

CLASS A and B  
WATER AND/OR WASTEWATER UTILITIES

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

OF

Utilities, Inc. of Florida - Orange County

Exact Legal Name of Utility

**VOLUME III**



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 ( / )

*BINDER 2 of 11*

System(s):

Crescent Heights  
Davis Shore

DOCUMENT NUMBER-DATE  
09068 OCT-28  
COMMISSION CLERK

Crescent Heights

Docket No. 060253-WS

Orange County

Test Year Ended December 31, 2005

Crescent Heights

Docket No. 060253-WS

25.30-440(1)  
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Crescent Heights

Docket No. 060253-WS

25.30-440(2)  
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

NONE

Crescent Heights

Docket No. 060253-WS

25.30-440(3)  
Chemical Analyses

Test Year Ended December 31, 2005

**UTILITIES, INC. OF FLORIDA**

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

June 14, 2005

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

Re: Annual Nitrate and Nitrite Analysis, 2005  
Chapter 62-550 FAC  
Crescent Heights  
PWS ID# 3480255

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 2, 2005, for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe  
Area Manager

Enclosure

cc:

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

620



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

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

System Name: Crescent Heights PWS I.D. #: 

3	4	8	0	2	5	5
---	---	---	---	---	---	---

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

Address: AMELIA ST.

City: ORLANDO State: FLA. ZIP Code: 32811

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

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: AD51881-01 Location Code (if known): \_\_\_\_\_

Sample Date: 6/2/05 Sample Time: 8:30  AM  PM (Circle One)

Sample Location (be specific): P.O.E 6" WATER MAIN CORNER OF AMELIA ST & HUDSON

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

**Sample Type (Check Only One)**

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

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? \_\_\_\_\_)
- Confirmation of MCL Exceedance\*  Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*  Violation Resolution
- Clearance (permitting)  Replacement (of Invalidated Sample)
- Other: NO2 & NO3 ANNUAL

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4202 Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 6/14/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1):

Date Sample(s) Received: 6/2/2005 10:07:00

Lab Assigned Report Number or Job ID A051881

Sample Number (From page 1) A051881-01

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Myrna Santiago, Laboratory Manager  
(Print Name)

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

Signature: *Myrna Santiago*

Date: 6/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory  Yes  No      Sample Analysis Info Satisfactory:  Yes  No
- Replacement Sample(s) Requested (circle or highlight group(s) above)       Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s):  MCL(s) Exceeded       Detection(s)       Incomplete Report
- Missing Analyte Sheet(s)       Location Unsatisfactory       Analysis Unsatisfactory
- Other:

Person Notified:

Date Notified:

Comments

Date Reviewed:

DEP/DOH Reviewing Official:



**Client:** Utilities, Inc.  
**Project Name:** Crescent Heights  
**Project Number:**  
**PWS ID#:**

**Report No.:** A051881  
**Date Sampled:** 6/2/2005  
**Date Received:** 6/2/05 10:07  
**Date Reported:** 6/9/2005

**Attention:** Kathy Sillitoe  
**Phone Number:** 8002721919  
**Address:** 200 Weathersfield Ave.  
Altamonte Springs, FL 32714

#### Project Description

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

**Project Name:** Crescent Heights

Approved By:

**Myrna Santiago, Laboratory Manager**

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

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

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

**Total Number of Pages = 8**

# Advanced Environmental Laboratories, Inc.

## Analytical Report

Client: Utilities, Inc.

Project Name: Crescent Heights

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A051881-01

Report No.: A051881

Date/Time Sampled: 06/02/05 8:30

Date/Time Received: 6/2/05 10:07

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

### Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.021	i	SM4500NO3-F	0.014	6/3/2005	13:57	E82574
1041	Nitrite (as N)	1.0	mg/L	0.013	U	SM4500NO3-F	0.013	6/3/2005	13:57	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

2.4



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: CRESENT HEIGHTS

Date/Time Rcvd: 6/2/2005 10.07

Log-In request number: A051881

Received by: BDM

Completed by: BDM

**Cooler/Shipping Information:**

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

Type:  Cooler  Box  Other (describe) \_\_\_\_\_

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

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

**Other Information:**

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

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

**Kit ID**

**Comments:**

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06/09/2005 14:51 #092 P.002/005

From: ADVANCED ENVIRONMENTAL LABS 904 363 9354

**Chain-of-Custody for AEL Orlando to AEL Jax**

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

Contact Person: Myrna Santiago

**Project #:** A051881

**CustomerName:** Utilities, Inc.

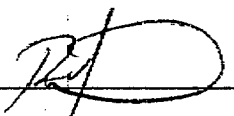
**Collector:** Alexander Lorenzo

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051881-01	1	Nitrate (J)-DW	Drinking Water	6/2/2005 8:30	6/2/05 10:07	6/3/2005	_____	250mL Poly
A051881-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005 8:30	6/2/05 10:07	6/3/2005	_____	250mL Poly

Gainesville Relinquisher: \_\_\_\_\_

  
\_\_\_\_\_

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

  
\_\_\_\_\_

Jacksonville Receiver: \_\_\_\_\_

Date/Time: 6/2/05 1200

Date/Time: 6/3/05 0940



Jeb Bush  
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 04/24/2005-E82574

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Crescent Heights

Docket No. 060253-WS

25.30-440(4)  
Operations Reports

Test Year Ended December 31, 2005

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**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> January 2004	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> January 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.0		18		
3			19	1.0	
4			20		
5	0.8		21		
6			22		
7			23	1.0	
8			24		
9	1.2		25		
10			26	0.9	
11			27		
12	1.0		28		
13			29		
14			30	1.1	
15			31		
16	1.1				

<b>III. Certification by Authorized Representative</b>		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date <i>Michael J Gavaletz 2/3/04</i>	Printed or Typed Name Michael J. Gavaletz	License Number or Title C5642

620.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

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

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 288 Total Population Served at End of Month: 991

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** February 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	0.7		18		
3			19	0.7	
4			20		
5			21		
6	1.0		22		
7			23	0.7	
8			24		
9	1.1		25		
10			26		
11			27	1.1	
12			28		
13	0.8		29		
14			30		
15			31		
16	1.0				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date Michael J Gavaletz 3/4/04

Printed or Typed Name Michael J. Gavaletz

License Number or Title C5642

620.



