22	0.377				<2.2			7.0			
23	0.340				>2.2			7.2			
24	0.347				>2.2			7.1			
25	0.342	235	98	4.2	2.1	7.9	5.5	7.1			
26	0.351				1.0			7.2	1.0		
27	0.367				<2.2			7.2			
28	0.396				5.0			7.1			
29	0.374				>2.2			7.2			
30	0.340				0.9			7.1			
31											
Total	11.170	1051	735	15.4	80.3	22	16.3	215.4	2.5		
Mo. Avg.	0.372	263	184	3.9	2.7	5.5	4.1	7.2	0.6		

PLANT STAFFING

Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

05/15/2007 10:37 3522420565 LK GROVES PAGE 02/03

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FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PATRIA

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

COUNTY: Lake

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD From: March 1, 2007 To: March 31 , 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.354		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.366		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.1			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	5.2		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.2			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/04/[illegible]

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD March 1, 2007 To March 1, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.6	6.3		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.8	7.4		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.8			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.5			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.9			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				269			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				224			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				72 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From March 1, 2007 To: March 1, 2007

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.359				>2.2			7.0			
2	0.350				>2.2			6.9			
3	0.366				>2.2			7.2			
4	0.394				>2.2			7.0			
5	0.338				>2.2			7.0			
6	0.363				>2.2			7.4			
7	0.359	281	269	5.2	>2.2	6.0	2.0	7.4			
8	0.360				>2.2			7.1	<1		
9	0.362				>2.2			7.3			
10	0.370				>2.2			7.4			
11	0.381				>2.2			7.3			
12	0.387				>2.2			7.1			
13	0.349				>2.2			7.4			
14	0.370	256	97	3.4	1.0	8.2	4.4	6.8			
15	0.360				>2.2			7.2	<1		
16	0.388				>2.2			7.1			
17	0.347				1.0			7.4			
18	0.384				1.8			7.4			
19	0.356				0.5			7.3			
20	0.357				>2.2			7.4			
21	0.350	260	272	2.5	2.1	8.9	6.3	7.1			
22	0.355				1.3			7.3	<1		
23	0.375				>2.2			7.3			
24	0.364				>2.2			7.0			
25	0.399				>2.2			7.0			
26	0.380				0.5			7.0			
27	0.359				0.9			7.3			
28	0.363	280	259	2.4	>2.2	4.4	1.8	7.4			
29	0.357				>2.2			7.2	<1		
30	0.356				>2.2			7.2			
31	0.379				>2.2			7.2			
Total	11.337	1077	897	13.5	59.7	28	14.5	223.1	0.5		
Mo. Avg.	0.366	269	224	3.4	1.9	6.9	3.6	7.2	0.5		

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No:	7347	Name	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

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

PERMIT NUMBER: FLA010630

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

MONITORING GROUP NUMBER: R-001 and Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: 0

MONITORING PERIOD From: February 1, 2007 To: February 28 , 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.350		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.361		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.2			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.8	3.5		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.1			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/03/1

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

The BOD sample that was taken on February 21 the lab could not get a accurate reading . Domenic spoke with Blake at DEP and let him know the situation about the sample from the lab. Note: See attached lab results

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD February 1, 2007 To February 28 , 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.8	3.0		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				6.8	7.5		s.u.	0	5 days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.8			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				1.1	12		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				0.8			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.9			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				260			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				226			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				72 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From February 1, 2007 To: February 28 , 2007

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.361				5.0			7.1			
2	0.337				5.0			7.2			
3	0.489				2.2			7.5			
4	0.275				5.0			7.3			
5	0.341				2.2			7.2			
6	0.351				2.0			7.1			
7	0.358	245	259	<2	2.2	5.0	2.3	7.3			
8	0.333				2.2			7.3	<1		
9	0.356				2.2			7.3			
10	0.340				2.2			7.3			
11	0.378				2.2			7.2			
12	0.359				2.2			7.1			
13	0.359				2.2			7.0			
14	0.344	243	235	3.5	2.2	5.1	<1	7.2			
15	0.348				2.2			7.3	<1		
16	0.337				2.2			7.2			
17	0.521				2.2			7.4			
18	0.274				2.2			7.2			
19	0.359				2.2			6.9			
20	0.361				2.2			6.9			
21	0.369	307	77	<2	0.8	2.7	1.2	7.5			
22	0.371				1.0			7.3	12		
23	0.349				2.2			7.3			
24	0.502				2.2			7.1			
25	0.266				2.2			7.1			
26	0.359				2.2			6.8			
27	0.349				2.2			7.0			
28	0.365	244	332		2.2	5.9	3.0	7.2	<1		
29											
30											
31											
Total	10.111	1039	903	5.5	97.2	19	7.0	201 3	13.5		
Mo. Avg.	0.361	260	226	1.9	2.4	4.7	1.8	7.2	3.4		

