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





## 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

# 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

00, tae

Kathy Sillitoe Area Manager

Enclosure

ec:

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

Page 1 of 1 Operations:600:620:3: 2:2005:Ann.NO2&NO3.2005Cres.Hts



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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: <u>Cresent</u>	Heights PWSI.D. #: 3480255
System Type (check one): 🛛 🕅 Community	Nontransient Noncommunity
Address:AMELIA ST	
City: ORLANDO	State: <u>FCA</u> , ZIP Code: <u>328()</u>
	Fax #: 407-869-6961
E-Mail Address:	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number: <u>AD51881-0</u>	
Sample Date: 6/2/05	
Sample Location (be specific): P.O.E 6	"WATER MAIN CORNER OF AMELIA ST & HUDSON
	results for trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
	Routine Compliance (with 62-550)     Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	□Composite of Multiple Sites** □Violation Resolution
Raw (at well or intake)	Clearance (permitting)
Max Residence Time	XOther: NOZ É NO 3 ANNUAL
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL e	iditional requirements attach a results page for each site.
Sampler's Name: <u>ALEXANDER</u>	DRENZO
Sampler's Phone #: 407-948-420	
Sampler's E-Mail Address:	
<b>CERTIFICATION</b> (to be completed by s	sampler)
1 ALEXANDER LORENZO	OPERATOR .
I, <u>ALEXANDER LORENZC</u> (Print Name)	P, <u>OPERATOR</u> , (Print Title)
	e public water system and sample collection information is

complete and correct. allianda Tourno

Signature:

Date: 6/14/05

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

	ORY CERTIFICATION I		be complete	ed by lab - Please typ	be or print le	≥gibly)		
LabName:	Advanced Environment	tal Labs - Orlando		F	lorida Certif	fication #: E53076		
Address:	528 S. North Lake Blvd	1., Suite 1016		Certification Expiration Date: 6/30/2005				
	Altamonte Springs, FL	32701			Tele	ephone #: (407) 937-1594		
ANALYSIS	INFORMATION (to be	completed by lab						
PWS ID (fr	om page 1):			Date Sa	ample(s) Re	eceived: 6/2/2005 10:07:00		
Lab Assigr	ned Report Number or Jo	ob ID A051881		Sample Num	ber (From )	page 1) A051881-01		
Group(s) A	nalyzed Results attach	ed for compliance	with chapter	62-550, F.A.C. (chec	ck all that a	pply):		
	norganics All 17 Partial Nitrate Nitrite Asbestos Only	Synthetic Organic All 30 All Except Dio: Partial Dioxin Only		Volatile Organics All 21 Partial Radionuclides Single Sample Qtrly Composite	[	Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Becondaries All 14		
Were any :	analyses subcontracted?	? 🔽 Yes 🗌	No			] Partial		
	se provide DOH certifica							
	OH ANALYTE SHEET	· · · ·		DLAB	· • • • • • • • • • • • • • • • • • • •			
			CERTIFI	CATION				
I, Myrna S	antiago Print Name)	Laboratory Manag	ger		,			
	Y CERTIFY that all atta nvironmental Laboratory				eet ali requ	irements of the		
Signature	: Apple Seend	h <i>13</i> 0		Date:	:_ <u>_</u> 2/	9/05		
analysis re	o provide a valid and cur sults will result in rejections sult in notification of the	on of the report, po	ossible enfor	cement against the p		e Sheet for the attached system for failure to sample,		
** Please p	provide radiological sam	ple dates and loca	ations for eac	h quarter.				
COMPLIA	NCE DETERMINATION	(to be complete	ed by DEP or	DOH)	Transformer and the second			
	ellection Info Satisfactory		٩o	Sample Analysis I	nfo Satisfad	ctory: 📋 Yes 🗌 No		
Replace	ment Sample(s) Requested	(circle or highlight gro	oup(s) above)	Revised Report	t Requested (	(circle or highlight group(s) above)		
Addition	nal Monitoring Required	(circle or highlight	group(s) abo	ove)				
Reason(s):	MCL(s) Exceeded Missing Analyte Sh Other:		Detection	i(s) Unsatisfactory		incomplete Report Analysis Unsatisfactory		
Person No	tified:				Date Notifi	ed:		
Comments								
Date Revie	wed:		DEP/DOH F	Reviewing Official:				



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

Client:	Utilities, Inc.
Project Name:	Cresent Heights
Project Number:	
PWS ID#:	
Attention:	Kathy Sillitoe
Phone Number:	8002721919
Address:	200 Weathersfield Ave.

Altamonte Springs, FL 32714

 Report No.:
 A051881

 Date Sampled:
 6/2/2005

 Date Received:
 6/2/05 10:07

 Date Reported:
 6/9/2005

#### **Project Description**

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

Project Name: Cresent Heights

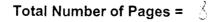
Approved By:

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.



# Advanced Environmental Laboratories, Inc.

Analytical Report

Client:	Utilities, Inc.	Report No.:	A051881	
Project Name:	Cresent Heights	Date/Time Sampled:	06/02/05	8:30
Matrix:	Drinking Water	Date/Time Received:	6/2/05 10:07	
PWS ID#:				
Client Sample ID:	1			
Site:	Point of Entry	Sampled By:	Alexander Lorenz	
Sample Number:	A051881-01	Shipping Method:	Client drop of	íf
Inorganic Conta	minants			

Contam ID	Contam Name	MCL	Units	Anaiysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis <u>Time</u>	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/Ľ	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

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

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

1.1.2

# Client: UTILITIES, INC. (UTL-A)

Project name: CRESENT HEIGHTS

Log-in request number: A051881 Date/Time Rcvd: 6/2/2005 10.07

Completed by: BDM

### **Cooler/Shipping Information:**

Received by: BDM

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	11				
Temp (°C)	3				
Temp taken from	□ Temp blank ⊠ Cooler	Temp blank Cooler	Temp blank Cooler	<ul> <li>Temp blank</li> <li>Cooler</li> </ul>	<ul> <li>Temp blank</li> <li>Cooler</li> </ul>
Temp measured with	IR gun Thermometer (enter ID):	□ IR gun □ Thermometer (enter ID):	□ IR gun □ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

### Other Information:

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

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

### Kit ID

Comments:

AEL Orlando

528 South North Lake Blvd, S

Altamonte Springs FL 32701

Contact Person: Myrna Santiago

Project #: A051881

Collector: Alexander Lorenzo

CustomerName: Utilities, Inc.

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

÷

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

Check if Rush

Lab Co	de Client Sam	nple ID	Test	Matrix	Collect Date	/ Time	<b>Receive Date</b>	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 Poty	
A051881	<b>-01</b> 1		Nitrite (J)-DW	Drinking Water	6/2/2005	8:30	6/2/05 10:07	6/3/2005		250mL Poly	
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Gain	esville Relinquisher:	121	)	Shinning F	Receiver: AE	L Courie	· .	Date	Time: (	6/2/UT	1700
Gain	way me sterniquianer.		and the second sec	շահհացլ	<u></u>		AH.	-		15/2	acita
S	hipping Relinquisher:	AEL Courier		Jacksonville Re	ceiver:	$\mathcal{Y}_{\cdot}$	ulle-	- Date	a/Time: 1	uppes (	5140
		-								• •	

Page 1 of 1

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#### Environmental Laboratories, Inc.

- 6601 Southpoint Pkwy. Jacksonville, FL 32216 904.363.9350 Fax 904.363.9354 E82574
- 9610 Princess Palm Ave. Tampa, FL 33619 813.630.9616 Fax 813.630.4327 E84589
- Ē 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352,367,1500 • Fax 352,367,0050 • E82620
  - 528 S. North Lake Blvd., Ste. 1016 Altamonte Springs, FL 32701 407.937.1594 Fax 407.937.1597 E53076

CLIENT NAME:	Utilities Inc.	PROJECT NAME:		Cres	sent He	eights		BOTTLE	님			1	1 <sup>di</sup> 1			r
ADDRESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUM	BER:					& TYPE	250 mL					1		
Altamo	onte Springs, FL 32714	PROJECT LOCATION:	NER OF	AMEL	A ST	\$ HUDS	ON ST									7
PHONE:	407-448-1715	FAX:	·			- <del>[ </del>		1 🛄								
CONTACT:	Kathy Silitoe	SAMPLED BY: ALEXA	NDÉR	LOK	ENZO			REQUIRED								
	TURN AROUND TIME:		EMARKS/SPE					1 Z						l I		
区 STANDARD								Ц Ш Ш	N					I		B
Г <sub>RUSH</sub>									<u>Q</u>							Z
								ANALYSIS	NO3/NO2							LAB NUMBER
WW=waste w	ater SW=surface water GW=gro	und water DW=drinking water		OIL	A=air	SO=soił	SL=sludge	A	Ž			·				<del>[</del> ]
SAMPLE	SAMPLE DES		Grab	SAN	IPLING	MATRIX	NO.	Preserv								
ID			Comp	DATE	TIME		COUNT	21. Jul - 23			· San Sugar			Ū. L. A. S.		
1	PUINT OF EN	TRY	G	6/2/05	0830	DW	1		x							-01
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l-ice		D3) T=(Sodium Thiosulfate)				<u> </u>		nquish by:		Date	Time		eceived by:	Date		Time
Shipment )ut	Method Via:	Sample Kit Cooler # RB D/T	<u></u>		1	disc	nde	WBMY	t	6/2/05	1007	Burn	). meltin	6/2/0	<u>7 10</u>	i7
	·····	AB D/T	<u> </u>		3	+										
let	Via:	Trip Bl.			4				<b>.</b>							
Received on Ice	e 17 Yes 🗐 No	QC Sent	[] re	ceived										revised	8/01	

Received on Ice 17 Yes 1 No QC | sent revised 8/01

A051881





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

Laboratory Scope of Accreditation

Page 3 of 27

1

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

State Laboratory ID: E82574

Jeb Bush

Governor

EPA Lab Code: FL00949

(904) 363-9350

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

Matrix: Drinking Water	Method/Tech	Cotogom	Certification	Effective Date
Analyte		Category	Туре	
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
Teptachlor	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
Vickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Vitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Vitrite	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
Ddor	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
Dxamyl	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
DH .	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

7.4

Crescent Heights

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 2 for instructions.

I. Gei	neral Information for	the Month/Year of: January 2004								
Conse	cutive System Name: (	Crescent Heights			<b>PWS Identification Nu</b>	mber: 3480255				
Conse	cutive System Type:	Community Non-Transient Non-Community	Tran	sient Non-Community						
Numb	er of Service Connecti	ons at End of Month: 283	Population Served at E	nd of Month: 991						
Conse	cutive System Owner:	Utilities, Inc. Of Florida								
Conta	ct Person: Patrick Flyn	n	Conta	ct Person's Title: Regio	nal Director					
Conta	ct Person's Mailing Ad	dress: 200 Weathersfield Ave.								
Conta	ct Person's Telephone 1	Number: 407-869-1919	Conta	ct Person's Fax Number	r: 407-869-6961					
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com								
11. Da	aily Data for the Mon	th/Year of: January 2004			<u></u>					
	of Disinfectant Residua	I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines)	orine 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	Maintenance Work that In	mal Operating Conditions; Repair or volves Taking Water System Components Dut of Operation				
t	System, mg/L	Ciperanion	17	oysicit, ingre		Jul UI Operation				
2	1.0		18			· · · · <u>· · · · · · · · · · · · · · · </u>				
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						
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.

2/3/04 ravater Signature and Date

Michael J. Gavaletz

Printed or Typed Name

C5642

License Number or Title

Daga 1



See page 2 for instructions.

I. Gei	neral Information for	the Month/Year of: February 2004						
Conse	Consecutive System Name: Crescent Heights PWS Identification Number: 3480255							
Conse	cutive System Type:	ystem Type: 🛛 Community 🔄 Non-Transient Non-Community 🗍 Transient Non-Community						
Numb	er of Service Connection	ons at End of Month: 283	Total	Population Served at Er	d of Month:	191		
Conse	cutive System Owner:	Utilities, Inc. Of Florida						
the second s	ct Person: Patrick Flyns		Conta	ct Person's Title: Region	nal Director			
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.		Altamonte Springs	State:	Fl Zip Code: 32714		
Conta	ct Person's Telephone N	Number: 407-869-1919	Conta	ct Person's Fax Number	: 407-869-6961			
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com								
11. D:	uly Data for the Mont	h/Year of: February 2004						
		I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loromines)	Chlorine Dioxide		
	Lowest Residual			Lowest Residual	initalitation (CS)			
D	Disinfectant		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Disinfectant				
Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Concentration at Remote Point in Distribution	Emergency	or Abnormal Operating Conditions; Repair or or or that Involves Taking Water System Components		
Month	System, mg/L	Operation	Month	System, mg/L	MIGHUCHARIC W	Out of Operation		
1			17					
2	0.7		18					
3			19	0.7				
4			20					
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10			26					
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12			28					
13	0.B		29					
14			30					
15			31					
16	[.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.

3/4/04 Signature and Date

- - - -

.. .....

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

D-~- 1



See page 2 for instructions.

I. Ge	neral Information for	the Month/Year of: March 2004					
Conse	cutive System Name: C	Crescent Heights			<b>PWS</b> Identifica	ation Number: 3480255	
	cutive System Type:		/ _ Transient Non-Community				
Numb	er of Service Connection	ons at End of Month: 283	Total	Population Served at Er	nd of Month: 7	91	
Conse	cutive System Owner:	Utilities, Inc. Of Florida					
Conta	ct Person: Patrick Flyn	n	Conta	ct Person's Title: Region	nal Director		
Conta	ct Person's Mailing Ad	dress: 200 Weathersfield Ave.	City:	Altamonte Springs	State:	Fl Zip Code: 32714	
Conta	ct Person's Telephone 1	Number: 407-869-1919	Conta	ct Person's Fax Number	r: 407-869-6961		
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com					
11. D	aily Data for the Mon	th/Year of: March 2004					
		I Maintained in Distribution System: X Free Chlorine	<u> </u>	Combined Chlorine (Ch	loramines)	Chlorine Dioxide	
	Lowest Residual Disinfectant			Lowest Residual Disinfectant			
Day of the Month	Concentration at Remote 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	Concentration at Remote Point in Distribution System, mg/L		or Abnormal Operating Conditions; Repair or ork that Involves Taking Water System Components Out of Operation	
1 -			17				
2	2.9	······································	18				
3			19	ĺ.l			
4			20				
5	6.0		21				
6			22				
7			23	0.8			
8			24				
9			25				
10			26	<i>i.</i> 0			
11			27				
12			28			······································	
13			29	(.D			
14			30				
15	0.8		31				
16			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.

mid 415/04 6 usale Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

Daga 1



See page 2 for instructions.

I. Ge	neral Information for	the Month/Year of: April 2004					
Conse	ecutive System Name: (	Crescent Heights			PWS Identifica	tion Numb	per: 3480255
Conse	ecutive System Type:	Community Non-Transient Non-Community	Trar	sient Non-Community			
	per of Service Connection			Population Served at En	nd of Month: 9	191	
Conse	ecutive System Owner:	Utilities, Inc. Of Florida		······			
Conta	ct Person: Patrick Flyn	n		act Person's Title: Regio	nal Director		
		dress: 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							
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com					
II. D	aily Data for the Mon	th/Year of: April 2004					
		Maintained in Distribution System:		Combined Chlorine (Ch	hloramines)	Chlori	ne Dioxide
	Lowest Residual			Lowert Residual	Call Art Sec.	Sec. 2. 21	
Day	Disinfectant Concentration at Remote	Emergency or Abnormal Operating Conditions: Repair or Maintenance	Day	Disinfectant Concentration at Remote	and a second	4	Operating Conditions; Repair or
of the	Point in Distribution	Work that Involves Taking Water System Components Out of	of the	Point in Distribution	Maintenance Wo	of Applorition	ren Taking Water System Components
Month	System, mg/L	Operation	Month		Same a strategy and	Qut	ofOperation
1	0.7		17				
2			18				
3			19	0.8			
4			20				
5	0.9		21				
6			22	(,0		·····	
7			23				
8	0.8		24				
	0.0		25	/ 2			
10			26	(.0	<b> </b>		· · · · · · · · · · · · · · · ·
11	1.0		27		<u> </u>		
12			28			· · · · · ·	
14		· · · · · · · · · · · · · · · · · · ·	29	0.8			
15			30	<u>U.v</u>	<u> </u>		
16	08		31.		J		····
			11				

# 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.

5/5/04 mirati Signature and Dat

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Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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Daga 1



See page 2 for instructions.