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> March 2004			
Consecutive System Name: Crescent Heights			PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL    Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

<b>II. Daily Data for the Month/Year of:</b> March 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	0.9		18		
3			19	1.1	
4			20		
5	1.0		21		
6			22		
7			23	0.8	
8	1.5		24		
9			25		
10			26	1.0	
11			27		
12	0.8		28		
13			29	1.0	
14			30		
15	0.8		31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J. Gavaletz 3/15/04  
 Signature and Date

Michael J. Gavaletz  
 Printed or Typed Name

C5642  
 License Number or Title

**FILE**

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**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> April 2004	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> April 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.7		17		
2			18		
3			19	0.8	
4			20		
5	0.9		21		
6			22	1.0	
7			23		
8			24		
9	0.8		25		
10			26	1.0	
11			27		
12	1.0		28		
13			29		
14			30	0.8	
15			31		
16	0.8				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J. Gavaletz 5/5/04  
Signature and Date

Michael J. Gavaletz  
Printed or Typed Name

C5642  
License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

620  
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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> May 2004	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> May 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	1.0	
2			18		
3	1.0		19		
4	1.0 af		20		
5			21	0.8	
6			22		
7	1.1		23		
8			24	0.8	
9			25		
10			26	0.7	
11	1.0		27	1.0	
12			28		
13			29		
14	0.8		30		
15			31	1.2	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Michael J. Gavaletz</i> 6/4/04	Michael J. Gavaletz	C5642
Signature and Date	Printed or Typed Name	License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> June 2004	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> June 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	0.8	
3	0.8		19		
4			20		
5			21	0.9	
6			22		
7	0.7		23		
8			24	0.7	
9			25		
10			26		
11	0.8		27		
12			28	0.7	
13			29		
14	0.7		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date Michael J. Gavaletz 7/1/04

Printed or Typed Name Michael J. Gavaletz

License Number or Title C5642

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## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

I. General Information for the Month/Year of: <u>July 2004</u>	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <u>283</u>	Total Population Served at End of Month: <u>991</u>
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

II. Daily Data for the Month/Year of:					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.8		17		
2			18		
3			19	0.5	
4			20		
5	0.8		21		
6			22	0.7 - BACTIS	
7	1.0		23		
8			24		
9			25		
10			26	0.6	
11			27		
12	0.7		28		
13			29		
14			30	0.8	
15			31		
16	0.6				

### III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Raymond A. Parasish* 8-2-2004  
 Signature and Date

RAYMOND A PARASISH  
 Michael J. Gavaletz  
 Printed or Typed Name

C 12740  
 C5642  
 License Number or Title





# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> <u>August 2004</u>	
Consecutive System Name: <u>Crescent Heights</u>	PWS Identification Number: <u>3480255</u>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <u>283</u>	Total Population Served at End of Month: <u>991</u>
Consecutive System Owner: <u>Utilities, Inc. Of Florida</u>	
Contact Person: <u>Patrick Flynn</u>	Contact Person's Title: <u>Regional Director</u>
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>	City: <u>Altamonte Springs</u> State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407-869-1919</u>	Contact Person's Fax Number: <u>407-869-6961</u>
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>	

<b>II. Daily Data for the Month/Year of:</b>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.0		18		
3			19		
4			20	0.7	
5			21		
6	1.0		22		
7			23	0.8	
8			24		
9	0.9		25		
10			26	0.6	
11			27		
12			28		
13	1.0		29		
14			30		
15			31	0.6	
16	0.8				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<u>Michael J Gavaletz</u> <u>8/13/04</u> Signature and Date	<u>Michael J. Gavaletz</u> Printed or Typed Name	<u>C5642</u> License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> <u>Sept 2004</u>	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <u>283</u>	Total Population Served at End of Month: <u>991</u>
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> <u>Sept 2004</u>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	0.6	
2			18		
3	0.8		19		
4			20	0.8	
5			21		
6	0.7		22		
7			23		
8			24	1.0	
9			25		
10	0.8		26		
11			27	1.0	
12			28		
13	0.8		29		
14			30	0.7	
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J. Gavaletz 10/5/04  
 Signature and Date

Michael J. Gavaletz  
 Printed or Typed Name

C5642  
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> <u>Oct 2004</u>	
Consecutive System Name: <u>Crescent Heights</u>	PWS Identification Number: <u>3480255</u>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <u>283</u>	Total Population Served at End of Month: <u>991</u>
Consecutive System Owner: <u>Utilities, Inc. Of Florida</u>	
Contact Person: <u>Patrick Flynn</u>	Contact Person's Title: <u>Regional Director</u>
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>	City: <u>Altamonte Springs</u> State: <u>Fl</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407-869-1919</u>	Contact Person's Fax Number: <u>407-869-6961</u>
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>	

<b>II. Daily Data for the Month/Year of:</b>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.7		17		
2			18	0.6	
3			19		
4	0.8		20		
5			21		
6			22	0.7	
7	0.6		23		
8			24		
9			25	0.7	
10			26		
11	0.7		27		
12			28		
13			29	0.8	
14			30		
15	0.8		31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J. Gavaletz 11/4/04  
Signature and Date

Michael J. Gavaletz  
Printed or Typed Name

C5642  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

020

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> <u>NOV 2004</u>	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <u>283</u>	Total Population Served at End of Month: <u>991</u>
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> <u>NOV 2004</u>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.8		17		
2			18		
3			19	0.7	
4	0.6		20		
5	0.7		21		
6			22	0.7	
7			23		
8	0.7		24		
9			25		
10			26	0.6	
11			27		
12	0.8		28		
13			29	0.6	
14			30		
15	0.8		31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date Michael J Gavaletz 12/2/04

Printed or Typed Name Michael J. Gavaletz

License Number or Title C5642



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> <span style="font-size: 1.2em;">DEC 2004</span>	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.7		17	0.7	
2			18		
3			19		
4			20	0.8	
5			21		
6	0.6		22		
7			23		
8			24	0.9	
9			25		
10	0.7		26		
11			27	0.8	
12			28		
13	0.7		29		
14			30	0.9	
15			31		
16					

<b>III. Certification by Authorized Representative</b>		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date <span style="font-size: 1.2em; margin-left: 100px;">4/4/2005</span>	<b>RAYMOND ALAN PARRISH</b> Michael J. Gavaletz Printed or Typed Name	C-12740 C5642 License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

620

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> January/2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> January/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	1.0	
2			18		
3	1.0		19		
4			20		
5			21	1.0	
6			22		
7	1.4		23		
8			24	0.9	
9			25		
10	1.2		26		
11			27		
12			28	1.0	
13			29		
14	1.60		30		
15			31	1.00	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Roy J. Mericle* 2-2-5  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

620

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See page 2 for instructions.

**I. General Information for the Month Year of:** February/2005

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month Year of:** January/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	1.3	
2			18		
3	1.10		19		
4			20		
5			21	1.0	
6			22		
7	1.0		23	1.2	
8			24		
9	1.0		25		
10			26		
11			27		
12			28	1.1	
13	1.00		29		
14			30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Roy J. Mericle 2-28-05  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> March/2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> January/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18		
3	1.0		19		
4			20		
5			21	1.0	
6			22		
7	1.4		23	1.2	
8			24		
9			25		
10	1.4		26		
11			27		
12			28	1.2	
13			29		
14	1.5		30	1.5	
15			31		
16	1.5				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Roy J. Mericle* 3-31-5  
 \_\_\_\_\_  
 Signature and Date

Roy J. Mericle  
 \_\_\_\_\_  
 Printed or Typed Name

C13808  
 \_\_\_\_\_  
 License Number or Title





620  
FILE COPY

# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

**I. General Information for the Month/Year of:** April/2005

Consecutive System Name: Crescent Heights | PWS Identification Number: 3480255

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 283 | Total Population Served at End of Month: 991

