

CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

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

OF
Utilities, Inc. of Florida - Pasco County

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 3 of 11

System(s):

Buena Vista

DOCUMENT NUMBER-DATE
09069 OCT-28
COMMISSION CLEF

Buena Vista

Docket No. 060253-WS

Pasco County

Test Year Ended December 31, 2005

Buena Vista

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Buena Vista

Docket No. 060253-WS

25.30-440(2)
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

**UTILITIES, INC. OF FLORIDA
CHEMICAL USE DATA
TEST YEAR: 2006**

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
Seminole	Park Ridge	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Phillips	Chlorine Polyphosphate	2-3 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Crystal Lake	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
Seminole	Jansen	Chlorine Polyphosphate	12-15gpd 2-3 gpd	\$ 1.15/gal \$14.00/ gal

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
PINNELLAS COUNTY								
	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Ammonia	Yes	No	294	Gals	\$ 0.45	0.8 gal/day
PASCO COUNTY								
	Buena Vista Manor	None	Yes	No				
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	\$ 0.87	4.2 gal/day
	Summertree	Gas Chlorine	Yes	No	7.8	lbs	\$ 0.90	21.3lbs/day
	Orangewood	Liquid Chlorine	Yes	No	1774	Gals	\$ 0.87	4.8 gal/day

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	(Yes) No	Yes / No	1,325 GAL	GALS	\$ 0.95 / GAL	4.9 gals/day
		Ammonia	Yes / No	Yes / No				
	CROWNWOOD	Stick Chlorine	Yes / No	(Yes) No	50 LBS	LBS	\$ 2.16 / LB	0.2 LBS/day
		Liquid Chlorine	Yes / No	(Yes) No	1,945 GAL	GALS	\$ 0.95 / GAL	7.2 gals/day
		Gas Chlorine	Yes / No	Yes / No				
		Liquid Chlorine	Yes / No	Yes / No				
		Granular Chlorine		(Yes) No	100 LBS	LBS	\$ 2.48 / LB	0.7 LBS/day

(so far)

(269 days so far)

Buena Vista

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 6510117

Report No.: T057652
Date/Time Sampled: 08/03/05 08:21
Date/Time Received: 8/3/05 15:00

Client Sample ID:
Site: Well #3
Sample Number: T057652-01

Sampled By: Robb Crow
Shipping Method: AEL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analytic Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	58		SM4500CL-E	1.3	08/08/2005	13:30	EB4589
1035	Sulfate (as SO4)	250	mg/L	23		E375.4	1.4	08/09/2005	10:00	EB4589

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

p3

615

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 8510117
Client Sample ID: 1
Site: Well #1
Sample Number: T056805-01

Report No.: T056805
Date/Time Sampled: 07/12/05 16:30
Date/Time Received: 7/13/05 16:20

Sampled By: Stephen Habery
Shipping Method: AEL Pick-up

7-25-05
resampled

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	4.6		SM4500NO3-F	0.027	7/14/2005	11:30	EB4589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	7/14/2005	11:30	EB4589

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

P.2
FRX NO. :

JUL 25 2005 01:20PM PT

FROM :

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 0510117
Client Sample ID: 2
Site: Well 3
Sample Number: T056581-02

Report No.: 1'050561
Date/Time Sampled: 7/06/05 8:15
Date/Time Received: 7/6/05 15:40

Sampled By: Robb Crow
Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	3.5		SM4300NO3-F	0.027	7/7/2005	8:13	E84589
1041	Nitrite (as N)	1.0	mg/L	0.024	U	SM4600NO3-F	0.034	7/7/2005	8:13	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an L, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 6510117

7-25-05

Report No.: T056561
Date/Time Sampled: 07/06/05 8:00
Date/Time Received: 7/8/05 15:40

Client Sample ID: 1
Site: Well 1
Sample Number: T056561-01

First Sample

Sampled By: Robb Crow
Shipping Method: AIEL Pick-up

Inorganic Contaminants

resampled.