Consecutive System Name: Crescent Heights	P	WS Identification Nu	mber: 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: 4	07-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

Type	of Disinfectant Residua	I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	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	Emergeno Maintenanco V	ty or Abnormal Operating Conditions; Repair or Vork that Involves Taking Water System Componen Out of Operation
1			17 **	60		
2			18			
3	1.0		19			
4	t.0 m		20			
5	V		21	0,8		
6			22			
- 7	6.1		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.

6/4/04 mra. Signature and Date

Michael J. Gavaletz

Printed or Typed Name

D--- 1

C5642

License Number or Title

620

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See page 2 for instructions.

1. General Information for the Month/Year of: June 2004			
Consecutive System Name: Crescent Heights		PWS Identification Num	1ber: 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 Enc	l of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Region	al Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
	City. Thanonte oprings	j State. I I	
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number:		

Type	of Disinfectant Residua	l Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines) 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 Disinfeptant Concentration at Remots Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Componen 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			1	······································	Канананан алан алан алан алан алан алан

## III. Certification by Authorized Representative

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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.

7/1/04 'ravato Michael J. Gavaletz C5642 Signature and Date Printed or Typed Name License Number or Title

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

See page 2 for instructions.

620

I. Ger	neral Information for	the Month/Year of: Till.M	2004				
	cutive System Name: C					<b>PWS</b> Identificat	ion Number: 3480255
		Community Non-Transient Nor	n-Community	Tran	sient Non-Community		
Numb	er of Service Connection				Population Served at Er	nd of Month: 9	21
Conse	cutive System Owner:	Utilities, Inc. Of Florida					
Conta	ct Person: Patrick Flynr	<u>1</u>		Conta	ct Person's Title: Region	nal Director	
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.		City:	Altamonte Springs	State: I	FI Zip Code: 32714
	ct Person's Telephone N			Conta	ct Person's Fax Number	r: 407-869-6961	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com					
II. D:	ulv Data for the Mont	h/Year of					
Type	of Disinfectant Residua		Free Chlorine		Combined Chlorine (Ch	loramines)	Chlorine Dioxide
	Lowest Residual			1000	State Provident Provident Party State	Water to the second	
Day	Disinfectant Concentration at Remote		and the second		Distributert Concentration at Remote Point in Distribution	Sec. States	
of the	Point in Distribution	Emergency or Abnormal Operating Conditions; Re Work that Involves Taking Water System Cou	spair of Maunispanoe	Dev	Point in Distribution	Maintenance Wor	or Abnormal Operating Conditions; Repair or It that Involves Taking Water System Components
Month	System, mg/L	Operation		Month	Sution mail		Out of Operation
1	6.8			117			
2				18			
				19	015		
4				20			
5	0.8			21			
6				22	017 - BACTIS		
7				23	,		
8				24			
9				_25			
10				26	0,6		
11	<u> </u>			27			
12	0.7			28		L	·····
14	· · · · · · · · · · · · · · · · · · ·			29			
14				30	0,8		
15	0.6			31		l	

# 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.

-2-2094 GNALA mark

TARRISH Michael J. Gavaletz

C12740

C5642

Signature and Date

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Printed or Typed Name

License Number or Title



See page 2 for instructions.

1. General Information for the Month/Year of: August 2004			
Consecutive System Name: Crescent Heights	PWS	Identification Num	ber: 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 M	lonth: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Dir	ector	
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			

Туре	of Disinfectant Residua	I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	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		Emergency Maintenance W	v or Abnormal Operating Conditions; Repair or ork that Involves Taking Water System Compone Out of Operation
1			17 2			
2	1.0		18			
3			19			
4			20	6.7		
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.

F/3/04 ravat Signature and Date

Michael J. Gavaletz Printed or Typed Name <u>C5642</u>

License Number or Title

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See page 2 for instructions.

I. Gei	neral Information for	the Month/Year of: 5x6t 2004				
Conse	cutive System Name: C				PWS Identification N	lumber: 3480255
Conse	cutive System Type:	Community Non-Transient Non-Community	Tran	sient Non-Community		-
	er of Service Connection		Total	Population Served at Er	nd of Month: 991	
Conse	cutive System Owner:	Utilities, Inc. Of Florida				
	ct Person: Patrick Flyn			ct Person's Title: Region		
Conta	ct Person's Mailing Ad	dress: 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						
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				· · · · · · · · · · · · · · · · · · ·
11. D	aily Data for the Mon	th/Year of: Sect 2004				
		I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	hlorine 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	Bmergency of Abr	ormal Operating Conditions; Repair or Involves Taking Water System Components Out of Operation
1			17	0.6		
2			18			· · · · · · · · · · · · · · · · · · ·
3	0.8		19			
4			20	იკ		
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	5.8		29			
14			30	0.7		
15			31			
1 16	1		11			

# 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.

10/5/04 minat Signature and Date

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Michael J. Gavaletz Printed or Typed Name

Daga 1

<u>C5642</u>

License Number or Title

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See page 2 for instructions.

I. Gei	neral Information for	the Month/Year of: oct 2004					
	cutive System Name: C				<b>PWS</b> Identific	cation Number: 3480255	
Conse	cutive System Type:	Community Non-Transient Non-Community	Tran	sient Non-Community			
Numb	er of Service Connection	ons at End of Month: 283	Total	Population Served at Er	nd of Month: C	971	
Conse	cutive System Owner:	Utilities, Inc. Of Florida					
	ct Person: Patrick Flynr		Contact Person's Title: Regional Director				
Conta	ct Person's Mailing Add	iress: 200 Weathersfield Ave.	City:	Altamonte Springs	State	e: Fl Zip Code: 32714	
	ct Person's Telephone N		Conta	ct Person's Fax Number	:: 407-869-696	51	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com		,			
11. D:	aily Data for the Mont	h/Year of		<u> </u>			
		I Maintained in Distribution System: X Free Chlorine	n	Combined Chlorine (Ch	loramines)	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	Dey of the Month	Lowest Residual Disinfectant Concentration at Residue Point in Distribution System, mg/L	Binergen	cy of Abnormal Operating Conditions; Repair of Work that involver Taking Water System Compone	
• 1	0.1		17				
2			- 18	0.6			
3			19				
-4	0.8		20				
5			21				
6			• 22	0.7			
· 7	0.6		23				
8			24				
9			125	0.7			
10			26				
· 11	0.7		27				
12		· · · · · · · · · · · · · · · · · · ·	28				
13			29	0.8			
14	l		30		ļ		
15	0,8		31		<u>l</u>		
16			1				

# III. Certification by Authorized Representative

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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.

11/4/04 Cavate Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

Dama 1



See page 2 for instructions.

I. Ge	neral Information for	the Month/Vear of: NOV2004					
	cutive System Name: (				<b>PWS</b> Identifica	ation Numb	per: 3480255
Conse	cutive System Type:	Community Non-Transient Non-Community	Tran	sient Non-Community			
	er of Service Connection		Total	Population Served at E	nd of Month:	191	
Conse	cutive System Owner:	Utilities, Inc. Of Florida					
	ct Person: Patrick Flyn			ct Person's Title: Regio	nal Director		
		dress; 200 Weathersfield Ave.	City:	Altamonte Springs	State:	FI	Zip Code: 32714
		Number: 407-869-1919	Conta	ct Person's Fax Numbe	r: 407-869-6961		
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com	<u></u>				
IL D	aily Data for the Mon	th/Year of: Nov 2004			· · · · · · · · · · · · · · · · · · ·		
		al Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Cl	nloramines)	Chlori	ne Dioxide
	Lowest Residual			Lowest Residual		NACE M	
Day	Disinfectant Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Dav	Disinfactant Concentration at Remote			Operating Conditions; Repair or
of the	Point in Distribution	Work that Involves Taking Water System Components Out of	of the	Point in Distribution			ves Taking Water System Components
Month	System, mg/L	Operation	Month	System, mg/L			of Operation
1	0.8		17				
2			18				
3			19	0,7			
4	0.6		20				
5	0.7		21		ļ		······
6			22	0.7			
7			23		ļ	· · ·	
8	0.7		24		ļ		· · · · · · · · · · · · · · · · · · ·
9			25				
10			26	0.6		# # # # # #	
11	6.8		27				
13	<u>, , , , , , , , , , , , , , , , , , , </u>		28	l		· · · · · · · · · · · · · · · · · · ·	
14			29	0.6			
14	0.8		30		l		<u></u>
	0,0	······	31	l	I		<u> </u>
16	I		8				

## III. Certification by Authorized Representative

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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.

monto 1212104 Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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D .... 1



See page 2 for instructions. I. General Information for the Month/Year of: DEC 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: 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 H. Daily Data for the Month/Year of: Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Lowest Residual Disinfectant Disinfectant Dav Concentration at Remote Emergency or Abnormal Operating Conditions; Repair or Maintenance Day Concentration at Remote Emergency or Abnormal Operating Conditions, Repair or of the Point in Distribution Work that Involves Taking Water System Components Out of of the Point in Distribution Maintenance Work that Involves Taking Water System Components Month System, mg/L Month U.F.J. Xieras Out of Operation 1.3 12 0.7 0.7 5718× 2 3 K19\*\* 4 20 0.8 5 21 0.6 ~22 6 7 23 8 0.9 -24 9. ~25 10 \* 26 07 11 27 0.8 . • 12 228 129 13 0.7 14 30\*\* 0.9 15 31 16

### III. Certification by Authorized Representative

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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. Raymonic Hann IARR; SH C-12.740

16min 14/2005 Signature and Date

Michael J. Gavaletz Printed or Typed Name

C5642

License Number or Title

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n~~~ 1



See page 2 for instructions.

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

# H. Daily Data for the Month/Year of: January/2005

	any Data for the Mont	th/Year of: January/2005			
Type	of Disinfectant Residua	I Maintained in Distribution System: SFree Chlorine		Combined Chlorine (Ch	loramines) 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
			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	······································	, <u>an an a</u>
11			27	······································	
12			28	1.0	
13			29	1.0	
14	1.60		30		
15			31	1.00	
16			- <u></u>	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.

2-2-5 1

Roy J. Mericle

C13808

Signature and Date

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Printed or Typed Name

License Number or Title

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020

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See page 2 for instructions.

I. Ge	neral Information for	the Month Year of: February/2005				
Conse	cutive System Name: C	rescent Heights			<b>PWS Identification</b>	Number: 3480255
	cutive System Type:		Transient Non-Community			
		ons at End of Month: 283		Population Served at En	d of Month: 991	
		Utilities, Inc. Of Florida				······································
	ct Person: Patrick Flynn		Conta	ct Person's Title: Region	nal Director	
Conta	ct Person's Mailing Add	tress: 200 Weathersfield Ave.		Altamonte Springs	State: Fl	Zip Code: 32714
	ct Person's Telephone N		Conta	ct Person's Fax Number	; 407-869-6961	···
		ress: p.c.flynn@utilitiesinc-usa.com				
11. D	aily Data for the Mont	h Year of: January/2005				
		I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	Chlorine Dioxide
Day of the Month	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or A Maintenance Work th	sbnormal Operating Conditions; Repair or nat Involves Taking Water System Components Out of Operation
Monut	System, mg/L	Operation	Month	System, mg/L		
2			17	1.3		
	1.10		18			<u></u>
	1.10		19 20			
		· · · · · · · · · · · · · · · · · · ·	20	1.0		
6			21	1.0		
7	1.0		22	1.2		
8	1.0	· · · · · · · · · · · · · · · · · · ·	24	1.4		
9	1.0		25			
10			26			
11			27	· · · · · · · · · · · · · · · · · · ·		
12			28	1.1		
13	1.00		29			
14	<b></b>		30			<u> </u>
15		<b>•</b>	31			
16	*		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.

2-28-05 99/

Roy J. Mericle Printed or Typed Name C13808 License Number or Title

620

Signature and Date



See page 2 for instructions.

	normal Information for	the Month/Year of: March/2005				
	cutive System Name: C				PWS Identification Num	ber: 3480255
		Community Non-Transient Non-Community	Trans	sient Non-Community		
	والمتحادي فيتشوأ فيها فالتكريب المتحالي والمحاد والمتحاد والمحاد	ons at End of Month: 283	Total ]	Population Served at En	d of Month: 991	
		Utilities, Inc. Of Florida				
	ct Person: Patrick Flyn		Conta	ct Person's Title: Region	nal Director	
	بمسطور فبالناج بالهما فالتجيبان والمتحد والتجار والمتحد والتجار	dress: 200 Weathersfield Ave.	City: J	Altamonte Springs	State: Fl	Zip Code: 32714
	ct Person's Telephone N		Conta	ct Person's Fax Number	: 407-869-6961	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				
II D	NIV Data fay the Meet	h/Year of: January/2005				· · · · · · · · · · · · · · · · · · ·
		I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines) Chlor	rine 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 Abnorm Maintenance Work that Invo	al Operating Conditions; Repair or lives Taking Water System Components at of Operation
1	byston, mg/L		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		<u> </u>	
16	1.5		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.

31-5 3-12

Roy J. Mericle

C13808

Signature and Date

----

Printed or Typed Name

License Number or Title

Dama 1



See page 2 for instructions.

L Gei	ieral Information for	the Month/Year of: April/2005				
Conse	cutive System Name: C	rescent Heights			<b>PWS Identification N</b>	lumber: 3480255
	cutive System Type:		Trans	sient Non-Community		
		ons at End of Month: 283	Total	Population Served at En	d of Month: 991	ورفاقت المجاز فكرك فين والمكاربة ويورج متشاور ويوجب فيروج والمراجع
		Julities, Inc. Of Florida				
Conta	ct Person: Patrick Flym		Conta	ct Person's Title: Region	nal Director	
Conta	ct Person's Mailing Ado	tress: 200 Weathersfield Ave.	City:	Altamonte Springs	State: Fl	Zip Code: 32714
	ct Person's Telephone N		Conta	ct Person's Fax Number	: 407-869-6961	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				
11. D	aily Data for the Mont	h/Year of: January/2005				
		Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	hlorine Dioxide
	Lowest Residual			Lowest Residual		
Day of	Disinfectant Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Day of	Disinfectant Concentration at Remote	Emerganos or Ahn	ormal Operating Conditions; Repair or
the	Point in Distribution	Work that Involves Taking Water System Components Out of	the	Point in Distribution	Maintenance Work that	Involves Taking Water System Components
Month	System, mg/L	Operation	Month	System, mg/L		Out of Operation
1			17			
2			18	1.20		
3			19			
4	1.20		20	1.20		والمحادث المراجعة والمراجع والمراجع والمحرب والمحرب والمحرب والمحرب والمحرب والمحرب والمحرب والمحرب
5			21			
6	1.20		22			
7			23			
8			24			
9			25	1.40		
10			26			
11	1.00		27	1.00		
12			28			
	1.30		29			·
13	1.30					
13 14	1.30		30			
and the owner of the	1.30		<u>30</u> 31			

### 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.

5-3-05

Roy J. Mericle

C13808

Signature and Date

Printed or Typed Name

License Number or Title

620 MPV

# 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: May/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: May/2005 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Lowest Residual Disinfectant Disinfectant Day Concentration at Remote Emergency or Abnormal Operating Conditions; Repair or Maintenance Day Emergency or Abnormal Operating Conditions; Repair or Concentration at Remote of the Point in Distribution Work that Involves Taking Water System Components Out of Maintenance Work that Involves Taking Water System Components of the Point in Distribution Month System, mg/L Operation Month System, mg/L Out of Operation T 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 1.20 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.

est. 20 6-2-05

Kathy Sillitoe Printed or Typed Name C-13094

License Number or Title

Signature and Date

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Daga 1

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

						12
	e 2 for instructions.					$-b\alpha$
I. Ger	neral Information for	the Month/Year of: June 2005				
	cutive System Name: C				PWS Identification Nu	mber: 3480255
	cutive System Type:	Community Non-Transient Non-Community		sient Non-Community		
		ons at End of Month: 283	Total	Population Served at En	d of Month: 991	
		Utilities, Inc. Of Florida	T			
	ct Person: Patrick Flyni			ct Person's Title: Region		7
		dress: 200 Weathersfield Ave.		Altamonte Springs	State: Fl	Zip Code: 32714
	ct Person's Telephone N	بينا المحري فترك من الشكوري الشكاري المحصرة بالتكويل بالمتحصرة بيواد المترك بالمحتمات المحرارة فكالمحاط بالكاري المتنا	Conta	ct Person's Fax Number	: 407-869-6961	
Contac	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				
II. Da	aily Data for the Mont	th/Year of: January/2005				
Туре		I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines) Chl	orine Dioxide
Day of the Month	Lowest Residual Disintectant Concentration at Remote 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	Maintenance Work that In	mal Operating Conditions; Repair or volves Taking Water System Components Out of Operation
1			17		میں اور	
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	1.0		28			
13	1.0		29			
14			30	0.6		
16	0.80		31	1	l	
		L	<u>u</u>			

#### 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.

27 . OO. 7-5-05

KAthy S.II. 10E Printed or Typed Name

C-13094

Signature and Date

License Number or Title

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#### 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

See page 2 for instructions.