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn | Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: FL | Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 | Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** January/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	1.20	
3			19		
4	1.20		20	1.20	
5			21		
6	1.20		22		
7			23		
8			24		
9			25	1.40	
10			26		
11	1.00		27	1.00	
12			28		
13	1.30		29		
14			30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Patrick Flynn 5-3-05  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

620

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> May/2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> May/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.20		18		
3			19	1.20	
4			20		
5			21		
6	1.10		22		
7			23	1.40	
8			24		
9	1.40		25		
10			26		
11	1.30		27	1.20	
12			28		
13			29		
14			30	2.10	
15			31		
16	1.20				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

6-2-05 Signature and Date	Kathy Sillitoe Printed or Typed Name	C-13094 License Number or Title
------------------------------	---	------------------------------------

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

**LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM.** For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

**EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION.** For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

620

<b>I. General Information for the Month/Year of:</b> June 2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> January/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.2		18		
3			19		
4			20	0.8	
5			21		
6	1.4		22		
7			23	0.6	
8			24		
9	1.2		25		
10			26		
11			27	0.6	
12			28		
13	1.0		29		
14			30	0.6	
15			31		
16	0.80				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Kathy S. Il. Joe 7-5-05      Kathy S. Il. Joe      C-13094  
 Signature and Date      Printed or Typed Name      License Number or Title

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

**LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM.** For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

**EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION.** For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

620  
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See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> July/2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> July/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	1.60	
3			19		
4	0.6		20		
5			21	1.00	
6			22		
7	0.8		23		
8			24		
9			25	0.80	
10			26		
11	0.8		27		
12			28	0.80	
13			29		
14	1.2		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<u>Kathy Sillitoe</u> Signature and Date	<u>8.4.05</u>	<u>Kathy Sillitoe</u> Printed or Typed Name	<u>C-13094</u> License Number or Title
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FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

620

See page 2 for instructions.

**I. General Information for the Month/Year of:** August/2005

Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**II. Daily Data for the Month/Year of:** August/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.40		17		
2			18		
3			19	1.00	
4			20		
5	1.30		21		
6			22	1.00	
7			23		
8	1.20		24		
9			25	1.00	
10			26		
11	1.70		27		
12			28		
13			29	0.90	
14			30		
15	0.60		31	1.00	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<u>Kathy Sillitoe</u> 9-2-05	Kathy Sillitoe	C-13094
Signature and Date	Printed or Typed Name	License Number or Title





FILE COPY

620



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

**I. General Information for the Month/Year of:** October /2005

Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**II. Daily Data for the Month/Year of:** October/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	0.7	
2			18		
3	0.7		19		
4			20		
5			21	0.9	
6	1.0		22		
7			23		
8			24		
9			25	0.6	
10	0.8		26		
11			27	0.7	
12			28		
13	0.7		29		
14			30		
15			31	0.5	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Allan Finch      11-1-05      Allan Finch      C-7806  
 Signature and Date      Printed or Typed Name      License Number or Title



# FILE COPY

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

620

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> November /2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> November/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	0.7	
3	1.5	collected Boed's	19		
4			20		
5			21	0.8	
6			22		
7	0.8		23		
8			24	1.2	
9			25		
10	0.8		26		
11			27		
12			28	1.2	
13			29		
14	0.9		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Kathy Sillitor 12-1-05  
Signature and Date

Kathy Sillitor  
Printed or Typed Name

C-13094  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

620

FILE COPY

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> December/2005	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> December/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17		
2			18		
3			19	0.8	collected Bact's
4			20		
5			21		
6	0.8		22	0.8	
7			23		
8			24		
9	0.8		25		
10			26	0.7	
11	0.7		27		
12	0.7		28		
13			29	0.7	
14			30		
15			31		
16	0.9				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Allan Finch* 1-2-06  
 Signature and Date

Allan Finch  
 Printed or Typed Name

C-7806  
 License Number or Title

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

**LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM.** For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

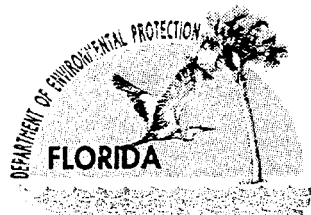
**EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION.** For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Crescent Heights

Docket No. 060253-WS

25.30-440(5)  
Inspection Reports

Test Year Ended December 31, 2005



# Department of Environmental Protection

ORIG: File  
CC PE, DG, SA

Jeb Bush  
Governor

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

RECEIVED Colleen M. Castille  
Secretary

July 1, 2004

JUL 12 2004

## UTILITIES, INC.

Utilities, Inc  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

OCD-PW-SS-04-0513

Attention: Brian Gongre

Orange County - PW  
Davis Shores and Crescent Heights  
PWS ID Number 3480272 and 3480255

Dear Mr. Gongre:

The Department conducted a sanitary survey of your public water system on June 29, 2004. This inspection was conducted by Mary Pace of this office. A copy of the sanitary survey report is enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

If you have any questions concerning this letter, please contact Mary Pace at the above address or by phone at (407) 894-7555 extension 2294.

Sincerely,

*Roberto C. Ansag*  
Roberto C. Ansag, Environmental Manager  
Drinking Water Compliance/Enforcement

RCamp  
Enclosure

## Compliance Inspection Report for Consecutive Water Systems that Do Not Retreat Their Water

System Name CRESCENT HEIGHTS County Orange PWS ID # 3480255  
System Location Amelia St. Phone \_\_\_\_\_  
Owner Name Utilities, Inc. Phone 407-869-1919  
Owner Address 200 Weathersfield, Ave. Altamonte Springs, FL 32714  
Contact Person Brian Gongre Title \_\_\_\_\_ Phone \_\_\_\_\_  
This Survey Date 6/29/04 Last Survey Date 4/21/99 Last C.I. Date 6/18/98

### PWS TYPE & CATEGORY/CLASS

- Consecutive/Community  
 Consecutive/Non-transient non-community  
 Consecutive/Non-community

### PWS STATUS

- Approved system with approval number & date \_\_\_\_\_  
 Accepted  
 Unapproved system

### SERVICE AREA CHARACTERISTICS

Residential \_\_\_\_\_  
Food Service:  Yes  No  N/A

### DISTRIBUTION SYSTEM

Number of Service Connections \_\_\_\_\_  
Population Served \_\_\_\_\_ Basis \_\_\_\_\_  
Flow Measuring Device Master Meter (purchased)  
Chlorine Residual 0.5 6013 Livingston St.  
Backflow Prevention Devices:  Yes  No  
Cross-connections none noted  
Written Cross-connection Control Program: Yes  
Bacteriological Monitoring Monthly  
Coliform Sampling Plan:  Yes  No  N/A  
Lead and Copper Sampling app. for triennial  
6/05 - 9/05  
Comments \_\_\_\_\_

COMET: SITE ID \_\_\_\_\_ PROJECT ID \_\_\_\_\_

Inspector Mary Jane

Approved by Richard C. Gongre

Title Env. Specialist III

Title Environmental Manager

Date 7/1/04

Date 7/1/04

### PURCHASED WATER SOURCE

PWS Name OUC  
PWS ID # 3480962  
Source Design Capacity 174,614,000 gpd  
Treatment: \_\_\_\_\_

### AUXILIARY POWER SOURCE

Yes  None  Not Required  
Source \_\_\_\_\_ Purchased \_\_\_\_\_

### OPERATION & MAINTENANCE

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number: \_\_\_\_\_

MORs submitted regularly?  Yes  No  N/A  
Data missing from MORs?  No  Yes  N/A

Comments \_\_\_\_\_

### DEFICIENCIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Crescent Heights

Docket No. 060253-WS

25.30-440(6)  
Permits

Test Year Ended December 31, 2005



Crescent Heights



# St. Johns River Water Management District

Kirby B. Green III, Executive Director • John R. Wehle, Assistant Executive Director

cc. DR, DO  
Orig. Permit  
Bundle

Post Office Box 1429 • Palatka, FL 32178-1429 • (386) 321-1300

RECEIVED

February 10, 2003

MAR 28 2003

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

UTILITIES, INC.