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	7347	Name:	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

675

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010630

FACILITY: Lake Groves WWTF
LOCATION: 2425 U.S. 27 South
Clermont, FL

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

COUNTY: Lake

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: January 1, 2007 To: January 31 , 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.345		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. EFF-1	Permit Requirement	0.500 (An.Avg.)		Mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement	0.355		Mgd					0	continuous	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)		Mgd						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7	10.8		mg/l	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.9			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Weekly	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts, Lead Operator	Steve Pfouts	1-407-869-1919	07/03/13

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

DISCHARGE MONITORING REPORT - PART A, Final Limits (Continued)

FACILITY NAME: Lake Groves WWTF

PERMIT NUMBER: FLA010630 MONITORING GROUP No.: R-001 and Influent
MONITORING PERIOD January 1, 2007 To January 31 , 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.5	6.4		mg/l	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Weekly	8-hour FPC
pH	Sample Measurement				7.0	7.5		s.u.	0	5 days/Wieek	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.4			#100ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.8	2.0		#100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Weekly	Grab
Chlorine, Total Residual	Sample Measurement				1.2			mg/l	0	5 days/Week	Grab
PARM Code 50060 1 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.9			Mg/l	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				266			mg/l	0	Weekly	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				242			mg/l	0	Weekly	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/l		Weekly	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				71 %			%	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. EFF-1	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010630 Facility: Lake Groves WWTF

Monitoring Period From January 1, 2007 To: January 31 , 2007

	Flow, thru treatment plant (mgd)	CBOD5 (mg/l)	TSS (mg/l)	CBOD5 (mg/l)	Chlorine, Total Residual (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)		
Code	50050	80082	00530	80082	50060	00620	00530	00400	74055		
Mon. Site	EFF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.405				4.7			7.2			
2	0.382				2.6			7.0			
3	0.379	236	157	10.8	5.0	2.3	6.4	7.3			
4	0.402				5.0			7.2	1.0		
5	0.384				5.0			7.2			
6	0.507				5.0			7.2			
7	0.229				5.0			7.2			
8	0.346				5.0			7.2			
9	0.299				5.0			7.2			
10	0.379	297	268	<2	1.2	3.6	<1	7.2			
11	0.377				5.0			7.3	<1		
12	0.324				5.0			7.3			
13	0.497				5.0			7.3			
14	0.237				5.0			7.2			
15	0.378				5.0			7.2			
16	0.333				5.0			7.1			
17	0.328	270	208	2.8	5.0	4.3	4.3	7.2			
18	0.336				5.0			7.2	2.0		
19	0.314				5.0			7.4			
20	0.474				5.0			7.5			
21	0.237				5.0			7.4			
22	0.346				5.0			7.2			
23	0.339				5.0			7.1			
24	0.344	238	263	<2	5.0	4.0	2.3	7.1			
25	0.354				5.0			7.5	<1		
26	0.309				5.0			7.4			
27	0.486				5.0			7.4			
28	0.254				5.0			7.4			
29	0.350				5.0			7.2			
30	0.328				5.0			7.2			
31	0.336	291	313	2.9	5.0	4.9	4.0	7.2	<1		
Total	10.993	1332	1209	18.5	148.5	19	17.4	224.7	4.5		
Mo. Avg.	0.355	266	242	3.7	4.8	3.8	3.5	7.2	0.9		

PLANT STAFFING:

Day Shift Operator	Class	A	Certificate No:	7347	Name	BARNER COOKS
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	CHARLES SCHWADES
Day Shift Operator	Class:	C	Certificate No:	8659	Name:	DOMINIC GENTILUCCI
Day Shift Operator	Class:	C	Certificate No:	12989	Name:	RAYMOND PARRISH
Lead Operator	Class:	B	Certificate No:	9509	Name:	STEVE PFOUTS