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

#### 11. Daily Data for the Month/Year of: July/2005 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Lowest Residual Disinfectant Disinfectant Dav Concentration at Remote Emergency or Abnormal Operating Conditions; Repair or Maintenance Day Concentration at Remote Emergency or Abnormal Operating Conditions; Repair or of the Point in Distribution Work that Involves Taking Water System Components Out of Maintenance Work that Involves Taking Water System Components of the Point in Distribution Month System, mg/L Operation Out of Operation Month System, mg/L 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.

SCO. tal 84.05

Kathy Sillitoe Printed or Typed Name

C-13094 License Number or Title

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FILE COPY

Signature and Date

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

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: 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			

17000	of Disinfectant Residua	l Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines) Chlorine Dioxide
Day of the Month	Lowest Residual Disintectant Concentration at Remote 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
2	0.40		17		
			18		
			19	1.00	
5	1.30		20		
6			22	1.00	
_7			23		······································
8	1.20		24		
-9			25	1.00	
10			26		
	1.70		27		
12			28		
13			29	0.90	
14			30		
15	0.60		31	1.00	

### 111. Certification by Authorized Representative

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.

Ol: to 9-2-05 Signature and Date

Kathy Sillitoe Printed or Typed Name

C-13094 License Number or Title

n .... 1



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

See page 2 for instructions.

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I. General Information for the Month/Year of: September /2005					
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255			
Consecutive System Type: Community Non-Transient Non-Community	Transient Non-Communi				
Number of Service Connections at End of Month: 283	Total Population Served a				
Consecutive System Owner: Utilities, Inc. Of Florida					
Contact Person: Patrick Flynn	Contact Person's Title: Re	Contact Person's Title: Regional Director			
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs				
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:	e Combined Chlorine	(Chloramines)	Chlorine Dioxide		
Lowest Residual Disinfectant	Lowest Residual Disinfectant				
Day Concentration at Remote Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of		Maintenance Work th	bnormal Operating Conditions; Repair or at Involves Taking Water System Components		

Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	System, mg/L	Operation	Month	System, mg/L	Out of Operation
1			17		
2			18		
3			19		
4			20		
5	0.8		21	0.8	
6			22		
7			23	0,9	
8	0,9		24		
9			25		
10			26	0.8	
11			27		
12	0.8		28		
13			29		
14	0,7		30	6.7	
15			• 31		
16					

#### III. Certification by Authorized Representative

0-3-05

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 accurage to the best of my knowledge and belief.

Signature and Date

Allan Finch Printed or Typed Name C- 7806

License Number or Title

Daaa 1



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

See page 2 for instructions.

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Conserved Information for the Mouth/View of October (2005							
	I. General Information for the Month/Year of:         October /2005           Consecutive System Name: Crescent Heights         PWS Identification Number: 3480255						
		ويتعتان والمتعادية بمنتقد بالتقارية فالتناز فتتحد كالمتحاد والتكار تتكافي والمتحاد والمتحد والمتحد		1 ~		PWS Identification Numb	ber: 3480255
	cutive System Type:	Community Non-Transient Nor			sient Non-Community		
		ons at End of Month: 283		Total	Population Served at En	nd of Month: 991	
	Consecutive System Owner: Utilities, Inc. Of Florida						
	ct Person: Patrick Flym	المحادث		Contac	ct Person's Title: Region		
		dress: 200 Weathersfield Ave.			Altamonte Springs	State: Fl	Zip Code: 32714
		Number: 407-869-1919	l	Conta	ct Person's Fax Number	: 407-869-6961	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com					
11. D	aily Data for the Mont	th/Year of: October/2005					
			X Free Chlorine		Combined Oblasica (Ob		
	Lowest Residual	in Manhamed in Distribution System.			Combined Chlorine (Ch Lowest Residual	ioramines) [] Chlori	ne Dioxide
	Disinfectant			· •	Disinfectant		
Day	Concentration at Remote	Emergency or Abnormal Operating Conditions; Re	epair or Maintenance	Day	Concentration at Remote	Emergency or Abnormal	Operating Conditions; Repair or
of the Month	Point in Distribution	Work that Involves Taking Water System Cor		of the	Point in Distribution	Maintenance Work that Involu	ves Taking Water System Components
	System, mg/L	Operation	l	Month	System, mg/L	Out	of Operation
<u> </u>				17	0,7		
2				18			
3	6,7			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	<u> </u>		·····

#### 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.

11-1-05 MC

Allan Finch

C- 7806 License Number or Title

Signature and Date

16

Printed or Typed Name

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

See page 2 for instructions.

		the Month/Year of: November /2005			<u> </u>	
	cutive System Name: C				<b>PWS</b> Identific:	ation Number: 3480255
	cutive System Type:	Community Non-Transient Non-Community	Tran	sient Non-Community		
		ons at End of Month: 283		Population Served at Er	nd of Month: 99	21
Conse	cutive System Owner: I	Utilities, Inc. Of Florida		······································		
	Contact Person's Title: Regional Director					
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.		Altamonte Springs	State:	: FI Zip Code: 32714
	ct Person's Telephone N			ct Person's Fax Number	: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com						
II. Da	nily Data for the Mont	th/Year of: November/2005				
Type of	of Disinfectant Residua	Maintained in Distribution System:  Free Chlorine	<u> </u>	Combined Chlorine (Ch	loramines)	Chlorine Díoxide
Day	Lowest Residual Disinfectant Concentration at Remote	Emergency or Abnormal Operating Conditions: Repair or Maintenance	Day	Lowest Residual Disinfectant Concentration at Remote		or Abnormal Operating Conditions; Repair or
of the Month	Point in Distribution	Work that Involves Taking Water System Components Out of	of the	Point in Distribution	Maintenance Wo	ork that Involves Taking Water System Components
1	System, mg/L	Operation	Month	System, mg/L		Out of Operation
2			17			
$\frac{2}{3}$	10		18	0.7		
	1,5	Collected Bact's	19	······································		
5			20		·····	
6			21	0,8		
7	Ma		22			
8	0,8		23	······		
9			24	1,2	······································	
10	<u> </u>		25			
11	0.8		26			
12			27			
13			28	1,2		
14	0,9		29			
15	0,1		30			
16			31			
10			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.

00. ta 12-1-05 Signature and Date

Kathy S. 11.10E Printed or Typed Name C-13094

DEP Form 62-555 900(4) Effective August 28, 2003

Page 1

License Number or Title



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

See page 2 for instructions.

I. General Information for the Month/Year of: December/2005						
cutive System Name: C	rescent Heights	PWS Identification Number: 3480255				
		🗌 Trar	sient Non-Community			
er of Service Connectio	ns at End of Month: 283	Total	Population Served at Er	nd of Month: 991		
Consecutive System Owner: Utilities, Inc. Of Florida						
ct Person: Patrick Flynn		Contact Person's Title: Regional Director				
ct Person's Mailing Add	ress: 200 Weathersfield Ave.				1 Zip Code: 32714	
Contact Person's Telephone Number: 407-869-1919			Contact Person's Fax Number: 407-869-6961			
ct Person's E-Mail Add	ess: p.c.flynn@utilitiesinc-usa.com				· · · · · · · · · · · · · · · · · · ·	
aily Data for the Mont	h/Year of: December/2005					
			Combined Chlorine (Ch	loramines)	Chlorine Dioxide	
Lowest Residual Disinfectant			Lowest Residual Disinfectant			
Concentration at Remote Point in Distribution System, mg/L	Work that Involves Taking Water System Components Out of	of the	Point in Distribution		Abnormal Operating Conditions; Repair or that Involves Taking Water System Components Out of Operation	
	cutive System Name: Creative System Type: ber of Service Connection cutive System Owner: L cet Person: Patrick Flynn tet Person's Mailing Add tet Person's Telephone N tet Person's E-Mail Addr aily Data for the Mont of Disinfectant Residual Disinfectant Concentration at Remote	cutive System Name: Crescent Heights         cutive System Type:       Community       Non-Transient Non-Community         per of Service Connections at End of Month: 283         cutive System Owner: Utilities, Inc. Of Florida         ict Person: Patrick Flynn         ict Person's Mailing Address: 200 Weathersfield Ave.         ict Person's Telephone Number: 407-869-1919         ict Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com         aily Data for the Month/Year of:       December/2005         of Disinfectant Residual Maintained in Distribution System:       Image: Free Chlorine         Lowest Residual Disinfectant       Emergency or Abnormal Operating Conditions; Repair or Maintenance         Work that Involves Taking Water System Components Out of       System Components Out of	cutive System Name: Crescent Heights         cutive System Type:       Community       Non-Transient Non-Community       Transient On-Community         per of Service Connections at End of Month: 283       Total         cutive System Owner: Utilities, Inc. Of Florida       Total         cutive System Owner: Utilities, Inc. Of Florida       Contra         cut Person: Patrick Flynn       Contra         cut Person's Mailing Address: 200 Weathersfield Ave.       City:         cut Person's Telephone Number: 407-869-1919       Contra         cut Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com       Contra         aily Data for the Month/Year of:       December/2005         of Disinfectant Residual Maintained in Distribution System:       Free Chlorine         Lowest Residual       Emergency or Abnormal Operating Conditions; Repair or Maintenance       Day         Vork that Involves Taking Water System Components Out of       Of the	cutive System Name: Crescent Heights         cutive System Type:       Community       Investigation         per of Service Connections at End of Month: 283       Total Population Served at Enderstein         cutive System Owner: Utilities, Inc. Of Florida       Contact Person's Title: Region         cut Person: Patrick Flynn       Contact Person's Title: Region         cut Person's Mailing Address: 200 Weathersfield Ave.       City: Altamonte Springs         cut Person's Telephone Number: 407-869-1919       Contact Person's Fax Number         cut Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com       Contact Person's Fax Number         aily Data for the Month/Year of:       December/2005         of Disinfectant Residual Maintained in Distribution System:       Free Chlorine       Combined Chlorine (Chlorine (Chlorine (Chlorine form))         Lowest Residual Disinfectant       Emergency or Abnormal Operating Conditions; Repair or Maintenance       Day         Disinfectant       Emergency or Abnormal Operating Conditions; Repair or Maintenance       Day       Concentration at Remote         Point in Distribution       Work that Involves Taking Water System Components Out of       Of the       Point in Distribution	cutive System Name: Crescent Heights       PWS Identificati         cutive System Type:       Community       Non-Transient Non-Community       Transient Non-Community         per of Service Connections at End of Month: 283       Total Population Served at End of Month: 991         per of Service Connections at End of Month: 283       Total Population Served at End of Month: 991         per of Service Connections at End of Month: 283       Total Population Served at End of Month: 991         per of Service Connections at End of Month: 283       Contact Person's Title: Regional Director         per of Person: Patrick Flynn       Contact Person's Title: Regional Director         per Person's Mailing Address: 200 Weathersfield Ave.       City: Altamonte Springs       State: F         per or Servis Telephone Number: 407-869-1919       Contact Person's Fax Number: 407-869-6961         per person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com       Contact Person's Fax Number: 407-869-6961         atly Data for the Month/Year of:       December/2005       Combined Chlorine (Chloramines)         pisinfectant       Concentration at Residual Maintained in Distribution System:       Free Chlorine       Concentration at Remote         Point in Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance       Day       Concentration at Remote       Emergency or Maintenance         Point in Distribution       Work that Involves Taki	

of the Month	Point in Distribution System, mg/L	Work that Involves Taking Water System Components Out of	of the Month	Point in Distribution System, mg/L	Maintenance Work that Involves Taking Water System Components Out of Operation
1 -	<u>i.2</u>		17	· · · · · · · · · · · · · · · · · · ·	
2			18		
3			19	0.8	Collected Bacts
4		· - · ·	20		
5			21		
6	0.8		22	0.8	
7			23		
8			24		
9	0.8		25		
10			26	0,7	
11	<del>6.7</del>		27		
12	0.7		28		
13			29	0.7	
14			30		
15			31		
16	0,9		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.

1-2-06 UE

Allan Finch Printed or Typed Name C-7806 License Number or Title

Signature and Date

Ø2D

#### 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



## Department of Environmental Protection

ORIG: File CEPE, DOISA

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

RECEIVE Con M. Castille

July 1, 2004

JUL 12 2004

UTILITIES, INC.

OCD-PW-SS-04-0513

Utilities, Inc 200 Weathersfield Avenue Altamonte Springs, FL 32714

Attention: Brian Gongre

Orange County - PW Davis Shores and Crescent Heights <u>PWS ID Number 3480272 and 3480255</u>

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, Environmental Manager Drinking Water Compliance/Enforcement

RCAmp Enclosure

Printed on recycled paper.

#### State of Florida Department of Environmental Protection Central District

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

	CountyOrange PWS ID #3480255
System Location <u>Amelia St.</u>	Phone
Owner Name Utilities, Inc.	Phone <u>407-869-1919</u>
Owner Address 200 Weathersfield, Ave. Altamonte S	Springs, FL <u>32714</u>
Contact Person Brian Gongre	TitlePhone te4/21/99Last C.I. Date6/18/98
This Survey Date <u>6/29/04</u> Last Survey Da	teLast C.I. Date6/18/98
PWS TYPE & CATEGORY/CLASS         Consecutive/Community         Consecutive/Non-transient non-community         Consecutive/Non-community	PURCHASED WATER SOURCEPWS Name OUCPWS ID # 3480962Source Design Capacity 174,614,000 gpdTreatment:
PWS STATUS	
Approved system with approval number & date	
	AUXILIARY POWER SOURCE
Accepted	🔲 Yes 🔲 None 🔯 Not Required
Unapproved system	Source Purchased
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   Written Cross-connection Control Program: Yes   Bacteriological Monitoring Monthly   Coliform Sampling Plan: Yes	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:
Lead and Copper Sampling <u>app. for triennial</u>	
6/05 - 9/05	
Comments	
COMET: SITE ID PROJECT ID	
Inspector <u>Mary Yace</u> Ti Approved by <u>Roland C. C. 7</u> Ti	tle <u>Env. Specialist III</u> Date <u>7/1/04</u> tle <u>Environmental Manager</u> Date <u>7/1/04</u>

## Crescent Heights

Docket No. 060253-WS

25.30-440(6) Permits





February 10, 2003

Utilities Inc of Florida 200 Weathersfield Ave Altamonte Springs, FL 32714 MAR 28 2003

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,

anet Stein

lanet Stein Sr.Permit Data Technician **Division of Permit Data Services** 

Cc:

**District Permit File** Contractor James Frazee, Jr.

GOVERNING BOARD

R. Clay Albright, SECRETARY David G. Graham, TREASURER Duane Ottenstroer, CHAIRMAN Ometrias D. Long, VICE CHAIRMAN JACKSONVILLE EAST LAKE WEIR JACKSONVILLE APOPKA