SUBJECT: Water Well Construction Permit 87232 located in Orange County

Dear Sirs/Madam:

Please find enclosed the permit for the above referenced project. Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

In the event you sell your property, the permit will be transferred to the new owner if we are notified by you within thirty (30) days of the recording of the sale. Please assist us in this matter so as to maintain a valid permit for the new property owner.

The permit enclosed is a legal document. Please read the permit carefully since you are responsible for compliance with any conditions which is a part of this permit. Compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

If you have any questions concerning your permit, please do not hesitate to contact this office at (904) 329-4401.

Thank you for your interest in our water resources.

Sincerely,

Janet Stein  
Sr. Permit Data Technician  
Division of Permit Data Services

Cc: District Permit File  
Contractor  
James Frazee, Jr.

GOVERNING BOARD

- |   |   |   |  |
|---|---|---|--|
| Duane Ottenstroer, CHAIRMAN<br>JACKSONVILLE | Ometrias D. Long, VICE CHAIRMAN<br>APOPKA | R. Clay Albright, SECRETARY<br>EAST LAKE WEIR | David G. Graham, TREASURER<br>JACKSONVILLE |
| W. Michael Branch<br>FERNANDINA BEACH       | Jeff K. Jennings<br>MAITLAND              | William Kerr<br>MELBOURNE BEACH               | Ann T. Moore<br>BUNNELL                    |
|   |   |   | Catherine A. Walker<br>ALTAMONTE SPRINGS   |



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

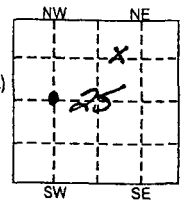
THIS FORM MUST BE FILLED OUT COMPLETELY. The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

CHECK BOX FOR APPROPRIATE DISTRICT. ADDRESS ON BACK OF PERMIT FORM.

Permit No. 87232
Florida Unique I.D. none issued
Permit Stipulations Required (See attached)
G2-524 well
CUP/WUP Application No. 3270-2

Fold at this line in order that address is visible through envelope window.

1. UTILITIES, INC. OF FLORIDA 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714 407-869-1919
Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number
CRESCENT HEIGHTS WTP AMELIA AVE & POWERS DRIVE ORLANDO, FL
2. Well Location - Address, Road Name or Number, City
DIVERSIFIED DRILLING CORP / LARRY MERIDITH 2144 407-291-4755
Well Drilling Contractor License No. Telephone No.
5654 N. APOPKA VINELAND ROAD
Address
ORLANDO, FLORIDA 32818
City State Zip
3. 4. NW 1/4 of NE 1/4 of Section 25
(Indicate Well on Chart)
5. Township 22S Range 28E



7. Number of proposed wells 1 Check the use of well: (See back of permit for additional choices) Domestic Monitor (type)
Irrigation (type) Public Water Supply (type) FDEP Community List Other
Distance from septic system 200+ ft. Description of facility WTP Estimated start of construction date 1-29-03

8. Application for: New Construction Repair/Modify Abandonment DISCONTINUE
9. Estimated: Well Depth 400 Casing Depth 380' Screen Interval from to
Casing Material Blk Steel / Gal / PVC Casing Diameter 8" Seal Material NEAT CEMENT

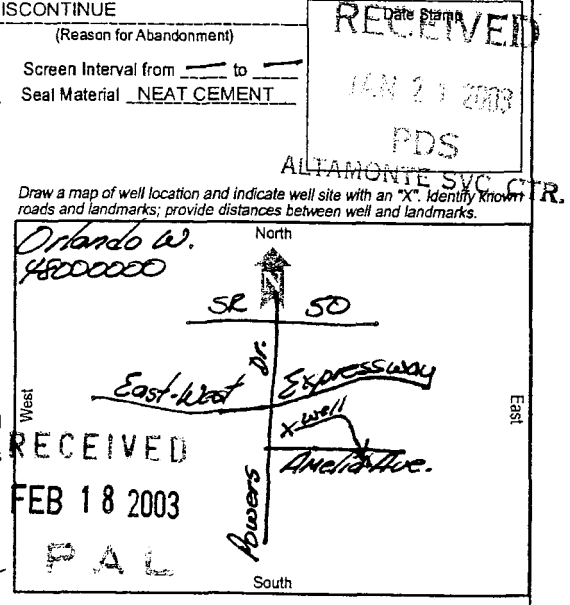
10. If applicable: Proposed From to Seal Material
Grouting Interval From 0' to 400' Seal Material NEAT CEMENT

11. Telescope Casing or Liner (check one) Diameter
Blk-Steel / Galvanized / PVC Other (specify): n/a

12. Method of Construction: Rotary Cable Tool Combination
Auger Other (specify):

13. Indicate total No. of wells on site 1 List number of unused wells on site 1

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes
District well I.D. No. closed/expired 9/15/99
Latitude 28° 32' 54.398" Longitude 81° 27' 56.452"
Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)



15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.
Signature of Contractor License No. 2144
Owner's or Agent's Signature Date 1-15-03

Approval Granted By: James H. Proza Issue Date: 2-10-2003 Hydrologist Approval JHP
Owner Number: Div. of Water Utility Fee Received: \$ no fee Receipt No.: n/a Check No.: n/a

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from date of issue.

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 87232**  
**UTILITIES INC OF FLORIDA**  
**DATED FEBRUARY 10, 2003**

1. The abandonment plans developed for this permit application are hereby incorporated as a condition of this permit. The procedures outlined in the abandonment plan must be followed unless unexpected problems are encountered during abandonment. Any changes in the abandonment plan must be approved by the District field representative on site or a District supervising hydrologist.
2. The following staff will be available to assist:  
  
Jim Frazee  
407-659-4842, 321-436-3885 truck or 321-303-7212 cell  
  
Marlin Reid  
407-659-4864 or 407-466-2190 truck
3. The interval from 400 to land surface will be filled with neat cement. The interval from 400 to 380 may be a large cavity zone requiring an aggregate bridge. Authorization is given to fill the bottom 10 feet of this area with clean aggregate if necessary before pumping an initial neat cement quantity.
4. The water well contractor must notify the field representative 24 hours prior to the abandonment. A District representative will be on site during all special grouting procedures. If the District representative is not present at the noticed time, the well contractor may proceed with the abandonment.
5. A copy of the permit must be on site during all phases of the abandonment.