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	18		SM4500NO3-F	0.14	7/7/2005	10:11	E84589
1041	Nitrite (as N)	1.0	mg/L	0.44		SM4500NO3-F	0.034	7/7/2005	10:11	E84589

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

P.O

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 6510117
Client Sample ID: 1
Site: 4004 Darlington
Sample Number: T059820-01

Report No.: TC59820
Date/Time Sampled: 09/27/05 08:30
Date/Time Received: 9/27/05 15:40

Sampled By: Robb Crow
Shipping Method:

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	10/08/2005	08:00	E82574
2451	Dichloroacetic Acid		ug/L	0.56	U	E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E552.2	0.60	10/08/2005	08:00	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/08/2005	08:00	E82574
2454	Dibromoacetic Acid		ug/L	1.7		E552.2	0.45	10/08/2005	08:00	E82574
2841	Chloroform		ug/L	1.8		E602.2	0.31	10/10/2005	16:00	E82574
2842	Bromoform		ug/L	7.1		E502.2	0.35	10/10/2005	16:00	E82574
2843	Bromodichloromethane		ug/L	3.5		E502.2	0.30	10/10/2005	16:00	E82574
2844	Dibromochloromethane		ug/L	9.1		E502.2	0.28	10/10/2005	16:00	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P.2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Buena Vista T.P.
 Matrix: Drinking Water
 PWS ID#: 6510117
 Client Sample ID: 2
 Site: 2104 Holiday
 Sample Number: T059820-02

Report No.: T059820
 Date/Time Sampled: 09/27/05 08:40
 Date/Time Received: 9/27/05 15:40

Sampled By: Robb Crow
 Shipping Method:

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E652.2	0.81	10/08/2005	08:10	E82574
2451	Dichloroacetic Acid		ug/L	0.58	U	E552.2	0.58	10/08/2005	08:10	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E652.2	0.60	10/08/2005	08:10	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/08/2005	08:10	E82574
2454	Dibromoacetic Acid		ug/L	1.2	I	E562.2	0.45	10/08/2005	08:10	E82574
2941	Chloroform		ug/L	0.74	I	E502.2	0.31	10/10/2005	16:30	E82574
2942	Bromoform		ug/L	2.7		E502.2	0.36	10/10/2005	16:30	E82574
2943	Bromodichloromethane		ug/L	1.3	I	E502.2	0.38	10/10/2005	16:30	E82574
2944	Dibromochloromethane		ug/L	3.0		E502.2	0.29	10/10/2005	16:30	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
 U The compound was analyzed for but not detected.
 MDL Method Reporting Limit
 For all Results qualified with an I, the PQL is defined to be 4 times the MDL

R.3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 6510117
Client Sample ID: 3
Site: 1651 Altus
Sample Number: T059820-03

Report No.: T059820
Date/Time Sampled: 09/27/05 09:00
Date/Time Received: 9/27/05 15:40

Sampled By: Robb Crow
Shipping Method:

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E562.2	0.81	10/08/2005	08:00	E82574
2451	Dichloroacetic Acid		ug/L	1.4	I	E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E542.2	0.60	10/08/2005	08:00	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/08/2005	08:00	E82574
2454	Dibromoacetic Acid		ug/L	2.6		E552.2	0.45	10/08/2005	08:00	E82574
2941	Chloroform		ug/L	2.2		E502.2	0.31	10/10/2005	16:30	E82574
2942	Bromoform		ug/L	4.4		E502.2	0.36	10/10/2005	16:30	E82574
2943	Bromodichloromethane		ug/L	5.3		E502.2	0.38	10/10/2005	16:30	E82574
2944	Dibromochloromethane		ug/L	8.7		E502.2	0.28	10/10/2005	16:30	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P.4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 6510117
Client Sample ID: Well 1
Site: Buena Vista TP
Sample Number: T0510090-D1

Report No.: T0510090
Date/Time Sampled: 10/04/05 07:40
Date/Time Received: 10/05/05 14:20

Sampled By: Robb Crow
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	4.7		SM4500NO3-F	0.14	10/05/2006	11:14	E84589
1041	Nitrite (as N)	1.0	mg/L	0.038	I	SM4500NO3-F	0.034	10/05/2006	11:14	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Buena Vista T.P.
Matrix: Drinking Water
PWS ID#: 6510117
Client Sample ID: Well 2
Site: Buena Vista TP

Report No.: T0510090
Date/Time Sampled: 10/04/05 07:55
Date/Time Received: 10/05/05 14:20

Sampled By: Robt. Crow
Shipping Method: AEL Courier

Sample Number: T0510090-02

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	2.0		SM4500NO3-F	0.027	10/05/2005	11:14	E84589
1041	Nitrite (as N)	1.0	mg/L	0.034	U	SM4500NO3-F	0.034	10/05/2005	11:14	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
 U The compound was analyzed for but not detected.
 MDL Method Reporting Limit
 For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.3