W. Michael Branch FERNANDINA BEACH

Jeff K. Jennings MAITLAND

William Kerr MELBOURNE BEACH Ann T. Moore BUNNELL

Catherine A. Walker ALTAMONTE SPRINGS

t			STATE OF FLORIDA REPAIR, MODIFY, OF Southwest Southwest South Florida Suwannee River CHECK BOX FOR APPROPRIATE DIS	R ABANDON A WEL THIS FORM MUST BE F The water well contractor form and forwarding the county where applicable.	L ILLED OUT COMPLE r is responsible for co permit to the appropr	TELY.	Permit No. 8723 Florida Unique I.D. 202 Permit Stipulations Requi	red (See attached)
i order that address envelope window	1. 2. 3.	DIVERSIFIED DRILL Well Drilling Contractor 5654 N. APOPKA VIN Address	Entity if Corporation FS WTP IS, Road Name or Number, City ING CORP / LARRY MERIE NELAND ROAD		ess OWERS DRIVE 407-2	City ORLANDO, FL 91-4755	Zip	Telephone Number
Fold at this line in order is visible through envelo	6.	ORLANDO, FLORID/ City ORANGE County	State	Zip //cia///s	5. Town		Range28E  Unit	SW SE
	8.	Irrigation (t (See Back) Distance from septic s Application for: Estimated: Weil Depth	vells <u>1</u> Check the use ype) Public Water Supp ystem <u>200</u> <sup>+</sup> ft. Descri New Construction <u>400</u> erial: <u>Off</u> Steel DGal / PVC	ly (type)	Abandonment Di	Other stimated start o SCONTINUE (Reason for Screen Interva	f construction date _1-26	
1	14-		From to or Liner (check one) PVC Other (specify:	•		Draw a map of w roads and landm.	arks; provide distances betwee	PDS AMONTE SVC le with an "X". Identify Known F in well and landmarks.
	13. 14.	Auger Indicate total No. of well Is this well or any other under a Consumptive/M (If yes, complete the follo District well I.D. No. Latitude	n: Rotary Other (specify:) Ils on site 1 List nu well or water withdrawal on Water Use Permit (CUP/WUP) wing) CUP/WUP No2- Wing? CUP/WUP No2- Wing? or survey	mber of unused wells on the owner's contiguous p or CUP/WUP Application 095-0212N (327) Closed/Cypored 227'56,452"	site <u> </u>	₩ RECEIN FEB 18 ₩ A	E D 42003 300 500th	East
	15.	I hereby certify that I will comply w and that a water use permit or arti- prior to commencement of welk or application is accurate app that 1v	with the applicable rules of Title 40, Flork ficial recharge permit, <u>Hrmeded</u> has be instruction. Hurther centry that all forom will obtain necessful approximation report to the e to provide a viel completion report to the multiplicity accurs that	la Administrative Code, I en or will be obtained r ation provided on this th federal state, or local s	certify that I am the own esponsibilities under Cha he agent for the owner, th ponsibilities as stated ab	pter 373, Florida Statt hat the informetion pro ove. Owner consents	the information provided is accurate titles, to maintain or property abando vided is accurate, and that I have in to personnel of the WMD or a repre	n this well; or, I certify that I am formed the owner of his re-
		Approval Granted By: Owner Number: THIS PERMIT NOT VALIA WELL SITE DURING ALL	LAURS H. J. 1. DI LATA LATA UNTIL PROPERLY SIGNER DRILLING OPERATIONS. 7	BY AN AUTHORIZED OF	nter numerical mo	ipt No.:	Hydrologist Check No.: Ult, four-digit year. THE WMD. IT SHALL BE I.E. WHITE: ORIGINAL FI	AVAILABLE AT THE

FORM 41.10 - 410 (1) REV. 4/95

YELLOW: DRILLING CONTRACTOR PINK: OWNER

#### "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

RECEIVED MAY 1 2 1999 EV. W 5

\_\_\_\_

St. Johns River Water Management District

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.

Note: CUP no Conger in effect because all water purchased por occ.

## Crescent Heights

Docket No. 060253-WS

25.30-440(7) Notices

## **NOTICES**

None

## Crescent Heights

Docket No. 060253-WS

25.30-440(8) Field Employees

#### 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  $\frac{1}{2}$  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.
- 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 Pinelles 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

#### FL Vehicles as of 5-5-06

VIN Veh. # Yr/Make/Model 9934 99 DODGE DAKOTA 9932 99 DODGE DAKOTA 636 06 CHEV COLORADO 221 02 CHEVY S-10 19 00 CHEV CS10803 610 06 CHEV C15 V-8 311 03 CHEV C15 FULL 308 03 CHEV C15 FULL 431 04 CHEV C25 24 00 CHEV S-10 638 06 CHEV C15 8691 86 INTERNATIONAL 223 02 CHEVY S-10 608 06 CHEV C15 V-8 16 00 CHEV CS10803 9808 98 DODGE DAKOTA 427 04 CHEV C15 FULL 508 05 CHEV C25 4X4 103.01 CHEV S10 9833 98 CHEV S-10 111 01 CHEV 1500 461 04 CHEV C15 9928 99 DODGE DAKOTA 426 04 CHEV C15 FULL 9935 99 DODGE DAKOTA 9933 99 DODGE DAKOTA 9931 99 DODGE DAKOTA 9927 99 DODGE DAKOTA 9602 96 FORD RANGER REGULAR 516.05 CHEV COLORADO 101 01 CHEV S10 220 02 CHEVY S-10 14 00 CHEV CS10803 102 01 CHEV S10 9835 98 CHEV S-10 9834 98 CHEV S-10 110 01 CHEV 1500 109 01 CHEV 1500 217 02 CHEVY C15 FULL 18 00 CHEV 1500 108 01 CHEV 1500 113 01 CHEV 1500 107 01 CHEV 1500 112 01 CHV 1500 312 03 CHEV C15 FULL 305 03 CHEV C15 FULL 433 04 FORD F-750 304 03 CHEV C15 FULL 8926 89 FORD F-350 9765 97 PONTIAC GRAND AM 35 00 CHEV C25 BOOM 503 05 CHEV COLORADO 612 06 CHEV COLORADO 637 06 CHEV C15 222 02 CHEVY C15 FULL 424 03 CHEV C15 FULL 436 04 CHEV C15 FULL 301 03 CHEV C15 FULL 422 04 CHEV C15 EXT CAB 509 05 CHEV C15 4X4 EXT 639 06 CHEV C15 4X4 EXT 428 04 CHEV S10 TRAILBLAZER 512 05 CHEV TAHOE 650 06 CHEV TAHOE 4X4 9250 92 DODGE 242 02 CHEVY IMPALA 9925 99 CHEV LUMINA 453 04 CHEV C15 EXT CAB 609 06 CHEV C25 129 01 CHEV FULL 1500 4WD 33 00 DODGE DAKOTA

1B7EL26X6XS261957 1B7EL26XXXS277898 1GCCS146568234592 1GCCS14W428209130 1GCCS14W9YK196208 1GCEC14V86Z103857 1GCEC14X23Z114639 1GCEC14X83Z115665 1GCHK24U04E296751 1GCCS14W9YK229577 1GCEC14V86E197990 1HTLDTVN2GHA45725 1GCCS14W628209453 1GCEC14V26Z102011 1GCCS14W2YK195806 1B7FI 26X6WS604943 1GCEC14X947275720 1GBHK24UX5E233792 1GCCS14W01K129325 1GCCS14X2WK245013 1GCEC14W81Z185977 1GCEC14X24Z336714 1B7FL26X4XS261955 1GCEC14X44Z274751 1B7FL26X1XS277899 1B7FL26X4XS277900 1B7FL26X6XS261956 1B7FL26XXXS261958 1FTCR10X1TUB67972 1GCCS146358238591 1GCCS14W01K129261 1GCCS14W128209201 1GCCS14W1YK195845 1GCCS14W71K129239 1GCCS14X0WK247116 1GCCS14X6WK246309 1GCEC14V11E249162 1GCEC14V31E249471 1GCEC14V32Z313941 1GCEC14V6YE249071 1GCEC14V91E265755 1GCEC14W21Z187837 1GCEC14W71Z185310 1GCEC14W81Z183727 1GCEC14X03Z114378 1GCEC14X63Z115177 3ERXE75424V600407 1GCEC14X23Z115810 1EDKE37G5KNA56982 1G2WP5216WF270000 1GBGK24R5YF484662 1GCCS146658179178 1GCCS146768129150 1GCEC14V96E197609 1GCEC14W12Z314210 1GCEC14X04Z274231 1GCEC14X24Z201474 1GCEC14X63Z115146 1GCEC19VX4Z270758 1GCEK19T35E230984 1GCEK19Z26Z225726 1GNDT13S442340667 1GNEC13T85R199267 1GNEK13TX6R148941 2B7GB11X5NK163811 2G1WF55E329381533 2G1WL52M1X9177423 2GCEC19T341374628 2GCEC19VX61115736 2GCEK19T111381348 1B7GG22X7YS753556

Driver Assigned CORY SUDOL NO DRIVER YET JEROME HAMPTON ROGER GRAY CARL ZUBEK MICHAEL OVERTON EDWARD ROBERTS SCOTT LEARNED DON TAYLOR ALVIN BISHOP ALVIN BISHOP VACUUM TRUCK WILLIAM NEAL DAVID SHOFFSTALL HARRY HOFF JAMES ESKEW SHANTAVIOUS RAINEY VARIOUS MATTHEW GUNTHER STEVEN SZCZEPKOWSKI SPARE ROBERT BUONO LENNY GODWIN MIKE MONAT HAROLD EBERT NO DRIVER YET RAY HOGUE JIM SWEGHEIMER SPARE DOUG GOODWIN ROBERTO REMIGIO ROY MERICLE ALEXANDER LORENZO ELISA STEGER SPARE THOMAS KEYS **KEVIN COOPER** JEEE PINDER DALE WHITE THOMAS ABENDROTH MATTHEW MORRELL JIMMIE HOLLISTER JAMES PENDARVIS SHAWN EBERT MICK SHUE FRED QUINLAN SANLANDO DUMP TRUCK JERRY HAHN DUMP TRUCK NO DRIVER YET CENTRAL FL BOOM TRUCK CHRIS PHILLIPS CHRIS ALDAY JEFF FINEHIRSH CHARLES SCHWADES ALLEN FINCH JACK ADKINS STEVE HABERY RICHARD RETZ JOHN MARINELLI BILL COATES BRYAN GONGRE PATRICK FLYNN JOHN HOY SEWER VIDEO EQUIP VAN SCOTTY HAWS KATHY SILLITOE TONY WIERZBICKI SCOTT STEWART WILLIAM NEAL SPARE

Cost Company Name \$15,678.58 Alafaya Utilities, Inc. \$15,467.19 Alafaya Utilities, Inc. \$16.622.26 Alafava Utilities, Inc. \$13,356.21 Alafaya Utilities, Inc. \$15,363.17 Alafaya Utilities, Inc. \$18,681.44 Alafaya Utilities, Inc. \$19,053.10 Alafaya Utilities, Inc. \$19,053.10 Alafaya Utilities, Inc. \$25,036.88 Alafaya Utilities, Inc. \$15,099.10 Bayside Utility Services, Inc. \$18,923.65 Bayside Utility Services, Inc. \$11,026.85 Bayside Utility Services, Inc. \$13,356.21 Cypress Lakes, Utilities, Inc. \$18,681.44 Cypress Lakes, Utilities, Inc. \$15,363,17 Eastlake Water Service, Inc. \$15,312,81 Labrador Utilities Inc. \$17.763.05 Labrador Utilities, Inc. \$24 607.70 Mid-County \$15.053.85 Mid-County \$16.047.78 Mid-County \$16,965.92 Mid-County \$16,588.04 Mid-County \$15,493.25 Sandalhaven \$17,763.05 Sandalhaven \$16,056.16 Sanlando Utilities, Inc. \$15,659,79 Sanlando Utilities, Inc. \$15,493.25 Sanlando Utilities, Inc. \$15,792.00 Sanlando Utilities, Inc. \$16,085.99 Sanlando Utilities, Inc. \$18,484.14 Sanlando Utilities, Inc. \$15,053,85 Sanlando Utilities, Inc. \$13,356,21 Sanlando Utilities, Inc. \$15,363,17 Sanlando Utilities, Inc. \$15.516.86 Sanlando Utilities, Inc. \$16,290,61 Sanlando Utilities, Inc. \$16 143 89 Sanlando Utilities Inc. \$18,690,29 Sanlando Utilities, Inc. \$19,066.93 Sanlando Utilities, Inc. \$17,238.08 Sanlando Utilities, Inc. \$19,049.81 Sanlando Utilities, Inc. \$18,735.55 Sanlando Utilities, Inc. \$17,472.60 Sanlando Utilities, Inc. \$17,227,78 Sanlando Utilities, Inc. \$16,965.92 Sanlando Utilities, Inc. \$19,053.10 Sanlando Utilities, Inc. \$22,478.87 Sanlando Utilities, Inc. \$63,896,30 Sanlando Utilities, Inc. \$19.372.92 Tierre Verde \$31.061.22 Utilities. Inc. of Florida \$15,000.00 Utilities, Inc. of Florida \$35,922.85 Utilities, Inc. of Florida \$16,750,47 Utilities, Inc. of Florida \$16,471.74 Utilities, Inc, of Florida \$18,923.65 Utilities, Inc, of Florida \$16,461.98 Utilities, Inc, of Florida \$17,763.05 Utilities, Inc, of Florida \$17,503.53 Utilities, Inc, of Florida \$19,053.10 Utilities, Inc, of Florida \$21,654.48 Utilities, Inc, of Florida \$28,037.52 Utilities, Inc, of Florida \$24,891.62 Utilities, Inc. of Florida \$27,109,73 Utilities, Inc. of Florida \$37,478,51 Utilities, Inc. of Florida \$32,505.83 Utilities, Inc. of Florida \$0.00 Utilities, Inc. of Florida \$19,351.00 Utilities, Inc. of Florida \$17,132.82 Utilities, Inc. of Florida \$22,987.16 Utilities, Inc, of Florida \$22,387,19 Utilities, Inc. of Florida \$24,967.07 Utilities, Inc, of Florida \$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

 1GCEC14X432114271
 STEVEN PFOUTS

 1GCEC14X75Z230180
 DAN ANDERSON

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\$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

## **CUSTOMER COMPLAINTS**

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

Davis Shores

Docket No. 060253-WS

Orange County

Davis Shores

Docket No. 060253-WS

25.30-440(1) Detailed Map

## <u>MAPS</u>

## SUBMITTED TO COMMISSION SEPARATELY

Davis Shores

Docket No. 060253-WS

25.30-440(2) Chemicals Used

## CHEMICALS USED

## NONE

Davis Shores

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

#### 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 5

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

Kan Selitar

Kathy Sillitoe Area Manager

Enclosure

ec:

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

Page 1 of 1 Operations.600:621:3: 2:2005:Ann.NO2&NO3.2005.DavisSho

621

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: Davis Shor	es PWS I.D. #: 3480272
System Type (check one): Community Address: <u>FIRST AUE </u>	•
City: WINDEMERE	State: FLA. ZIP Code: 34786
Phone #:	Fax#: 407-869-6961
E-Mail Address:	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known):
Sample Date: <u>6/2/05</u>	
Sample Location (be specific):	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)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550)     Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	Clearance (permitting)
Max Residence Time	XOther: NOZ & NOJ ANNUAC
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	· · · ·
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ad for nitrate or nitrite MCL e	ditional requirements attach a results page for each site.
Sampler's Name: ALEXANDER LO	RENZO
Sampler's Phone #:	Sampler's Fax #:
Sampler's E-Mail Address:	
<b>CERTIFICATION</b> (to be completed by s	sampler)
I, <u>ALEXANDER</u> LO (Print Name)	RENZO, OPERATOR, (Print Title)
	re public water system and sample collection information is
	Torento Date: 6/14/05

Florida Department of Environmen	Ital Protection Safe Drinking Water Program Laboratory					
Reporting Format						
	n na haran a sana a tana a sana a An ana ana ana ana ana ana ana ana ana a					

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly) ATTACH CURRENT DOH ANALYTE SHEET*						
LabName: Advanced Environmental Labs - Orlando			ot	Florida Certification #: E53076		
Address: 5	Address: 528 S. North Lake Blvd., Suite 1016			Certification Expiration Date: 6/30/2005		
Altamonte Springs, FL 32701			Telephone #: (407) 937-1594			
ANALYSIS I	NFORMATION (to be	completed by lai	þ			
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):						
Inc	organics	Synthetic Organ	nics	Volatile Organics	Disinfection Byproducts	
	All 17	🗋 All 30		🔲 All 21	Trihalomethanes	
	Partial	All Except D	ioxin	Partial	Haloacetic Acids	
	Nitrate	Partial		Radionuclides		
	Nitrite Asbestos Only	Dioxin Only		Single Sample	Chlorite	
	Abbataa oniy			Qtrly Composite**	Secondaries	
					All 14	
Were any an	alyses subcontracted	? 🔽 Yes 🗌	] No		Partial	
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:	Myna	Yundahi	<b>.</b>	Date:	[9]0K	
* 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)						
Additional Monitoring Required (circle or highlight group(s) above)						
Reason(s):	_ MCL(s) Exceeded _ Missing Analyte Sh _ Other:	eet(s)	Detection	(s) Unsatisfactory	Analysis Unsatisfactory	
Person Notifie	ed:			Date	Notified	
Comments						
Date Reviewe	ed:		DEP/DOH R	eviewing Official:		



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

Client:	Utilities, Inc.
Project Name:	Davis Shores
Project Number:	

PWS ID#:

Kathy Sillitoe Attention: 8002721919 Phone Number:

200 Weathersfield Ave. Address:

Altamonte Springs, FL 32714

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

#### **Project Description**

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

Project Name: Davis Shores

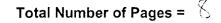
Approved By:

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.