*Crescent Heights*

**St. Johns River Water Management District**

<b>RECEIVED</b>
MAY 12 1999
BY: <i>JS</i>

The District has recently switched to a new computer system. The change has affected your permit number; your permit and conditions remain unchanged. All future correspondence will reference the new number.

**Please note that CUP permit number(s)**

2-095-0212

**Has been changed to**

3270

Please reference the number listed above on any correspondence. If you have any questions please contact Lynn Minor at (904) 329-4152.

*Crescent Heights*

*NOTE: CUP no longer in effect  
because all water purchased  
from acc.*

Crescent Heights

Docket No. 060253-WS

25.30-440(7)  
Notices

Test Year Ended December 31, 2005

NOTICES

None

Crescent Heights

Docket No. 060253-WS

25.30-440(8)  
Field Employees

Test Year Ended December 31, 2005

***Facilities:***

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

***Duties and Responsibilities:***

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.



**Employees Involved in Utilities, Inc. of Florida Operations  
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

***Field Employees:***

Pasco and Pinellas Counties:

Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License)

Jack Adkins, Operator ("C" Water License)

Marion County:

Daniel Anderson, Operator ("A" Water License and "A" Wastewater License)

Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader

Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech

James Roger Adlay, Operator

Robert K Cooper, Field Tech

Robb Douglas Crow, Operator

Michael John Gavaletz, Operator

Jimmie H. Hollister, Field Tech

Alexander Lorenzo, Operator

Roy Mericle, Operator

Raymond Alan Parrish, Operator

Jeffrey Pinder, Field Supervisor

Frederick E Quinlan II, Field Tech

Roberto Remigio, Meter Reader

Mickey A Shue, Field Tech

Ronald D. White, Field Supervisor

William B Willingham, Field Tech

James Dennis Yingling, PT Field Tech

James Howard Pendarvis, Field Tech

Preston S Boardway, PT Field Tech

James Edward Carroll, Operator

Leonard E Ledwell, Operator

David Ryniak, Operator

Crescent Heights

Docket No. 060253-WS

25.30-440(9)  
Vehicles

Test Year Ended December 31, 2005

**FL Vehicles as of 5-5-06**

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X83Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierra Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDD13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

105 01 CHEV S10  
314 03 CHEV C15 FULL  
511 05 CHEV C15 REG CAB

1GCCS14WX18159350 JAMES YINGLING  
1GCEC14X43Z114271 STEVEN PFOUTS  
1GCEC14X75Z230180 DAN ANDERSON

\$15,998.46 Utilities, Inc. of Pennbrooke  
\$19,053.10 Utilities, Inc. of Pennbrooke  
\$18,064.18 Utilities, Inc. of Pennbrooke

Crescent Heights

Docket No. 060253-WS

25.30-440(10)  
Customer Complaints

Test Year Ended December 31, 2005

## CUSTOMER COMPLAINTS

Please refer to the CD provided to the  
Commission Clerk with the filing.

Davis Shores

Docket No. 060253-WS

Orange County

Test Year Ended December 31, 2005



Davis Shores

Docket No. 060253-WS

25.30-440(1)  
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Davis Shores

Docket No. 060253-WS

25.30-440(2)  
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

NONE

Davis Shores

Docket No. 060253-WS

25.30-440(3)  
Chemical Analyses

Test Year Ended December 31, 2005

**UTILITIES, INC. OF FLORIDA**

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

June 14, 2002

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

Re: Annual Nitrate and Nitrite Analysis, 2005  
Chapter 62-550 FAC  
Davis Shores  
PWS ID# 3480272

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 2, 2005, for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe  
Area Manager

Enclosure

cc:

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

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

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

System Name: Davis Shores PWS I.D. #: 

3	4	8	0	2	7	2
---	---	---	---	---	---	---

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

Address: FIRST AVE & OAKDALE

City: WINDEMERE State: FLA. ZIP Code: 34786

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

E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: A051882-01 Location Code (if known): \_\_\_\_\_

Sample Date: 6/2/05 Sample Time: 9 25  AM  PM (Circle One)

Sample Location (be specific): P.O.E OF INTERCONNECT AT FIRST AVE & OAKDALE

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

**Sample Type (Check Only One)**

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

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? \_\_\_\_\_)
- Confirmation of MCL Exceedance\*  Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*  Violation Resolution
- Clearance (permitting)  Replacement (of Invalidated Sample)
- Other: NO2 & NO3 ANNUAL

Sampling Procedure Used or Other Comments: \_\_\_\_\_

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 6/14/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): \_\_\_\_\_ Date Sample(s) Received: 6/2/2005 10:07:00  
 Lab Assigned Report Number or Job ID A051882 \_\_\_\_\_ Sample Number (From page 1) A051882-01  
 Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that apply):

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Myrna Santiago, Laboratory Manager  
 (Print Name)

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

Signature: \_\_\_\_\_

Date: 6/9/05

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

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

**COMPLIANCE DETERMINATION** (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory  Yes  No      Sample Analysis Info Satisfactory:  Yes  No
- Replacement Sample(s) Requested (circle or highlight group(s) above)       Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s):  MCL(s) Exceeded       Detection(s)       Incomplete Report
- Missing Analyte Sheet(s)       Location Unsatisfactory       Analysis Unsatisfactory
- Other: \_\_\_\_\_

Person Notified: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Comments \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_





**Client:** Utilities, Inc.  
**Project Name:** Davis Shores  
**Project Number:**  
**PWS ID#:**

**Report No.:** A051882  
**Date Sampled:** 6/2/2005  
**Date Received:** 6/2/05 10:07  
**Date Reported:** 6/9/2005

**Attention:** Kathy Sillitoe  
**Phone Number:** 8002721919  
**Address:** 200 Weathersfield Ave.  
  
Altamonte Springs, FL 32714

#### Project Description

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

**Project Name:** Davis Shores

Approved By: \_\_\_\_\_

*Myrna Santiago*  
**Myrna Santiago, Laboratory Manager**

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

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

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

**Total Number of Pages = 8**

**Advanced Environmental Laboratories, Inc.**  
*Analytical Report*

**Client:** Utilities, Inc.

**Project Name:** Davis Shores

**Matrix:** Drinking Water

**PWS ID#:**

**Client Sample ID:** 1

**Site:** Point of Entry

**Sample Number:** A051882-01

**Report No.:** A051882

**Date/Time Sampled:** 06/02/05 9:25

**Date/Time Received:** 6/2/05 10:07

**Sampled By:** Alexander Lorenz

**Shipping Method:** Client drop off

***Inorganic Contaminants***

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.025	i	SM4500NO3-F	0.014	6/3/2005	13:57	E82574
1041	Nitrite (as N)	1.0	mg/L	0.013	U	SM4500NO3-F	0.013	6/3/2005	13:57	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: DAVIS SHORES

Date/Time Rcvd: 6/2/2005 10.07

Log-In request number: A051882

Received by: BDM

Completed by: BDM

**Cooler/Shipping Information:**

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

Type:  Cooler  Box  Other (describe) \_\_\_\_\_

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

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

**Other Information:**

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

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

Kit ID

Comments:

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06/10/2005 13:25 #099 P.002/005

904 363 9354

From: ADVANCED ENVIRONMENTAL LABS

**Chain-of-Custody for AEL Orlando to AEL Jax**

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

Contact Person: Myma Santiago

Project #: A051882


CustomerName: Utilities, Inc.