Buena Vista

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

613



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: January 2004										
Community Water System (CWS) Name: Buena Vista										
Public Water System (PWS) Identification Number: 6510117										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
X100 Well 1	X100 Well 2	X100 Well 3								
Percent Maximum Day Operating Capacity of Each Plant (column 11)										
23,200	12,700	175,100								2110 00
Net Quantity of Finished Water Produced by Each Plant (column 11)										
0	460	311								00
										3570 00
										00
										00
	712	450								5012 00
	195	164								1833 00
	150	175								1900 00
	273	147								1743 00
	147	147								1617 00
										00
										00
	485	426								4745 00
	276	177								2046 00
	200	147								1670 00
	176	160								1776 00
	104	171								1814 00
	215	156								1775 00
										00
	434	287								3309 00
	243	154								1783 00
	254	149								1744 00
	259	150								1759 00
	261	145								1711 00
										00
										00
	736	470								5436 00
	172	184								2012 00
	227	164								1867 00
	225	141								1635 00
	306	160								1906 00
										00
Total										528650 00
Avg.										1708 00
Max										3046 00

FROM :

FAX NO. :

Feb. 05 2004 10:30AM P14

615



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park		PWS Identification Number: 6510117	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,105		Total Population Served at End of Month: 2,763	
PWS 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: 800-272-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

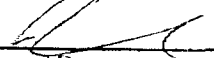
B. Water Treatment Plant Information

Plant Name: Well 1		Plant Telephone Number: 727-934-9137	
Plant Address: Orange & Buena Vista		City: Holiday	State: FL Zip Code: 34690
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Hours
Lead/Chief Operator	Stephen Habery	C	8012	40 hours
Other Operators	Robb Crow	C	13150	40 Hours
	Chris Lanni	C	13130	40 hrs

II. Certification by Lead/Chief Operator

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

 2-2-04
 Signature and Date

Stephen Habery
 Printed or Typed Name

C-8012
 License Number

FROM :

FAX NO. :

Feb. 05 2004 10:26AM PB

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

PWS Identification Number: 6510117

Plant Name: Well 1

III. Daily Data for the Month/Year of: **January 2004**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day of Month	Hours of Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow (C) Disinfectant Residual, mgd	Disinfectant Residual, mgd	Free Chlorine Peak Flow, mgd	Chlorine Dioxide Peak Flow, mgd	Other Disinfectant Peak Flow, mgd	Free Chlorine at Point of Application, mgd	Chlorine Dioxide at Point of Application, mgd	Combined Chlorine at Point of Application, mgd	Free Chlorine at Point of Application, mgd	Chlorine Dioxide at Point of Application, mgd	Other Disinfectant at Point of Application, mgd
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
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21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													

Awaiting hydro tank approval

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

Total	0
Average	0
Maximum	0



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

615

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park		PWS Identification Number: 6510117	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,105		Total Population Served at End of Month: 2,763	
PWS 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: 800-272-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Well 2		Plant Telephone Number: 727-934-9137	
Plant Address: Pleasure Drive		City: Holiday	State: FL Zip Code: 34690
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Stephen Habery	C	8012
Other Operators	Robb Crow	C	13150
	Chris Lanni	C	13130

II. Certification by Lead/Chief Operator

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

	2-2-04	Stephen Habery	C-8012
Signature and Date		Printed or Typed Name	License Number

FROM :
 FAX NO. :
 Feb. 05 2004 10:27AM P10

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

PWS Identification Number: 6510117

Plant Name: Well 2

III. Daily Data for the Month's ear of: **January 2004**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day of the Month	Hours in Plant in Operation	Net Quantity of Water Produced, gal	Peak Flow Rate, gpm	Minimum Residual Chlorine (MRC) (mg/l) or other disinfectant concentration (mg/l)	Chlorine Demand (mg/l)	Chlorine Applied (mg/l)	Free Chlorine Residual (mg/l)	Chlorine Dioxide Residual (mg/l)	Chlorine Dioxide Applied (mg/l)	Chlorine Dioxide Residual (mg/l)	Other Disinfectant Residual (mg/l)	Other Disinfectant Applied (mg/l)	Other Disinfectant Residual (mg/l)	Other Disinfectant Applied (mg/l)
1		460		2.4										
2														
3														
4														
5		712		2.3										
6		195		2.5										
7		150		1.7										
8		273		3.0										
9		147		3.0										
10														
11														
12		485		3.0										
13		276		2.9										
14		200		3.0										
15		176		2.7										
16		164		2.9										
17		215		3.0										
18		439		2.7										
19		243		2.8										
20		243		2.8										
21		254		2.6										
22		259		2.5										
23		261		2.5										
24														
25														
26		736		2.6										
27		172		2.5										
28		227		2.6										
29		225		2.4										
30		306		2.2										
31														
Average		6615												
Minimum		213												
Maximum		6615												

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

6515
213
306

FROM :

FAX NO. :