#### Advanced Environmental Laboratories, Inc.

Analytical Report

Client:	Utilities, Inc.	Report No.:	A051882	
Project Name:	Davis Shores	Date/Time Sampled:	06/02/05	9:25
Matrix:	Drinking Water	Date/Time Received:	6/2/05 10:07	
PWS ID#:				
Client Sample ID:	1	Dame la d Dun		
Site:	Point of Entry	, <u>-</u>	Alexander Lorenz	
Sample Number:	A051882-01	Shipping Method:	Client drop of	f
Inorganic Conta	minants			

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

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

U The compound was analyzed for but not detected.

r

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

Ð

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

Completed by: BDM

Date/Time Rcvd: 6/2/2005 10.07 Log-In request number: A051882

Received 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	Temp blank Cooler	Temp blank Cooler	<ul> <li>Temp blank</li> <li>Cooler</li> </ul>	Temp blank Cooler	Temp blank     Cooler
Temp measured with	IR gun Thermometer (enter ID):	□ IR gun □ Thermometer (enter ID):	□ IR gun □ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

#### Other Information:

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

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

<u>Kit ID</u>

Comments:

- 1 · · · ·

9354

363

904

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

Contact Person: Myrna 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

Chain-of-Custody for AEL Orlando to AEL Jax

chick las Gainesville: Relinquisher: Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Codition

Jacksonville Receiver:

Date/Time: Date/Time:

Page 1 of 1



#### Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574

- 9610 Princess Palm Ave. Tampa, FL 33619 813.630.9616 Fax 813.630.4327 E84589
- 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
  - 528 S. North Lake Bivd., Ste. 1016 Altamonte Springs, FL 32701 407.937.1594 Fax 407.937.1597 E53076

CLIENT NAME:	Utilities Inc.	PROJECT NAME:		Dav	vis Sho	res		BOTTLE SIZE	nL							
DDRESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMB	P.O. NUMBER/PROJECT NUMBER;					& TYPE	250 mL							
Altamo	onte Springs, FL 32714	PROJECT LOCATION: COR	VER O	F FIRS	STAU S	CRKVA	LE ST.									
'HONE:	407-448-1715	FAX:												ļ		
CONTACT:	Kathy Silitoe	SAMPLED BY: ALEXA	NDER	LORE	ENZO			R								
	TURN AROUND TIME:		MARKS/SPE					D Q								
又 STANDARD								Ц Ш Ш	2							LAB
 RUSH								SIS SIS	9							
								ΓX8	3/1							ME
	vater SW=surface water GN - ground	twater DW-drinking water		OIL	A≈air	SO=soil	SL=siudge	ANALYSIS REQUIRED	NO3/NO2							NUMBER
SAMPLE			Grab	· · · · · · · · · · · · · · · · · · ·	PLING		NO.	Preserv								
ID	SAMPLE DESC	RIPTION	Comp	DATE	TIME	MATRIX	COUNT		itine Lettering	Mer of ARL	secold 1	1.0.	and the second second			
1	PUINT OF ENT	TRY	G	6/2/05	0975	DW	1		<b>X</b> .							- U }
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l-ice	H=(HCI) S=(H2SO4 N=(HNO3	) T≍(Sodium Thiosulfate)		I	<u></u>		Relin	quish by:	L	Date	Time	Re	ceived by:	Date		Time
hipment		mple Kit Cooler #	······································		1	alian	nde	Tour	int	6/2/05	1007	Burn D.	meitin	6/2/0	5 10	}°7
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A051882

Jeb Bush Governar





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

#### EPA Lab Code: FL00949

(904) 363-9350

E82574

Advanced Environmental Laboratories, Inc. 6601 Southpoint Parkway Jacksonville, FL 32216 Matrix: Drinking Water

State Laboratory ID: E82574

Matrix: Drinking Water			Certification	
Analyte	Method/Tech	Category	Туре	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,	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	SM 9215 B	Microbiology	NELAP	1/21/2005
Heterotrophic plate count		Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorobenzene	EPA 508	, -	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	4/4/2002
Iron	EPA 200.7	Secondary Inorganic Contaminants		4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	
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
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"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





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

See page 2 for instructions.

L Ger	recal Information for	the Month/Year of: January 2004							
	cutive System Name: D				<b>PWS Identification Nu</b>	mber: 3480272			
	cutive System Type:		Tran	sient Non-Community					
	er of Service Connection		Total	Population Served at En	d of Month: 154				
		Jtilities, Inc. Of Florida			······································				
	ct Person: Patrick Flynr		Conta	ct Person's Title: Region					
		tress: 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									
	دور از این می اینده بر این از می از می از این از این کار این کار این کرد. این می می می می می می می می می می می از این می می می می این می این می این می این می این می این می	ress: p.c.flynn@utilitiesinc-usa.com							
		h/Year of: January 2004		Combined Chlorine (Ch	loremines) [] Chl	lorine Dioxide			
Type		Maintained in Distribution System: 🛛 Free Chlorine	1000000	Lowest Residual					
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	Disinfectani Olisinfectani Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnor Maintenance Work that Ir	rmal Operating Conditions; Repair or avolves Taking Water System Componen Out of Operation			
1			17						
2	0,8		18						
3			19	1.2					
- 4			20			ومعرفان والمحمد واروا ويسارك والمراجع والمحرور والمراجع والمراجع والمراجع والمحمول والمحمول والمحمو			
- 5	0.8		21		L				
6			22						
7			23	1.1					
8			24						
7	<u> </u>		-	1.1					

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#### 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.

Tarrel 2/3/04 Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

Daga 1



See page 2 for instructions.

I. Ge	neral Information for	the Month/Year of: February 2004			·····			
Conse	cutive System Name: I	Davis Shores			<b>PWS</b> Identification N	lumber: 3480272		
Conse	cutive System Type:		Transient Non-Community					
Numb	er of Service Connection	ons at End of Month: 44	Total	Population Served at En	d of Month: 154			
Conse	cutive System Owner:	Utilities, Inc. Of Florida						
Conta	ct Person: Patrick Flyn	1	Conta	ct Person's Title: Region	nal Director			
Conta	ct Person's Mailing Ad	dress: 200 Weathersfield Ave.	City:	Altamonte Springs	State: Fl	Zip Code: 32714		
Conta	ct Person's Telephone 1	Number: 407-869-1919	Conta	ct Person's Fax Number	: 407-869-6961			
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com						
II. D	aily Data for the Mon	th/Year of: February 2004			· · · · · · · · · · · · · · · · · · ·	·····		
		I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	nlorine Dioxide		
Day of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day	Lowest Residual Disinfectant Concentration at Remoty		ormal Operating Conditions; Repair or		
Month	System, mg/L	Work that involves raking water system components Out of Operation	of the Month	Point in Distribution System, mg/L	Manichance work utat	Involves Taking Water System Components Out of Operation		
1			17					
2			18					
3			19	0.7				
4			20					
5			21					
6	1.0		22					
7			23	1.1				
8			24					
9	<i>l.l</i>		25	·····				
10			26					
11			27	(, D				
12			28		<u></u>			
13	1.0		29					
14			30					
15	2		31	L				
16	0,8	L	L)					

#### 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.

3/4/04 ravata m Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title



See page 2 for instructions.

I. Ge	neral Information for	the Month/Year of: March 2004				
Conse	ecutive System Name: I	Davis Shores			PWS Identification Nur	mber: 3480272
Conse	ecutive System Type:	Community Non-Transient Non-Community	] Tran	sient Non-Community		
		ons at End of Month: 44	Total	Population Served at E	nd of Month: 154	
Conse	ecutive System Owner:	Utilities, Inc. Of Florida				
Conta	ct Person: Patrick Flyn	n	Conta	ct Person's Title: Regio	nal Director	
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.	City:	Altamonte Springs	State: Fl	Zip Code: 32714
Conta	ct Person's Telephone 1	Number: 407-869-1919	Conta	ct Person's Fax Number	r: 407-869-6961	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com	_			
II D	aily Data for the Mont	th/Year of: March 2004				
		Il Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Cl	alorominos)	orine Dioxide
2 PC	Lowest Residual		ل ل ال [[المحادة ال	Lowest Residual		
	Disinfectant			Disinfectant		가지 가지 않는 것은 것을 하는 것을 하는 것이다. 같은 것은 생활자 가지 않겠는 것을 같은 것이다. 같은 것은 사람자 것은 것을 같은 것이다.
Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Day	Concentration at Remote	Emergency or Abnorr	nal Operating Conditions; Repair or
Month	System, mg/L	Work that Involves Taking Water System Components Out of Operation	of the Month	Point in Distribution System, mg/L	Maintenance Work that Inv	olves Taking Water System Components out of Operation
1			17	System, mg/12	i de la companya de Na companya de la comp	
2	1.0		18			
3			19	1.0	· · · · · · · · · · · · · · · · · · ·	
4			20			
5	9.7		21			
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13			29	0.7		
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.

Gauato 415104 Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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Daga 1



See page 2 for instructions.

I. Ger	neral Information for	the Month/Year of: April 2004							
Conse	Consecutive System Name: Davis Shores PWS Identification Number: 3480272								
Conse	Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community								
Numb	er of Service Connection	ons at End of Month: 44	Total	Population Served at Er	nd of Month:	154			
Conse	cutive System Owner:	Utilities, Inc. Of Florida							
Contact Person: Patrick Flynn Contact Person's Title: Regional Director									
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.	City:	Altamonte Springs	State	: FI Zip Code: 32714			
Conta	ct Person's Telephone M	Number: 407-869-1919	Conta	ct Person's Fax Number	: 407-869-696	1			
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com							
II. D	aily Data for the Mont	th/Year of: April 2004							
		I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	loramines)	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	Emergenc	y or Abnormal Operating Conditions; Repair or ork that Involves Taking Water System Components Out of Operation			
1	0.8		17		Oldstand, giri, jaal 1979.				
2			18						
3			19	6.1					
4			20						
5	1.0		21						
6			22	1.4					
7			23						
8			24						
9	1.0		25						
10			26	(.0					
11			27						
12	0.7		28			· · · · · · · · · · · · · · · · · · ·			
13			29			· · · · · · · · · · · · · · · · · · ·			
14			30	0.8					
15			31			والمستعملين والمراجعة والمستعم والمستعم والمراجع المتعالي والمتعالي والمتعالية والمراجع والمراجع			
16	1.0								

#### HL 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.

515/04 ral Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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See page 2 for instructions.

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I. General Information for the Month/Year of: May 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 E	and 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							
			·····				

Type of	of Disinfectant Residua	I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines)	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		y or Abnormal Operating Conditions; Repair or /ork that Involves Taking Water System Component Out of Operation
1			17	1.0		
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3	[.]		19			
. 4			20			
5			21	0.7		······································
6			22			
7	1.1		23			
8			24	Ø, 8		
9			25			
10			26	0.7		
11	1.2		27	6.1		
12			28			
13			29	1		· · · · · · · · · · · · · · · · · · ·
14	1.0		30			
15			31	/ 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.

6/4/04 TALTA Signature and Date

Michael J. Gavaletz

C5642

Printed or Typed Name

Daga 1

License Number or Title



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See pag	e 2 for instructions.				FILE CUDY		
I. Gei	ieral Information for	the Month/Year of: June 2004					
Conse	cutive System Name: D	Davis Shores			PWS Identification Number: 3480272		
Conse	cutive System Type:	Community Non-Transient Non-Community		sient Non-Community			
Numb	er of Service Connection	ons at End of Month: 44	Total	Population Served at Er	d of Month: (59		
Conse	cutive System Owner:	Utilities, Inc. Of Florida					
Sector Se	ct Person: Patrick Flynn			ct Person's Title: Region	nal Director		
Conta	ct Person's Mailing Add	Iress: 200 Weathersfield Ave.		Altamonte Springs	State: Fl Zip Code: 32714		
	ct Person's Telephone N		Conta	ct Person's Fax Number	:: 407-869-6961		
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com					
11. D:	aily Data for the Mont	h/Year of: June 2004					
		Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	lloramines) 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	Lowest Residual. Disinfectant				
1			17				
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3	(.1		19				
4			20				
5			21	1.0			
6			22		•		
7	<u>i.O</u>		23				
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9			25				
10			26				
11	0.8		27	s			
12			28	0.8			
13			29		· · · · · · · · · · · · · · · · · · ·		
14	0.9		30				
15			31		1		
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.

7/1/04 Vavat. MU. Signature and Date -----

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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# FILE COPY

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

See page 2 for instructions.

	neral Information for cutive System Name: I					PWSI	lentification Nur	mber: 3480272
	cutive System Type:	Community Non-Transient Non-Com	munity	ran	sient Non-Community	1 WO I		11001. 3400212
	er of Service Connection				Population Served at En	nd of Mc	inth: 159	
Conse	cutive System Owner:	Utilities, Inc. Of Florida	<u>J</u>	<u>nai</u>	opulation Served at E			
	ct Person: Patrick Flyn			nta	ct Person's Title: Regio	nal Dire	ctor	
Conta	ct Person's Mailing Ad	dress: 200 Weathersfield Ave.			Altamonte Springs		State: Fl	Zip Code: 32714
Conta	ct Person's Telephone 1	Number: 407-869-1919			ct Person's Fax Number	r: 107-81		1 2.19 0000. 32,11
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com		<u>, 1110</u>	or reison's rax runnoe	1. 407-00	//-0/01	······································
	aily Data for the Mon							
Type	Lowest Residual	Maintained in Distribution System: 🛛 Free	e Chlorine		Combined Chlorine (Ch	nloramin	es) 🗍 Chio	orine Dioxide
Day of the Month	Disinfectant Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Work that Involves Taking Water System Component	a Cut of of	the	Lowest Residuel Disjofectent Concentration at Remote Point in Distribution	B	nance Work that Inv	nal Operating Conditions; Repair or rolver Taking Water System Compone
1	(),9	Operation	Mo	7	System mr.A.S	<u>- 1375</u>	<u> </u>	ut of Operation
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4				20		}		
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12	0,6			8				
13				9				
14				0	1.0	<u> </u>		
15				1				
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#### 10. Certification by Authorized Representative

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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.

-2-2000 KUMAN Signature and Date

RAYMOND H VARAisH Michael J. Gavaletz

C/2740 C5642

Printed or Typed Name

License Number or Title

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See page 2 for instructions.