Collector: Alexander Lorenzo

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051882-01	1	Nitrate (J)-DW	Drinking Water	6/2/2005 9:25	6/2/05 10:07	6/3/2005	_____	250mL Poly
A051882-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005 9:25	6/2/05 10:07	6/3/2005	_____	250mL Poly

Gainesville Relinquisher:   
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier  
Jacksonville Receiver: 

Date/Time: 6/2/05 5:17pm  
Date/Time: 6/3/05 0940



Jeb Bush  
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 04/24/2005-E82574

Davis Shores

Docket No. 060253-WS

25.30-440(4)  
Operations Reports

Test Year Ended December 31, 2005

621



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> January 2004		PWS Identification Number: 3480272	
Consecutive System Name: Davis Shores			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL    Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

<b>II. Daily Data for the Month/Year of:</b> January 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	0.8		18		
3			19	1.2	
4			20		
5	0.8		21		
6			22		
7			23	1.1	
8			24		
9	1.2		25		
10			26	1.0	
11			27		
12	1.0		28		
13			29		
14			30	1.3	
15			31		
16	1.1				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Michael J. Gavaletz</i> 2/3/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	CS642 License Number or Title
---	--	----------------------------------



6021



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> February 2004	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> February 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.1		18		
3			19	0.7	
4			20		
5			21		
6	1.0		22		
7			23	1.1	
8			24		
9	1.1		25		
10			26		
11			27	1.0	
12			28		
13	1.0		29		
14			30		
15			31		
16	0.8				

### III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J Gavaletz 3/4/04  
 Signature and Date

Michael J. Gavaletz  
 Printed or Typed Name

C5642  
 License Number or Title

621



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> March 2004			
Consecutive System Name: <u>Davis Shores</u>		PWS Identification Number: <u>3480272</u>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <u>44</u>		Total Population Served at End of Month: <u>154</u>	
Consecutive System Owner: <u>Utilities, Inc. Of Florida</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407-869-1919</u>		Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

<b>II. Daily Data for the Month/Year of:</b> March 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	<u>1.0</u>		18		
3			19	<u>1.0</u>	
4			20		
5	<u>0.7</u>		21		
6			22		
7			23	<u>0.9</u>	
8	<u>0.9</u>		24		
9			25		
10			26	<u>1.0</u>	
11			27		
12	<u>1.0</u>		28		
13			29	<u>0.7</u>	
14			30		
15	<u>0.6</u>		31		
16					

<b>III. Certification by Authorized Representative</b>		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
<u>Michael J. Gavaletz</u> <u>4/5/04</u> Signature and Date	Michael J. Gavaletz Printed or Typed Name	<u>C5642</u> License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE

See page 2 for instructions.

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

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** April 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.8		17		
2			18		
3			19	1.1	
4			20		
5	1.0		21		
6			22	1.4	
7			23		
8			24		
9	1.0		25		
10			26	1.0	
11			27		
12	0.9		28		
13			29		
14			30	0.8	
15			31		
16	1.0				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: Michael J. Gavaletz 5/5/04

Printed or Typed Name: Michael J. Gavaletz

License Number or Title: C5642



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

**FILE COPY FILE**

621

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> May 2004	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> May 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	1.0	
2			18		
3	1.1		19		
4			20		
5			21	0.7	
6			22		
7	1.1		23		
8			24	0.8	
9			25		
10			26	0.7	
11	1.2		27	1.1	
12			28		
13			29		
14	1.0		30		
15			31	1.0	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J. Gavaletz 6/4/04  
Signature and Date

Michael J. Gavaletz  
Printed or Typed Name

C5642  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

*BAT*  
*621*

See page 2 for instructions.

FILE COPY

<b>I. General Information for the Month/Year of:</b> June 2004		PWS Identification Number: 3480272	
Consecutive System Name: Davis Shores			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <i>44</i>		Total Population Served at End of Month: <i>154</i>	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL    Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

<b>II. Daily Data for the Month/Year of:</b> June 2004					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	<i>0.7</i>	
3	<i>1.2</i>		19		
4			20		
5			21	<i>1.0</i>	
6			22		
7	<i>1.0</i>		23		
8			24	<i>0.6</i>	
9			25		
10			26		
11	<i>0.8</i>		27		
12			28	<i>0.8</i>	
13			29		
14	<i>0.9</i>		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Michael J Gavaletz 7/1/04*  
 \_\_\_\_\_  
 Signature and Date

Michael J. Gavaletz  
 Printed or Typed Name

C5642  
 License Number or Title



FILE COPY

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621

See page 2 for instructions.

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

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 159

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** July 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.9		17		
2			18		
3			19	1.0	
4			20		
5	1.0		21		
6			22	0.8 - BACTIS	
7	1.2		23		
8			24		
9			25		
10			26	1.0	
11			27		
12	0.6		28		
13			29		
14			30	1.0	
15			31		
16	0.8				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Raymond A. Paraisch 8-2-2004  
Signature and Date

RAYMOND A PARAISSH  
Michael J. Gavaletz  
Printed or Typed Name

C 12740  
C5642  
License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

621

FILE COPY

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> August 2004	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b>					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.0		18		
3			19		
4			20	0.8	
5			21		
6	1.0		22		
7			23	0.7	
8			24		
9	0.8		25		
10			26	0.6	
11			27		
12			28		
13	0.7		29		
14			30		
15			31	0.6	
16	0.6				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<p align="center"><i>Michael J. Gavaletz</i> 8/31/04</p> <p>Signature and Date</p>	<p>Michael J. Gavaletz</p> <p>Printed or Typed Name</p>	<p>C5642</p> <p>License Number or Title</p>
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621

FILE COPY

See page 2 for instructions.

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

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 157

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** Sept 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18		
3	0.6		19		
4			20	0.8	
5			21		
6	0.7		22		
7			23	0.6	
8			24		
9			25		
10	0.6		26		
11			27	0.6	
12			28		
13	0.7		29		
14			30	0.8	
15			31		
16	0.7				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J Gavaletz 10/5/04  
Signature and Date

Michael J. Gavaletz  
Printed or Typed Name

C5642  
License Number or Title



621



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

## FILE COPY

See page 2 for instructions.

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

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.6		17		
2			18	0.6	
3			19		
4	0.7		20		
5			21		
6			22	0.6	
7	0.6		23		
8			24		
9			25	0.7	
10			26		
11	0.6		27		
12			28		
13			29	0.7	
14			30		
15	0.7		31		
16					

### III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J. Gavaletz 11/4/04  
 Signature and Date

Michael J. Gavaletz  
 Printed or Typed Name

C5642  
 License Number or Title

621



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

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

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** NOV 2004

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.6		17		
2			18		
3			19	0.7	
4	0.6		20		
5	0.7		21		
6			22	0.6	
7			23		
8	0.6		24		
9			25		
10			26	0.8	
11			27		
12	0.6		28		
13			29	0.7	
14			30		
15	0.7		31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Michael J Gavaletz 12/2/04  
Signature and Date

Michael J. Gavaletz  
Printed or Typed Name

C5642  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY 621

See page 2 for instructions.