Consecutive System Name: Davis Shores       0       PWS Identification Number; 3480272         Consecutive System Type:       Connections at End of Month:       14       Total Population Served at End of Month:       15 Y         Consecutive System Owner: Utilities, Inc. OF Florida       Contact Person's Mailing Address: 200 Weathersfield Ave.       Contact Person's Title: Regional Director       Contact Person's Mailing Address: 200 Weathersfield Ave.       Contact Person's Title: Regional Director         Contact Person's Mailing Address: 200 Weathersfield Ave.       Contact Person's Feax Number; 407-869-6961       Contact Person's Feax Number; 407-869-6961         Contact Person's Evaluation of Portage       Contact Person's Feax Number; 407-869-6961       Contact Person's Feax Number; 407-869-6961         Contact Person's Evaluation of Portage       Point Distribution System:       Free Chlorine       Conbined Chlorine (Chloramines)       Chlorine Dioxide         Distribution       Work that Involves Taking Wear System Components Out of Orbit in Distribution       Port System System Server Redout       Distribution: Regist or Maintenace         1       1       20       0, 3       10       0, 0       10         2       4       20       0, 3       10       10       10         3       0       12       22       10       10       10       10       10       10       10	I. Gei	neral Information for	the Month/Vear of: August 2004							
Number of Service Connections at End of Month: 494       Total Population Served at End of Month: 454         Contact Person's Tritle: Regional Director       Contact Person's Tritle: Regional Director         Contact Person's Mailing Address: 200 Weathersfield Ave.       City: Altamonte Springs       State: FI       Zip Code: 32714         Contact Person's Telephone Number: 407-869-1919       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Contact Person's E-Mail Address: p.c. flynn@utilitiesine-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Unowert Residual Disinfectant Residual Maintained in Distribution System:       Free Chlorine       Convert Residual Disinfectant         Day       Concentrations & Remote Point in Distribution System:       Free Chlorine       Convert Residual Disinfectant         1       Disinfectant Residual Munitained in Distribution System:       Operating Conditions; Repair or othing Conditions; Repair or othing System, mg/L       Device System Components Device System Components Dut of Month         1       System, mg/L       Out of Operation       Maintenance Over Statiant State: System Components Dut of Month         1       System, mg/L       Out of Operation       System, mg/L       Out of Operation         2       10       12       23       0.7       14         3       0.6       2	Conse									
Consecutive System Owner: Utilities, Inc. Of Florida       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: 407-869-919       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Contact Person's Field Address: p.e.flynn@utilitiesinc-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         It. Datis Data for the Monthl/Year off       Type of Disinfectant Residual Maintained in Distribution System:       Pree Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Desinfectant       Emerginey or Abnormal Operating Conditions; Regair or Maintenance Otto for in Distribution at Remote System, mg/t.       Desinfectant Residual Maintained in Distribution System:       Desinfectant Residual Maintained in Distribution System:       Desinfectant Residual Maintained in Distribution System:       Desinfectant Residual Maintained in Distributions; Regair or Maintenance Otto for the Month System, mg/t.       Desinfectant Residual Maintained in Distribution; Regair or Mointenance Otto for the Month System, mg/t.       Desinfectant Residual Maintaine in Distribution; Regair or Mointenance Otto for Maintenance Work that Involve Taking Weat System Components Otto for Maintenance Work that Involve Taking Weat System Components Otto for Desinform         1       1       20       0.3       1         2       20 <t< td=""><td>Conse</td><td colspan="8">Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community</td></t<>	Conse	Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community								
Consecutive System Owner: Utilities, Inc. Of Florida       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: 407-869-919       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Contact Person's Field Address: p.e.flynn@utilitiesinc-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         It. Datis Data for the Monthl/Year off       Type of Disinfectant Residual Maintained in Distribution System:       Pree Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Desinfectant       Emerginey or Abnormal Operating Conditions; Regair or Maintenance Otto for in Distribution at Remote System, mg/t.       Desinfectant Residual Maintained in Distribution System:       Desinfectant Residual Maintained in Distribution System:       Desinfectant Residual Maintained in Distribution System:       Desinfectant Residual Maintained in Distributions; Regair or Maintenance Otto for the Month System, mg/t.       Desinfectant Residual Maintained in Distribution; Regair or Mointenance Otto for the Month System, mg/t.       Desinfectant Residual Maintaine in Distribution; Regair or Mointenance Otto for Maintenance Work that Involve Taking Weat System Components Otto for Maintenance Work that Involve Taking Weat System Components Otto for Desinform         1       1       20       0.3       1         2       20 <t< td=""><td>Numb</td><td>er of Service Connection</td><td>ons at End of Month: 44</td><td>Total</td><td>Population Served at En</td><td>d of Month: <math>15^{\circ}</math></td><td></td></t<>	Numb	er of Service Connection	ons at End of Month: 44	Total	Population Served at En	d of Month: $15^{\circ}$				
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 Fax Number: 407-869-6961         Contact Person's E-Mail Address: p.c.flynn@utilitiesine-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Ib Daily Data for flip Alomit/More Address: p.c.flynn@utilitiesine-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Ib Daily Data for flip Alomit/More Address: p.c.flynn@utilitiesine-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Ib Daily Data for flip Alomit/Mathematic In Distribution System: Components Out of Distribution at Residual Distribution at Residual Distribution at Residual Operating Conditions; Repair or Maintenance Out of Construction at Residual Distribution Distribution Distribution at Residual Distribution a	Conse	Consecutive System Owner: Utilities, Inc. Of Florida								
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       Itality Data for the Nonthly Year of E         Type of Disinfectant Residual Disinfectant Residual Naintained in Distribution System:       Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Day       Concentration at Remote of the Print in Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Month System, mg/L       Dainfectant       Dainfectant         1       Emergency or Abnormal Operating Conditions; Repair or Operation       Trype of Disinfectant       Binsteamore Work that Involves Taking Water System Components Out of Month System, mg/L       Dainfectant         1										
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com       I 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: S Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Devers Residual Disinfectant Residual Maintained in Distribution System: Or Operating Conditions; Repair or Other Point in Distribution System: Operating Conditions; Repair or Other System Components Out of Chemistry and Repair of Chlorine Distribution System Components Out of System, mg/L       Data for the National Distribution System: Operating Conditions; Repair or Other System Components Out of Chemistry System Components Out of System, mg/L       Data for the National Distribution System: Operating Conditions; Repair or Other System, mg/L         1       1       10 <t< td=""><td></td><td></td><td></td><td>City:</td><td>Altamonte Springs</td><td>State: Fl</td><td>Zip Code: 32714</td></t<>				City:	Altamonte Springs	State: Fl	Zip Code: 32714			
Use Data: For the Month/Venrof:         Type of Disinfectant Residual Maintained in Distribution System:       Combined Chlorine (Chloramines)       Chlorine Disxide         Lower Residual Distribution System:       Combined Chlorine (Chloramines)       Chlorine Disxide         Data for the Month/Venrof:         Distribution       Concentration at Remote Of the Point in Distribution         Onit in Distribution       System, mg/L       Bategraphy of Abnormal Operating Conditions; Repair of Maintenance Of the Point in Distribution         1       Concentration at Remote Operating Conditions; Repair of Maintenance Over that Involves Taking Water System Components Out of Operation         1       17       17       Out of Operation         2       1.0       18       0.0				Conta	ct Person's Fax Number	: 407-869-6961				
Type of Disinfectant Residual Maintained in Distribution System:       Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Day       Concentration at Remote       Devi       Concentration at Remote       Devi       Devisition	Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com							
Type of Disinfectant Residual Maintained in Distribution System:       Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Day       Concentration at Remote       Devi       Concentration at Remote       Devi       Devisition	II. Da	aily Data for the Mont	th/Year of:	~ <u>-</u>	······					
Lowest Residual Disinfectant Concentration at Remote 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 Othe Point in Distribution System, mg/L         Emergency or Abnormal Operating Conditions; Repair or Maintenance Work the Involves Taking Water System Components Out of Operation           1         1         17         Concentration at Remote Point in Distribution         Binergency or Abnormal Operating Conditions; Repair or Maintenance Work the Involves Taking Water System Components Out of Operation           2         1         17         0ut of Operation           3         20         0.8         20           4         20         0.8         21           6         j.0         22         23           7         23         0.7           8         24         25           9         0.6         27           10         26         0.6           11         28         21           12         28         21           13         7         28           13         0.6         31					Combined Chlorine (Ch	loramines) Chlo	rine Dioxide			
MonthSystem, mg/LOperationMonthSystem, mg/LOut of Operation117172 $j$ .018319420 $o.8$ 5216 $j.0$ 7237238249 $o.8$ 10261127122813 $o.7$ 143015310.6		Disinfectant Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Comments Out of	Day	Lowest Residual Disinfloctant Concentration at Remiote	Emergency or Abnorn	a Operating Conditions: Repair or			
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#### HI. 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.

\$(3(14 ravate Signature and Date

Michael J. Gavaletz Printed or Typed Name

C5642 License Number or Title

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See page 2 for instructions.

I. General Information for the Month/Year of:       Sept 2004         Consecutive System Name: Davis Shores       PWS Identification Number; 34802         Consecutive System Type:       Community         Number of Service Connections at End of Month:       44         Total Population Served at End of Month:       57	72					
Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community						
Number of Service Connections at End of Month: 44						
Total Topulation Scived at Lind of Month, 1 - 1						
Consecutive System Owner: Utilities, Inc. Of Florida						
Contact Person: Patrick Flynn Contact Person's Title: Regional Director						
	ode: 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/Vear of: Seof 2009						
Type of Disinfectant Residual Maintained in Distribution System: 🛛 Free Chlorine 🗍 Combined Chlorine (Chloramines)	e					
Lowest Residual Disinfectant         Lowest Residual Disinfectant           Day of the Month         Concentration at Remote 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         Concentration at Remote 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         System, mg/L         Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	<b>Nater System Components</b>					
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2						
3 0.6						
4 20 0.8						
5 21						
7 8 23 0.6						
13 0.7 28 29						
15 31 C.S						
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.

1015/04 Garati Signature and Date C

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Michael J. Gavaletz

C5642

Printed or Typed Name

License Number or Title

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See page 2 for instructions.

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1. General Information for the Month/Year of:						
Consecutive System Name: Davis Shores	P	WS Identification Nu	mber: 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 Lowest Residual Lowest Residual Disinfectant Disinfectant Day Concentration at Remote Emergency or Abnormal Operating Conditions; Repair or Maintenance Emergency or Abnormal Operating Conditions; Repair or Concentration at Remote Day of the Point in Distribution Work that Involves Taking Water System Components Out of of the Point in Distribution Maintenance Work that Involves Taking Water System Components Month System, mg/L Operation Month System, mg/L Out of Operation Ύ1\_ 0.6 17 2 18 0.6 3 19 4 3.7 20 5 21 6 22 1.6 17 0.6 23 8 24 9 •25 0.7 10 26 11 Ob 27 12 28 13 29 0.7 14 30 15 0.7 31 16

#### HI. Certification by Authorized Representative

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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 11/4/04

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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See page 2 for instructions.

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:       154         Consecutive System Owner:       Utilities, Inc. Of Florida       Contact Person's Title: Regional Director         Contact Person's Title, 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 Fax Number:       407-869-6961         Contact Person's Telephone Number:       Month       Yore of Disinfectant Residual Maintained in Distribution System:       Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         It. Daris One flex Nomite' Year off       Mody 300 <sup>4</sup> Tote Person's Telephone       Banegency or Abormal Operating Conditions; Repair or Mainteenee       Distribution         Other       Point in Distribution       System Components Que file       Distribution       System, components Que file       Distribution System: Components Que file       Distributions; Repair or Mainteenee       Mainteenee Work that lavoives Taking Water System Components Que file       Distribution System: Components Que file       Distribution System: Components Que file       Distribution System Components Que file <th>I. Gei</th> <th>ieral Information for</th> <th>the Month/Year of: MOV 2004</th> <th></th> <th></th> <th></th> <th></th>	I. Gei	ieral Information for	the Month/Year of: MOV 2004							
Consecutive System Type: Community Non-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's Title: Regional Director         Contact Person's Patrick Flynn       Contact Person's Title: Regional Director         Contact Person's Contact Person's Contact Person's E-Mail Address: 200 Weathersfield Ave.       City: Attamonte 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 Fax Number: 407-869-6961         Contact Person's E-Mail Address: 20. flynn@utilitiesinc-usa.com       Combined Chlorine (Chloramines)       Chlorine Dioxide         It Datis Data for the Vionth Versor E       MOV 2x034       Contact Person's Fax Number: 407-869-6961       Contact Person's Contact Person's Chlorine Chlorine Chlorine (Chloramines)       Chlorine Dioxide         Day       Contact Regions       Contact Person's Regions       Contact Person's Contact Person's Contact Person's Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Dioxide         Day       Contact Regions       Contact Person's Regions       Display for the Institute of the Chlorine Servet at the Person's Contact Person's Contac		Consecutive System Name: Davis Shores PWS Identification Number: 3480272								
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's Title: Regional Director       Contact Person's Mailing Address: 200 Weathersfield Ave.       City: Altamonte Springs       State: Fl       Zip Code: 32714         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 Fax Number: 407-869-6961         Contact Person's E-Mail Address: p.c.flynn/Qutilitiesine-usa.com       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         It Datit fort the Nonth's Very of E       MJV 200'       Contact Person's Fax Number: 407-869-6961         Lowest Residual       Distribution System:       Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Day       Concentration at Remote Point in Distribution       Month System, mg/L       Distribution       System, mg/L       Out of Operation         1       O.b       17       Ital       Ital       Ital       Ital       Ital       Ital       Ital         2       Ital       Ital       Ital       Ital       Ital       Ital       Ital <td< td=""><td></td><td colspan="9"></td></td<>										
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 F-Mail Address: p.c.flynn@utilitiesinc-usa.com       Contact Person's Fax Number: 407-869-6961         Contact Person's Fax Number: 407-869-0919         Contact Person's Fax Number: 407-869-091         Contact Person's Fax Number: 407-869-091         Contact Person's Telephone Number: 407-869-1919         Contact Person's Fax Number: 407-869-6961         Contact Person's Fax Number: 407-869-6961         Contact Person's Telephone Number: 407-869-1919         Contact Person's Telephone Number: 407-869-091         Contact Person's Fax Number: 407-869-6961         Contact Person's Mailing Address: p.c.flynn@utilitiesinc-usa.com         Lowest Residual Disinfectant Residual Maintained in Distribution System: © Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Davis Distribution         Month       System, mg/L       Out of Operating       Out of Operating         1 <t< td=""><td></td><td></td><td></td><td>Total</td><td>Population Served at En</td><td>d of Month: 15</td><td>¥</td></t<>				Total	Population Served at En	d of Month: 15	¥			
Contact Person's Mailing Address: 200 Weathersfield Ave.       City: Altamonte Springs       State: F1       Zip Code: 32714         Contact Person's Telephone Number: 407-869-1919       Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Contact Person's E-Mail Address: p.c.flynn@utilitesine-usa.com       Image: Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Image: Contact Person's E-Mail Address: p.c.flynn@utilitesine-usa.com       Image: Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Image: Contact Person's E-Mail Address: p.c.flynn@utilitesine-usa.com       Image: Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Image: Contact Person's E-Mail Address: p.c.flynn@utilitesine-usa.com       Image: Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Image: Contact Person's E-Mail Address: p.c.flynn@utilitesine-usa.com       Image: Contact Person's Fax Number: 407-869-6961       Contact Person's Fax Number: 407-869-6961         Day       Concentration at Remote Benote Remote Point in Distribution System: Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Concentration at Person's Point in Distribution System; mg/L       Contact Person's Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Concentration at Person's Conditions; Repair or On Conditions; Repair or On Conditions; Conditions; Repair or On Conditions; Conditions; Conditions; Con										
Contact Person's Telephone Number: 407-869-1919       Contact Person's Fax Number: 407-869-6961         Contact Person's FeMail Address: p.c.flynn@utilitiesinc-usa.com       Contact Person's Fax Number: 407-869-6961         It Datily Data for the Month/Year of:       MJ J J J J J J         Type of Disinfectant Residual Maintained in Distribution System:       Free Chlorine       Combined Chlorine (Chloramines)       Chlorine Dioxide         Lowest Residual Disinfectant Residual Maintained in Distribution System:       Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the Point in Distribution System, mg/L       Day Concentration at Remote Operating Conditions; Repair or Maintenance Of the Point in Distribution System, mg/L       Emergency or Abnormal Operating Conditions; Repair or Maintenance Operating Conditions; Repair or Operation       Basegency or Abnormal Operating Conditions; Repair or Maintenance Operating Conditions; Repair or Operation         1       0.5       17       Concentration at Remote Operating Conditions; Conditions	Conta	ct Person: Patrick Flynn	1				····			
Contact Person's E-Mail Address; p.c.flynn@utilitiesinc-usa.com         IL Dails Data for thre Month Year of: // ۵.4 Δο34         Type of Disinfectant Residual Maintained in Distribution System: // Type of Disinfectant Residual Disinfectant Disinfectant Disinfectant Disinfectant Residual Disinfectant System Concentration at Remote Of the Point in Distribution       Concentration of Remote Concentration at Remote Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Ou of Operation       Day of the Point in Distribution       Bmergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Ou of Operation         1       0 to       17         2       18       0 to         3       17       0 to         4       0.4       20         5       0.7       21         6       22       0.6         7       23       24         8       0.4       24         9       25       25         10       26       0.8	Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.	City:	Altamonte Springs	State: I	Fl Zip Code: 32714			
II. Dails Data for the Month/Year of:       NOV 2034         Type of Disinfectant Residual Day Concernation at Remote of the Point in Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance of the Point in Distribution       Destination at Remote Point in Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance of the Point in Distribution       Destination at Remote Point in Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance of the Point in Distribution       Destination       Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance of the Point in Distribution       Destination       Distribution       Emergency or Abnormal Operating Conditions; Repair or Maintenance of the Point in Distribution       Destination       Destination       Binetypence of the Point in Distribution       Destination       Binetypence of the Distribution       Destination       Destination       Binetypence of the Distribution       Destination       Destination       Binetypence of the Distribution       Destination       Destination       Destination       Month System Components       Destination       Destination       Month System Components       Destination       Month	Conta	ct Person's Telephone N	Number: 407-869-1919	Conta	ct Person's Fax Number	: 407-869-6961				
Type of Disinfectant Residual Day Of the Order of the Number of the System, mg/L       Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L       Emergency or Abnormal Operating Conditions; Repair or Maingenance Work that Involves Taking Water System Components Out of Operation       Day Out in Distribution System, mg/L       Emergency or Abnormal Operating Conditions; Repair or Maingenance Work that Involves Taking Water System Components Out of Operation       Basegency or Abnormal Operating Conditions; Repair or Maingenance Work that Involves Taking Water System Components Out of Operation         1       0       5       11       0       11       0       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       12       11       12       12       12       13       12       13       12       13       13       11       11       12       12       13       13       14       14       14       14       14       14       14       14       14       14       14	Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com							
Type of Disinfectant Residual Day of the Point in Distribution Nonh       Lowest Residual Disinfoctant Concentration at Remote Point in Distribution System, mg/L       Emergency or Abnormal Operating Conditions; Repair or Maingenance Work that Involves Taking Water System Components Out of Operation       Day of the Operation       Concentration at Remote Point in Distribution System, mg/L       Emergency or Abnormal Operating Conditions; Repair or Operation       Day of the Operation       Day of the System, mg/L       Basergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation         1       0 b       11       0 b       11       0       11       0       11       0       11       0       11       0       11       0       11       0       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       12       12       13       12       13       13       13       14	11_11	uly Data for the Mon	th/Yenrof May 2004			<u></u>				
Lowest Residual Disinfectant Orientration at Remote Point in Distribution System, mg/L     Emergency or Abnormal Operating Conditions; Repair or Work that Involves Taking Water System Components Out of 1 Operation     Day Of the Month     Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L     Emergency or Abnormal Operating Conditions; Repair or Month       1     0 - b     17       2     18       3     19       4     0.6       5     0.7       6     20       7     23       8     0.4       9     23       10     24       23     24       9     25       10     26       11     22		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Combined Chlorine (Ch	loramines)	Chlorine Dioxide			
Day of the Month     Concentration at Remote Point in Distribution System, mg/L     Emergency of Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation     Day of the Month     Concentration at Remote System, Day     Emergency of Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation       1     0 to     17		Lowest Residual			Lowest Residual					
of the Month     Point in Distribution System, mg/L     Work that Involves Taking Water System Components Out of 1 Operation.     of the Month     Point in Distribution System, mg/L.     Maintenance Work that Involves Taking Water System Components Out of Operation.       1     0.6     17	Der		Provide the state of the state			Basasso	or Abnormal Operating Conditions: Passir or			
Month         System, mg/L         Operation         Month         System, mg/L         Out of Operation           1         0.6         17         1										
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#### 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.