**I. General Information for the Month/Year of:** DEC - 2004

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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	0.7		17	0.6	
2			18		
3			19		
4			20	0.6	
5			21		
6	0.6		22		
7			23		
8			24	0.8	
9			25		
10	0.7		26		
11			27	0.8	
12			28		
13	0.7		29		
14			30	2.0	
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Raymond Alan Parrish 1/4/2005  
Signature and Date

RAYMOND ALAN PARRISH  
Michael J. Gavaletz  
Printed or Typed Name

C-12740  
C5642  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

621 ✓

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> January/2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs    State: FL    Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> January/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	0.9	
2			18		
3	1.5		19		
4			20		
5			21	1.5	
6			22		
7	1.6		23		
8			24	1.0	
9			25		
10	0.9		26		
11			27		
12			28	1.3	
13			29		
14	1.80		30		
15			31	1.00	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Roy J. Mericle* 2-2-5  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621  
FILE COPY

See page 2 for instructions.

**I. General Information for the Month Year of:** February/2005

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month Year of:** January/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17	1.5	
2			18		
3	1.40		19		
4			20		
5			21	1.2	
6			22		
7	1.0		23	1.8	
8			24		
9	1.7		25		
10			26		
11			27		
12			28	1.2	
13			29		
14	1.00		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Roy J. Mericle* 2-28-05  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621

FILE COPY

See page 2 for instructions.

**I. General Information for the Month/Year of:** March/2005

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** January/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18		
3	1.5		19		
4			20		
5			21	1.2	
6			22		
7	1.0		23	1.5	
8			24		
9			25		
10	2.5		26		
11			27		
12			28	1.2	
13			29		
14	1.2		30	1.80	
15			31		
16	2.7				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Roy J. Mericle* 3-31-05  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621

See page 2 for instructions.

**I. General Information for the Month/Year of:** April/2005

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.e.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** January/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	1.60	
3			19		
4	1.00		20	1.90	
5			21		
6	2.20		22		
7			23		
8			24		
9			25	1.20	
10			26		
11	0.80		27	2.00	
12			28		
13	2.60		29		
14			30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Roy J. Mericle* 5-3-05  
Signature and Date

Roy J. Mericle  
Printed or Typed Name

C13808  
License Number or Title

621



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> May2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> May/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.20		18		
3			19	1.10	
4			20		
5			21		
6	1.20		22		
7			23	1.80	
8			24		
9	1.20		25		
10			26		
11	1.20		27	1.30	
12			28		
13			29		
14			30	2.00	
15			31		
16	1.40				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Kathy Sillitoe 6-1-05  
Signature and Date

Kathy Sillitoe  
Printed or Typed Name

C-13094  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

**LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM.** For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

**EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION.** For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

621



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

**I. General Information for the Month/Year of:** June/2005

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** January/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2	1.2		18		
3			19		
4			20	0.6	
5			21		
6	0.6		22		
7			23	0.8	
8			24		
9	0.6		25		
10			26		
11			27	1.0	
12			28		
13	0.8		29		
14			30	1.20	
15			31		
16	1.00				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Kathy Sillioe 7-5-05  
Signature and Date

Kathy Sillioe  
Printed or Typed Name

C-13094  
License Number or Title

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

**LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM.** For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

**EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION.** For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

621  
**FILE COPY**

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> July/2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs    State: Fl    Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

<b>II. Daily Data for the Month/Year of:</b> July/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18	1.30	
3			19		
4	0.60		20		
5			21	1.40	
6			22		
7	1.40		23		
8			24		
9			25	1.00	
10			26		
11	0.60		27		
12			28	1.00	
13			29		
14	1.00		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<u>Kathy Sillitoe</u> Signature and Date	<u>8-4-05</u>	<u>Kathy Sillitoe</u> Printed or Typed Name	<u>C-13094</u> License Number or Title
---	---------------	--	---

# FILE COPY



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> August/2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
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Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

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1	1.80		17		
2			18		
3			19	2.3	
4			20		
5	1.40		21		
6			22	1.60	
7			23		
8	1.10		24		
9			25	2.00	
10			26		
11	2.30		27		
12			28		
13			29	1.30	
14			30		
15	1.80		31	1.80	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Kathy Sillitoe      9-2-05  
Signature and Date

Kathy Sillitoe  
Printed or Typed Name

C-13094  
License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

621  
**FILE COPY**

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> September /2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
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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>II. Daily Data for the Month/Year of:</b> August/2005					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote 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			17		
2			18		
3			19		
4			20		
5	1.3		21	1.1	
6			22		
7			23	0.9	
8	1.3		24		
9			25		
10			26	0.9	
11	H.H.E.		27		
12	1.1		28		
13			29		
14	0.9		30	0.9	
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Allan Finch      C-7806 10-3-05  
Signature and Date

Allan Finch  
Printed or Typed Name

C-7806  
License Number or Title



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER**

621

**FILE COPY**

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> October /2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
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Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	

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1			17	1.3	
2			18		
3	1.1		19		
4			20		
5			21	1.8	
6	1.2		22		
7			23		
8			24		
9			25	0.9	
10	1.3		26		
11			27	0.9	
12			28		
13	0.7		29		
14			30		
15			31	1.4	
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Allan Finch*      11-1-05  
 Signature and Date

Allan Finch  
 Printed or Typed Name

C- 7806  
 License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621

See page 2 for instructions.

<b>I. General Information for the Month/Year of:</b> November/2005	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
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Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
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1			17		
2			18	1.8	
3	1.6	collected back's	19		
4			20		
5			21	2.0	
6			22		
7	1.2		23		
8			24	1.4	
9			25		
10	1.6		26		
11			27		
12			28	1.2	
13			29		
14	1.5		30		
15			31		
16					

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Kathy S. Iltis</i> 12-1-05 Signature and Date	Kathy S. Iltis Printed or Typed Name	C-13094 License Number or Title
---	---	------------------------------------





FILE COPY

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

21

See page 2 for instructions.

**I. General Information for the Month/Year of:** December/2005

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type:  Community  Non-Transient Non-Community  Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

**II. Daily Data for the Month/Year of:** December/2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.8		17		
2			18		
3			19	1.9	Collected 2 Baets
4			20		
5			21		
6	1.4		22	1.9	
7			23		
8			24		
9	1.2		25		
10			26	1.8	
11			27		
12	0.9		28		
13			29	2.2	
14			30		
15			31		
16	1.4				

**III. Certification by Authorized Representative**

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

*Allan Finch* C-7806 1-206  
 Signature and Date Printed or Typed Name License Number or Title

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

INSTRUCTIONS: This report shall be completed and submitted by all consecutive systems, except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, that do not treat purchased finished water and do not treat any raw water. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department. All information provided in this report shall be typed or printed in ink.

The following specific instructions are for the table in Part II of this report.

LOWEST RESIDUAL DISINFECTANT CONCENTRATION AT REMOTE POINT IN DISTRIBUTION SYSTEM. For each day a water system serving 3,300 or more persons serves water to the public or five days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time after disinfectant addition. For each day a water system serving less than 3,300 persons serves water to the public or two days per week, whichever is less, enter the residual disinfectant concentration measured at a point in the distribution system reflecting maximum residence time.

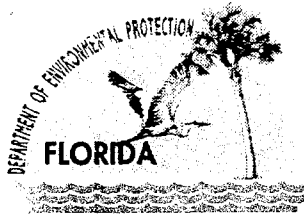
EMERGENCY OR ABNORMAL OPERATING CONDITIONS; REPAIR OR MAINTENANCE WORK THAT INVOLVES TAKING WATER SYSTEM COMPONENTS OUT OF OPERATION. For each day there are emergency or abnormal operating conditions in the distribution system, describe the emergency or abnormal operating conditions (attach additional sheets as necessary). In addition, for each day distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance (attach additional sheets as necessary).

Davis Shores

Docket No. 060253-WS

25.30-440(5)  
Inspection Reports

Test Year Ended December 31, 2005



Jeb Bush  
Governor

# Department of Environmental Protection

6016 File  
cc FE, DC, SA

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

**RECEIVED** Colleen M. Castille  
Secretary

July 1, 2004

JUL 12 2004

## UTILITIES, INC.

Utilities, Inc  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

OCD-PW-SS-04-0513

Attention: Brian Gongre

Orange County - PW  
Davis Shores and Crescent Heights  
PWS ID Number 3480272 and 3480255

Dear Mr. Gongre:

The Department conducted a sanitary survey of your public water system on June 29, 2004. This inspection was conducted by Mary Pace of this office. A copy of the sanitary survey report is enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

If you have any questions concerning this letter, please contact Mary Pace at the above address or by phone at (407) 894-7555 extension 2294.

Sincerely,

*Roberto C. Ansag*  
Roberto C. Ansag, Environmental Manager  
Drinking Water Compliance/Enforcement

RCamp  
Enclosure

9.1

## Compliance Inspection Report for Consecutive Water Systems that Do Not Retreat Their Water

System Name Davis Shores County Orange PWS ID # 3480272  
System Location Main St. Windermere Phone \_\_\_\_\_  
Owner Name Utilities, Inc. Phone 407-869-1919  
Owner Address 200 Weathersfield, Ave. Altamonte Springs, FL 32714  
Contact Person Brian Gongre Title \_\_\_\_\_ Phone \_\_\_\_\_  
This Survey Date 4/27/99 Last Survey Date 4/22/97 Last C.I. Date 6/18/98

### PWS TYPE & CATEGORY/CLASS

- Consecutive/Community  
 Consecutive/Non-transient non-community  
 Consecutive/Non-community

### PWS STATUS

- Approved system with approval number & date  
 Accepted  
 Unapproved system

### SERVICE AREA CHARACTERISTICS

Residential \_\_\_\_\_

Food Service:  Yes  No  N/A

### DISTRIBUTION SYSTEM

Number of Service Connections \_\_\_\_\_  
Population Served \_\_\_\_\_ Basis \_\_\_\_\_  
Flow Measuring Device Master Meter (purchased)  
Chlorine Residual 1.7 mg/L 52 Oakdale  
Backflow Prevention Devices:  Yes  No  
Cross-connections none noted  
Written Cross-connection Control Program: Yes  
Bacteriological Monitoring Monthly  
Coliform Sampling Plan:  Yes  No  N/A  
Lead and Copper Sampling 6/05 - 9/05

Comments \_\_\_\_\_

COMET: SITE ID \_\_\_\_\_ PROJECT ID \_\_\_\_\_

Inspector Mary Rice

Approved by \_\_\_\_\_

### PURCHASED WATER SOURCE

PWS Name OCUD/ Western  
PWS ID # 3481546  
Source Design Capacity 42,452,000 gpd  
Treatment: \_\_\_\_\_

### AUXILIARY POWER SOURCE

Yes  None  Not Required  
Source \_\_\_\_\_ Purchased \_\_\_\_\_

### OPERATION & MAINTENANCE

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number: \_\_\_\_\_

MORs submitted regularly?  Yes  No  N/A  
Data missing from MORs?  No  Yes  N/A

Comments \_\_\_\_\_

### DEFICIENCIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title Env. Specialist III

Date 7/1/04

Title Environmental Manager

Date \_\_\_\_\_

Davis Shores

Docket No. 060253-WS

25.30-440(6)  
Permits

Test Year Ended December 31, 2005

PERMITS

NONE

Davis Shores

Docket No. 060253-WS

25.30-440(7)  
Notices

Test Year Ended December 31, 2005



NOTICES

None

Davis Shores

Docket No. 060253-WS

25.30-440(8)  
Field Employees

Test Year Ended December 31, 2005

***Facilities:***

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

***Duties and Responsibilities:***

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

**Employees Involved in Utilities, Inc. of Florida Operations  
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

***Field Employees:***

Pasco and Pinellas Counties:

Steve Habery, Lead Operator (“C” Water License and “C” Wastewater License)

Jack Adkins, Operator (“C” Water License)

Marion County:

Daniel Anderson, Operator (“A” Water License and “A” Wastewater License)

Seminole and Orange Counties:

Allan Finch, Operator (“C” Water License)

Chris Phillips, Meter Reader

Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech

James Roger Adlay, Operator

Robert K Cooper, Field Tech

Robb Douglas Crow, Operator

Michael John Gavaletz, Operator

Jimmie H. Hollister, Field Tech

Alexander Lorenzo, Operator

Roy Mericle, Operator

Raymond Alan Parrish, Operator

Jeffrey Pinder, Field Supervisor

Frederick E Quinlan II, Field Tech

Roberto Remigio, Meter Reader

Mickey A Shue, Field Tech

Ronald D. White, Field Supervisor

William B Willingham, Field Tech

James Dennis Yingling, PT Field Tech

James Howard Pendarvis, Field Tech

Preston S Boardway, PT Field Tech

James Edward Carroll, Operator

Leonard E Ledwell, Operator

David Ryniak, Operator

Davis Shores

Docket No. 060253-WS

25.30-440(9)  
Vehicles

Test Year Ended December 31, 2005

**FL Vehicles as of 5-5-06**

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1W1F55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

105 01 CHEV S10  
314 03 CHEV C15 FULL  
511 05 CHEV C15 REG CAB

1GCCS14WX18159350 JAMES YINGLING  
1GCEC14X43Z114271 STEVEN PFOUTS  
1GCEC14X75Z230180 DAN ANDERSON

\$15,998.46 Utilities, Inc. of Pennbrooke  
\$19,053.10 Utilities, Inc. of Pennbrooke  
\$18,064.18 Utilities, Inc. of Pennbrooke



Davis Shores

Docket No. 060253-WS

25.30-440(10)  
Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

Please refer to the CD provided to the  
Commission Clerk with the filing.