12/2/04 mala Signature and Date

Michael J. Gavaletz Printed or Typed Name C5642

License Number or Title

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FILE COPY 621

See page 2 for instructions.

1. General Information for the Month/Year of: DEC - 2009							
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 o	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: 40	07-869-6961					
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com							
H. Daily Data for the Month/Year of:	······································						
Type of Disinfectant Residual Maintained in Distribution System: SFree Chlorine	Combined Chlorine (Chlor	amines) 🗌 Chl	lorine Dioxide				
Lowest Residual	Lowest Residual	a post of a post of the second					

	Lowest Residual Disinfectant		2. K. F. 5. V.	Lowest Residual	
Day	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Day	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or
of the	Point in Distribution	Work that Involves Taking Water System Components Out of	of the	Point in Distribution	Maintenance Work that Involves Taking Water System Components
Month	System, mg/L	Operation	Month	ويستعد ساير والمركبة والمتحد والمحدود والمحدود والمحدود والمحد والمحد والمحد والمحدود والمحدود والمحدود والمحدو	Out of Operation
1	0,7		.17	0,6	
2			18		
3			\$10×		
<b>4</b> X			禁20类	0,6	
5			<b>彩幻</b> 歌		
6	0,6		522		
7			23		
8			<b>\$24</b> 2		
·~ 9>			253		
10 ~	0.7		考261		·
11			27		
12			28		
13	0,7		129/2		
<u>14</u>			£30%	2.0	
<u>े 15 ग</u>			<b>331</b> 2		
16					

#### III. Certification by Authorized Representative

1 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. 1005 11m ignature and Date

. . . .

.......

RAYMONI ALAN PARRisH Michael J. Gavaletz

C-12740

C5642

Printed or Typed Name

D= ~= 1

License Number or Title

L.ª



See page 2 for instructions.

I. Ge	neral Information for	the Month/Year of: January/2005						
Conse	Consecutive System Name: Davis Shores PWS Identification Number: 3480272							
	cutive System Type:	Community Non-Transient Non-Community	Tran	sient Non-Community		tion round		
		ons at End of Month: 44		Population Served at Er	d of Month: 154	l		
Consecutive System Owner: Utilities, Inc. Of Florida								
	ct Person: Patrick Flyn		Conta	ct Person's Title: Region	nal Director			
Conta	ct Person's Mailing Ad	dress: 200 Weathersfield Ave.		Altamonte Springs	State:	FI	Zip Code: 32714	
		Number: 407-869-1919		ct Person's Fax Number	: 407-869-6961			
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com						
11. D:	aily Data for the Mon	th/Year of: January/2005						
Туре	of Disinfectant Residua	I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines)	Chlori	ne 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 rk that Involv	Operating Conditions; Repair or res Taking Water System Components of Operation	
1			17	0.9	<u>i na seren anter de la seren</u> te			
2			18					
3	1.5		19			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
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.

2-2-5 Signature and Date

Roy J. Mericle

C13808

Printed or Typed Name

D-~- 1

License Number or Title

621



See page 2 for instructions.

	neral Information for	the Month Year of: February/2005				<u> </u>	
	cutive System Name; E			T	<b>PWS</b> Identific	ation Nun	aber: 3480272
	cutive System Type:		Trans	ient Non-Community			
		ons at End of Month; 44		Population Served at En	d of Month: 1	54	
		Utilities. Inc. Of Florida					
	ct Person: Patrick Flyn		Conta	t Person's Title: Region	nal Director		
		dress: 200 Weathersfield Ave.		Altamonte Springs	State	e: Fl	Zip Code: 32714
	ct Person's Telephone			ct Person's Fax Number	: 407-869-696	1	
		ress: p.c.flynn@utilitiesinc-usa.com					
		•		······································			
		th Vear of: January/2005			1	Dav	vice Diswide
Type		I Maintained in Distribution System: 🛛 Free Chlorine	<b></b>	Combined Chlorine (Ch Lowest Residual	loramines)		rine Dioxide
	Lowest Residual Disinfectant		1	Disinfectant			
Day of	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Day of	Concentration at Remote	Emergen	cy or Abnorr	nal Operating Conditions; Repair or
the	Point in Distribution	Work that Involves Taking Water System Components Out of	the	Point in Distribution	Maintenance V		volves Taking Water System Components
Month	System, mg/L	Operation	Month	System, mg/L			
<u> </u>		······································	17	1.5			
2	1.10		18				
4	1.40		<u>19</u> 20				
5			20	1.2			
6	1		21	1.2	{		
	1.0		23	1.8			
	1.0		24	1.0		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9	1.7		24		<u> </u>		
10	1./		25		<u> </u>		
11			27		1		
12	+		28	1.2	<u> </u>		
13		<u> </u>	29	1.2	1		
14	1.00		30			· <u>···</u> ··························	
15	1.00		31		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.

2-28-05

Roy J. Mericle

C13808

Signature and Date-

Printed or Typed Name

License Number or Title



See page 2 for instructions.

I. General Information for the Month/Year of: March/2005					
Consecutive System Name: Davis Shores	PWS Is	dentification Number	r: 3480272		
Consecutive System Type: 🛛 Community 🗌 Non-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	ctor				
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: 407-8	69-6961			
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com					
II. Daily Data for the Month/Year of: January/2005					

Туре	of Disinfectant Residua	I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines) 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	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
			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	25		26		
11			27	<u></u>	
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.

1 71-5 or. Signature and Date

Roy J. Mericle Printed or Typed Name

Name

License Number or Title

C13808

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

621

See page 2 for instructions.

1. Gei	ieral Information for	the Month/Year of: April/2005				
Conse	cutive System Name: D	Davis Shores			<b>PWS Identification Nu</b>	mber: 3480272
	cutive System Type:		Tra	sient Non-Community		
		ons at End of Month: 44	Total	Population Served at Er	d of Month: 154	
Conse	cutive System Owner.	Utilities, Inc. Of Florida				
	a Person: Patrick Flym			act Person's Title: Regio		
		Iress: 200 Weathersfield Ave.	City:	Altamonte Springs	State: Fl	Zip Code: 32714
		Number: 407-869-1919	Cont	act Person's Fax Number	r: 407-869-6961	
Conta	et Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				
H. D:	ily Data for the Mont	h/A car of: January/2005	*	•		
Туре	of Disinfectant Residua	1 Maintained in Distribution System: 🛛 🛛 Free Chlori	ne	Combined Chlorine (C)	loramines)	orine Dioxide
	Lowest Residual Disinfectant			Lowest Residual		
Day of	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenar	ice Day of	Disinfectant Concentration at Remote	Emergancy or Abnor	mal Operating Conditions; Repair or
the	Point in Distribution	Work that Involves Taking Water System Components Out of	the	Point in Distribution	Maintenance Work that In	volves Taking Water System Components
Month	System, mg/1.	Operation	Mont	1 System, mg/L		Out of Operation
			17			<del> </del>
$\frac{2}{3}$				1.60		
	1.00		19			
	1.00	*****	20	1.90		
6	2.20		21	+		
7	2.20		22			
8	·····		23	+		
9	······································		25	1.20		
10		······································	25	1.20		
11	0.80	· · · · · · · · · · · · · · · · · · ·	27	2.00		
12			28	4.00		
13	2.60	······································	29	1		
14			30	+		
15			31			
16						۳۰٬۳۹ - ۲۰۱۰ - ۲۰۱۳ ۲۰۰۰ - ۲۰۱۰ - ۲۰۱۰ - ۲۰۰۰ -

11. Certification by Authorized Representative 1 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.

3-05 2 CC. Signature and Date

Roy J. Mericle

C13808

Printed or Typed Name

License Number or Title

DEP Form 62-555.000(4) Effective August 26, 2003

Page 1

### FILE COPV

621



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

See page 2 for instructions.

I. Ge	neral Information for	the Month/Year of: May2005				
Conse	cutive System Name: D	Davis Shores			<b>PWS</b> Identifica	tion Number: 3480272
	cutive System Type:	Community Non-Transient Non-Community	Trans	sient Non-Community		
		ons at End of Month: 44	Total ]	Population Served at Er	nd of Month: 154	4
Conse	cutive System Owner:	Utilities, Inc. Of Florida				
	ct Person: Patrick Flyn			ct Person's Title: Region	nal Director	
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.	City: A	Altamonte Springs	State:	Fl Zip Code: 32714
		Number: 407-869-1919	Conta	ct Person's Fax Number	r: 407-869-6961	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				
II. D	aily Data for the Mont	th/Year of: May/2005				
Туре	of Disinfectant Residua	l Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines)	Chlorine Dioxide
	Lowest Residual Disinfectant			Lowest Residual		
Day	Concentration at Remote	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Day	Disinfectant Concentration at Remote		or Abnormal Operating Conditions; Repair or
of the	Point in Distribution	Work that Involves Taking Water System Components Out of	of the	Point in Distribution	Maintenance Wo	ork that Involves Taking Water System Components
Month	System, mg/L	Operation	Month	System, mg/L		Out of Operation
	1.00		17			••••••••••••••••••••••••••••••••••••••
2	1.20		18			
4			19	1.10		
5			20			
6	1.20		21			
7	1.20		22	1.00		
8			23	1.80		
9	1.20		24		}	
10	1.20		25 26			
	1.20			1.20		
12			27	1.30		
13			28			······································
14			30	2.00		
15			30	2.00		
16	1.40		1.01		L	

III. Certification by Authorized Representative 1 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.

0 00 toe 6-1-05

Kathy Sillitoe

C-13094

Signature and Date

Printed or Typed Name

License Number or Title

Daga 1

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).



See page 2 for instructions.

1. Ge	neral Information for	the Month/Year of: June/2005					
	cutive System Name: [			ſ	<b>PWS</b> Identific	ation Num	lber: 3480272
	cutive System Type:	Community Non-Transient Non-Community	Trans	sient Non-Community			
		ons at End of Month: 44	the second s	Population Served at En	d of Month: 15	54	
		Utilities, Inc. Of Florida	-				
	ct Person: Patrick Flyni		Conta	ct Person's Title: Region	nal Director		
		dress: 200 Weathersfield Ave.		Altamonte Springs	State	: Fl	Zip Code: 32714
	ct Person's Telephone N		Conta	ct Person's Fax Number	: 407-869-696	1	
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com					
	aily Data for the Mont		·				
		h/Year of: January/2005 I Maintained in Distribution System: SFree Chlorine		Combined Chlorine (Ch	loramines)	Chlor	rine Dioxide
	Lowest Residual	ree Chorne		Lowest Residual	norammes)		
	Disinfectant			Disinfectant			
Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance	Day of the	Concentration at Remote			al Operating Conditions; Repair or blyes Taking Water System Components
Month	System, mg/L	Work that Involves Taking Water System Components Out of Operation	Month	Point in Distribution System, mg/L	Manifenance w		it 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.

00. 7-5-05

106

C-13094

Signature and Date

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Printed or Typed Name

License Number or Title

D.~~ 1

INSTEUCTIONS: 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).



See page 2 for instructions.

I. Gei	neral Information for	the Month/Year of: July/2005						
	cutive System Name: D					<b>PWS</b> Identifica	tion Numb	er: 3480272
Conse	cutive System Type:	Community Non-Transient Non-Commu	unity 🗍 Tr	ransi	ient Non-Community			·
Numb	er of Service Connection	ons at End of Month: 44	Tot	tal P	opulation Served at En	d of Month: 15-	4	
Conse	cutive System Owner:	Utilities, Inc. Of Florida						
	ct Person: Patrick Flynn				t Person's Title: Region			
Conta	ct Person's Mailing Add	dress: 200 Weathersfield Ave.	Cit	<u>y: A</u>	Itamonte Springs	State:	Fl	Zip Code: 32714
	سالي والمناذ التورجية وبجالي وبستان المنافية بالمتحد والمتحد والمتحد	Number: 407-869-1919	Cor	ntac	t Person's Fax Number	: 407-869-6961		
Conta	ct Person's E-Mail Add	ress: p.c.flynn@utilitiesinc-usa.com				·		
H. D.	aily Data for the Mont	th/Year of: July/2005						
		Il Maintained in Distribution System: X Free C	Thlorine		Combined Chlorine (Ch	loramines)	Chlorig	ne Dioxide
	Lowest Residual			T -	Lowest Residual			
	Disinfectant				Disinfectant	na an a		
Day of the	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Ma Work that Involves Taking Water System Components C	aintenance Day Dut of of t		Concentration at Remote Point in Distribution			Operating Conditions; Repair or res Taking Water System Components
Month	System, mg/L	Operation	Mon		System, mg/L			of Operation
1			17	7				
2			18	8	1.30			
3			19	9				
4	0.60		20	0				
5			21	1	1.40			
6			22	2				
7	1.40		23	3				
8			24					
9			2		1.00		- <u>, .</u>	
10			26					
11	0.60		27					
12			28	-	1.00			
13			29					
14	1.00		3(					
15			3	1				
16								

#### III. Certification by Authorized Representative

8-4-05

1 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 Printed or Typed Name

C-13094 License Number or Title

Signature and Date

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## FILE COPY

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

See page 2 for instructions.

I. General Information for the Month/Year of: August/2005					
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272				
Consecutive System Type: Community Non-Transient Non-Community	Non-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: FI 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. Da	aily Data for the Mont	th/Year of: August/2005	·		
Type	of Disinfectant Residua	I Maintained in Distribution System: X Free Chlorine		Combined Chlorine (Ch	Iloramines)
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	1.80		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	<b> </b>
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.

Ol tox 9-2-05  $\leq$ 

Kathy Sillitoe Printed or Typed Name C-13094 License Number or Title

Signature and Date

Daga 1



See page 2 for instructions.

I. General Information for the Month/Year of: September /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 E	nd of Month: 154			
Consecutive System Owner: Utilities, Inc. Of Florida					
Contact Person: Patrick Flynn	Contact Person's Title: Regio	onal 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 Numbe	er: 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

		av rear of. August/2005			
Type	of Disinfectant Residua	I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	nloramines) 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	the AF		27		
12	L.1		28		
13			29		
14	0.9		30	0.9	
15			31		
16					

#### III. Certification by Authorized Representative

C-7806

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.

.Mpl Signature and Date

10-3-05 Allan Finch Printed or Typed Name

C- 7806

License Number or Title

Dege 1



### MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER $\mathcal{G}\mathcal{H}$

See page 2 for instructions.

Consecutive System Name: Davis Shores	P	WS Identification Nu	mber: 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: 4	07-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com				

	aily Data for the Moni					
Туре	of Disinfectant Residua	I Maintained in Distribution System: 🛛 Free Chlorine		Combined Chlorine (Ch	loramines)	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 Componer Out of Operation	
			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	D.9		
10	1/3		26			
11			27	0,9		
12			28	······································		— ************************************
13	0.7		29			
14			-30			
15			31	14		
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.

11-1-05

Allan Finch

C- 7806

Signature and Date

Printed or Typed Name

License Number or Title

FILE GOPY

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## FILE COPY

621



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

See page 2 for instructions.

		the Month/Year of: November/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				Population Served at Er	nd of Month: 154			
Consec	cutive System Owner: I	Itilities, 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: FI Zip Code: 32714				
Contac	ct Person's Telephone N	lumber: 407-869-1919	Conta	ct Person's Fax Number	:: 407-869-6961			
Contac	ct Person's E-Mail Add	ess: p.c.flynn@utilitiesinc-usa.com				······································		
II. Da	nily Data for the Mont	h/Year of: November/2005						
		Maintained in Distribution System: 🛛 Free Chlorine	Π	Combined Chlorine (Ch	loramines)	Chlorine Dioxide		
Day of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair Maintenance Work that Involves Taking Water System Com			
Month	System, mg/L	Operation	Month	System, mg/L		Out of Operation		
			17					
2			18	1.8				
3		collectro bacts	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.

Detor 12-1-05

Kathy S.II. tor Printed or Typed Name C-13094 License Number or Title

Signature and Date



See page 2 for instructions.

1. 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: FI 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						

		h/Year of: December/2005				
Type of Disinfectant Residual Maintained in Distribution System: 🛛 Free Chlorine 🗌 Combined Chlorine (Chloramines) 🔲 Chlorine Dioxide						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		or Abnormal Operating Conditions; Repair or rk that Involves Taking Water System Componen Out of Operation
1	1.8		17			
2			18			
3			19	1.9	CollectED	2 Bacts
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		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.

C - 7806 1-206 Allan Finch Printed or Typed Name witch Signature and Date

C-7806 License Number or Title

FILE COPY

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DEP Form 62-555.900(4) Effective August 28, 2003

Page 1

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).

DEP Form 62-555.900(4) Effective August 28, 2003 Page 2

### Davis Shores

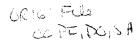
#### Docket No. 060253-WS

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2005



### Department of Environmental Protection



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

RECEIVE Becretary

July 1, 2004

JUL 12 2004

UTILITIES, INC.

OCD-PW-SS-04-0513

Utilities, Inc 200 Weathersfield Avenue Altamonte Springs, FL 32714

Attention: Brian Gongre

Orange County - PW Davis Shores and Crescent Heights <u>PWS ID Number 3480272 and 3480255</u>

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, Environmental Manager Drinking Water Compliance/Enforcement

RCAmp Enclosure

and the second second

Printed on recycled paper.

#### State of Florida Department of Environmental Protection Central District

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

System Name Davis Shores		_ County	Orange	_ PWS ID # _		
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 <u>Brian Gongre</u> This Survey Date <u>4/27/99</u> Last Sur	T	itle		Phone		
This Survey Date <u>4/27/<del>99</del></u> Last Su	rvey Date	4/22/97	Last	t C.I. Date	6/18/98	
6/24/64						
PWS TYPE & CATEGORY/ČLÁSS		PURCHASED WATER SOURCE				
🔀 Consecutive/Community		PWS Name OCUD/ Western				
Consecutive/Non-transient non-community	У	PWS ID #3481546				
Consecutive/Non-community					000 gpd	
		Treatment:				
PWS STATUS					· · · · · · · · · · · · · · · · · · ·	
Approved system with approval number &	date					
	uuto	AUXILIARY	POWER S	OURCE		
Accepted				Not Requ	uired	
Unapproved system				Purchased		
		······				
SERVICE AREA CHARACTERISTICS OPERATION & MAINTENANCE						
SERVICE AREA CHARACTERISTICS					⊠ Not required	
Residential				ion Class-Nu		
Food Service: Yes No N/A		Operator(s)	& Certificat			
		MORs subr	nitted regula	arly? Yes	□ No □ N/A	
					Yes N/A	
DISTRIBUTION SYSTEM		Data moom	9			
Number of Service Connections						
Population Served Basis		Comments				
Flow Measuring Device <u>Master Meter (purch</u>		-			······	
Chlorine Residual 52 Oakdale		DEFICIEN				
Backflow Prevention Devices: X Yes INC	)	DEFICIEN	CIES:			
Cross-connections <u>none noted</u>	37					
Written Cross-connection Control Program:						
Bacteriological Monitoring <u>Monthly</u>						
Coliform Sampling Plan: Yes No						
Lead and Copper Sampling 6/05 - 9/05						
Commonte		• · · · · · · · · · · · · · · · · · · ·				
Comments						
			· · · ·			
COMET: SITE ID PROJECT ID					<u></u>	
$\sim$ $0$					_ / / .	
Inspector Mariy Rice	Title	Env. Spec	ialist III	Date _	7/1/04	
					,	
Approved by		Environmenta	al Manager	Date		

Docket No. 060253-WS

25.30-440(6) Permits

## PERMITS

### NONE

Docket No. 060253-WS

### 25.30-440(7) Notices

## **NOTICES**

None

Docket No. 060253-WS

25.30-440(8) Field Employees

### 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  $\frac{1}{2}$  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 Pinelles 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

Docket No. 060253-WS

25.30-440(9) Vehicles

#### FL Vehicles as of 5-5-06

VIN

Veb. # Yr/Make/Model 9934 99 DODGE DAKOTA 9932 99 DODGE DAKOTA 636 06 CHEV COLORADO 221 02 CHEVY S-10 19 00 CHEV CS10803 610 06 CHEV C15 V-8 311 03 CHEV C15 FULL 308 03 CHEV C15 FULL 431 04 CHEV C25 24 00 CHEV S-10 638 06 CHEV C15 8691 86 INTERNATIONAL 223 02 CHEVY S-10 608 06 CHEV C15 V-8 16.00 CHEV CS10803 9808 98 DODGE DAKOTA 427 04 CHEV C15 EUU 508 05 CHEV C25 4X4 103 01 CHEV S10 9833 98 CHEV S-10 111 01 CHEV 1500 461 04 CHEV C15 9928 99 DODGE DAKOTA 426 04 CHEV C15 FULL 9935 99 DODGE DAKOTA 9933 99 DODGE DAKOTA 9931 99 DODGE DAKOTA 9927 99 DODGE DAKOTA 9602 96 FORD RANGER REGULAR 516 05 CHEV COLORADO 101 01 CHEV S10 220 02 CHEVY S-10 14 00 CHEV CS10803 102 01 CHEV S10 9835 98 CHEV S-10 9834 98 CHEV S-10 110 01 CHEV 1500 109 01 CHEV 1500 217 02 CHEVY C15 FULL 18 00 CHEV 1500 108 01 CHEV 1500 113 01 CHEV 1500 107 01 CHEV 1500 112 01 CHV 1500 312 03 CHEV C15 FULL 305 03 CHEV C15 FULL 433 04 FORD F-750 304 03 CHEV C15 EULL 8926 89 FORD F-350 9765 97 PONTIAC GRAND AM 35 00 CHEV C25 BOOM 503 05 CHEV COLORADO 612 06 CHEV COLORADO 637 06 CHEV C15 222 02 CHEVY C15 FULL 424 03 CHEV C15 FULL 436 04 CHEV C15 FULL 301 03 CHEV C15 FULL 422 04 CHEV C15 EXT CAB 509 05 CHEV C15 4X4 EXT 639 06 CHEV C15 4X4 EXT 428 04 CHEV S10 TRAILBLAZER 512 05 CHEV TAHOE 650 06 CHEV TAHOE 4X4 9250 92 DODGE 242 02 CHEVY IMPALA 9925 99 CHEV LUMINA 453 04 CHEV C15 EXT CAB 609 06 CHEV C25 129 01 CHEV FULL 1500 4WD 33 00 DODGE DAKOTA

187FL26X6XS261957 187EL26XXXS277898 1GCCS146568234592 1GCCS14W428209130 1GCCS14W9YK196208 1GCEC14V86Z103857 1GCEC14X23Z114639 1GCEC14X83Z115665 1GCHK24U04E296751 1GCCS14W9YK229577 1GCEC14V86E197990 1HTLDTVN2GHA45725 1GCCS14W628209453 1GCEC14V26Z102011 1GCCS14W2YK195806 1B7EL26X6WS604943 1GCEC14X947275720 1GBHK24UX5E233792 1GCCS14W01K129325 1GCCS14X2WK245013 1GCEC14W81Z185977 1GCEC14X24Z336714 1B7FL26X4XS261955 1GCEC14X44Z274751 1B7FL26X1XS277899 1B7FL26X4XS277900 1B7FL26X6XS261956 1B7FL26XXXS261958 1FTCR10X1TUB67972 1GCCS146358238591 1GCCS14W01K129261 1GCCS14W128209201 1GCCS14W1YK195845 1GCCS14W71K129239 1GCCS14X0WK247116 1GCCS14X6WK246309 1GCEC14V11E249162 1GCEC14V31E249471 1GCEC14V32Z313941 1GCEC14V6YE249071 1GCEC14V91E265755 1GCEC14W21Z187837 1GCEC14W71Z185310 1GCEC14W81Z183727 1GCEC14X03Z114378 1GCEC14X63Z115177 3FRXF75424V600407 1GCEC14X23Z115810 1EDKE37G5KNA56982 1G2WP5216WF270000 1GBGK24R5YF484662 1GCCS146658179178 1GCCS146768129150 1GCEC14V96E197609 1GCEC14W12Z314210 1GCEC14X04Z274231 1GCEC14X24Z201474 1GCEC14X63Z115146 1GCEC19VX4Z270758 1GCEK19T35E230984 1GCEK19Z26Z225726 1GNDT13S442340667 1GNEC13T85R199267 1GNEK13TX6R148941 2B7GB11X5NK163811 2G1WF55E329381533 2G1WL52M1X9177423 2GCEC19T341374628 2GCEC19VX61115736 2GCEK19T111381348 1B7GG22X7Y\$753556

Driver Assigned CORY SUDOL NO DRIVER YET JEROME HAMPTON ROGER GRAY CARL ZUBEK MICHAEL OVERTON EDWARD ROBERTS SCOTT LEARNED DON TAYLOR ALVIN BISHOP ALVIN BISHOP VACUUM TRUCK WILLIAM NEAL DAVID SHOFFSTALL HARRY HOFF JAMES ESKEW SHANTAVIOUS RAINEY VARIOUS MATTHEW GUNTHER STEVEN SZCZEPKOWSKI SPARE ROBERT BUONO LENNY GODWIN MIKE MONAT HAROLD EBERT NO DRIVER YET RAY HOGUE JIM SWEGHEIMER SPARE DOUG GOODWIN ROBERTO REMIGIO ROY MERICLE ALEXANDER LORENZO ELISA STEGER SPARE THOMAS KEYS KEVIN COOPER JEEE PINDER DALE WHITE THOMAS ABENDROTH MATTHEW MORRELL JIMMIE HOLLISTER JAMES PENDARVIS SHAWN EBERT MICK SHUE FRED QUINLAN SANLANDO DUMP TRUCK JERRY HAHN DUMP TRUCK NO DRIVER YET CENTRAL FL BOOM TRUCK CHRIS PHILLIPS CHRIS ALDAY JEFF FINEHIRSH CHARLES SCHWADES ALLEN FINCH JACK ADKINS STEVE HABERY RICHARD RETZ JOHN MARINELLI BILL COATES BRYAN GONGRE PATRICK FLYNN JOHN HOY SEWER VIDEO FOUIP VAN SCOTTY HAWS KATHY SILLITOF TONY WIERZBICKI SCOTT STEWART WILLIAM NEAL SPARE

Cost Company Name \$15,678.58 Alafaya Utilities, Inc. \$15,467.19 Alafaya Utilities, Inc. \$16,622.26 Alafaya Utilities, Inc. \$13,356.21 Alafaya Utilities, Inc. \$15,363.17 Alafaya Utilities, Inc. \$18,681.44 Alafaya Utilities, Inc. \$19,053.10 Alafaya Utilities, Inc. \$19,053.10 Alafaya Utilities, Inc. \$25,036.88 Alafaya Utilities, Inc. \$15,099.10 Bayside Utility Services, Inc. \$18,923.65 Bayside Utility Services, Inc. \$11.026.85 Bayside Utility Services, Inc. \$13,356.21 Cypress Lakes, Utilities, Inc. \$18,681.44 Cypress Lakes, Utilities, Inc. \$15,363,17 Eastlake Water Service, Inc. \$15,312,81 Labrador Utilities, Inc. \$17.763.05 Labrador Utilities, Inc \$24.607.70 Mid-County \$15,053.85 Mid-County \$16,047.78 Mid-County \$16,965.92 Mid-County \$16,588.04 Mid-County \$15,493.25 Sandalhaven \$17,763.05 Sandalhaven \$16,056.16 Sanlando Utilities, Inc. \$15,659.79 Sanlando Utilities, Inc. \$15,493.25 Sanlando Utilities, Inc. \$15,792.00 Sanlando Utilities, Inc. \$16.085.99 Sanlando Utilities, Inc. \$18,484,14 Sanlando Utilities, Inc. \$15,053,85 Sanlando Utilities, Inc. \$13,356,21 Sanlando Utilities, Inc. \$15,363,17 Sanlando Utilities, Inc. \$15,516,86 Sanlando Utilities, Inc. \$16,290,61 Sanlando Utilities, Inc. \$16,143.89 Sanlando Utilities, Inc. \$18,690.29 Sanlando Utilities, Inc. \$19,066.93 Sanlando Utilities, Inc. \$17,238.08 Sanlando Utilities, Inc. \$19,049.81 Sanlando Utilities, Inc. \$18,735.55 Sanlando Utilities, Inc. \$17,472.60 Sanlando Utilities, Inc. \$17,227,78 Sanlando Utilities, Inc. \$16,965.92 Sanlando Utilities, Inc. \$19,053.10 Sanlando Utilities, Inc. \$22,478,87 Sanlando Utilities, Inc. \$63,896,30 Sanlando Utilities, Inc. \$19.372 92 Tierre Verde \$31,061,22 Utilities, Inc. of Florida \$15,000.00 Utilities, Inc. of Florida \$35,922.85 Utilities, Inc, of Florida \$16,750.47 Utilities, Inc, of Florida \$16,471.74 Utilities, Inc, of Florida \$18,923.65 Utilities, Inc. of Florida \$16,461.98 Utilities, Inc, of Florida \$17,763.05 Utilities, Inc, of Florida \$17,503.53 Utilities, Inc. of Florida \$19,053.10 Utilities, Inc, of Florida \$21,654.48 Utilities, Inc, of Florida \$28,037.52 Utilities, Inc. of Florida \$24,891.62 Utilities, Inc, of Florida \$27,109,73 Utilities, Inc. of Florida \$37,478,51 Utilities, Inc. of Florida \$32,505.83 Utilities, Inc. of Florida \$0.00 Utilities, Inc. of Florida \$19,351.00 Utilities, Inc, of Florida \$17,132,82 Utilities, Inc. of Florida \$22,987.16 Utilities, Inc. of Florida \$22,387.19 Utilities, Inc, of Florida \$24,967.07 Utilities, Inc, of Florida \$20,427.35 Utilities, Inc. of Pennbrooke

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

1GCCS14WX18159350 JAMES YINGLING IGCEC14X43Z114271STEVEN PFOUTSIGCEC14X75Z230180DAN ANDERSON

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

Docket No. 060253-WS

25.30-440(10) Customer Complaints

## **CUSTOMER COMPLAINTS**

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