Feb. 05 2004 10:28AM P11



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park		PWS Identification Number: 6510117	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,105		Total Population Served at End of Month: 2,763	
PWS 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: 800-272-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Well 3		Plant Telephone Number: 727-934-9137	
Plant Address: Holiday Ave.		City: Holiday	State: FL Zip Code: 34690
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Stephen Habery	C	8012
Other Operator	Robb Crow	C	13150
	Chris Lenzi	C	13130

II. Certification by Lead/Chief Operator

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

 Signature and Date	2-2-04 Printed or Typed Name	Stephen Habery License Number
------------------------	---------------------------------	----------------------------------

FROM : : FAX NO. : : Feb. 05 2004 10:29AM P12

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

PWS Identification Number: 6510117

Plant Name: Well 3

III. Daily Data for the Month Year of: January 2004

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of Month	Hour of Day	Net Quantity of Water (Gallons)	Peak Flow (gpm)	Flow (gpm)	Free Chlorine (mg/l)	Chlorine Dioxide (mg/l)	Ozone (mg/l)	Combined Chlorine (mg/l)	Chlorine Dioxide (mg/l)
1	1	311		2.4					1.6
2	1	450		2.6					
3	1	164		2.5					2.0
4	1	175		2.0					2.1
5	1	171		1.9					1.1
6	1	147		2.5					1.0
7	1	147		1.9					1.4
8	1	426		2.4					
9	1	171		2.3					1.7
10	1	171		2.5					1.2
11	1	160		2.5					2.0
12	1	171		2.4					1.6
13	1	156		2.2					1.6
14	1	287		2.6					1.9
15	1	154		2.4					1.4
16	1	151		2.5					1.6
17	1	151		2.5					1.4
18	1	161		2.4					1.6
19	1	184		2.7					1.7
20	1	179		2.4					1.9
21	1	141		2.5					1.4
22	1	141		2.5					1.6
23	1	160		2.6					1.7
24	1	161		2.5					1.4
25	1	161		2.4					1.6
26	1	160		2.6					2.0
27	1	161		2.5					1.6
28	1	154		2.4					1.4
29	1	4635							
30	1	149							
31	1	184							

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

FROM :

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: February 2004											
Community Water System (CWS) Name: Buena Vista											
Public Water System (PWS) Identification Number: 6510117											
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Well 1	Well 2	Well 3								
Day of Month	Permitted Maximum Daily Operating Capacity (all plants) in gpd/day										
	Gross Quantity of Finished Water Produced by each plant in gpd										Total
1	23,200	12,700	175,100								211,000
2		26300	384000								0
3		28100	154000								460300
4		21000	162000								182100
5		27700	165000								193000
6		25400	193000								192400
7											218400
8											0
9		48200	420000								0
10		19200	169000								468200
11		30900	199000								188700
12		23600	153000								229900
13		18700	207000								176600
14											225400
15											0
16		43100	470000								0
17		26800	181000								513100
18		23200	161000								207800
19		23400	167000								174200
20		19500	162000								190400
21											182500
22											0
23		67000	473000								0
24		26700	185000								540000
25		27000	166000								217000
26		19500	129000								193000
27		24700	126000								192500
28											150700
29											0
30											0
31											0
Total											5030900
Avg											173479
Max											229900

FAX NO. :

Mar. 08 2004 10:31AM P25

615
Well 1

FROM :
FAX NO. :
MAR. 08. 2004 10:27AM P19

PAGE 02
GARTH A
6136261030
02/22/2004 23:03



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

See page 4 for instructions.

General Information for the Month of: **Feb 04**

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919

Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Hours/Shifts Worked
Lead/Chief Operator	Stephen Hebery	C	8012	40 hrs
Other Operator	ROB B CROW	C	13150	40 hrs
	Chris Lanni	C	13130	40 hrs

II. Certification by Lead/Chief Operator

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

Signature and Date: 3-8-04 Printed or Typed Name: Stephen Hebery License Number: C-8012

FAX NO. : Mar. 06 2004 10:28AM P20

FROM :

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

PWS Identification Number: 6510117

Plant Name: W111

1. Date for the Month: 04

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

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

Days	Plant	Standard	or	Violated	by	Operator	Hours	of	Exposure	(X)
N/A										

Day	Time	Location	Sample	Free Chlorine	Chlorine Dioxide	Combined Chlorine	Total Chlorine	Free Chlorine	Chlorine Dioxide	Combined Chlorine	Total Chlorine	Free Chlorine	Chlorine Dioxide	Combined Chlorine	Total Chlorine	Free Chlorine	Chlorine Dioxide	Combined Chlorine	Total Chlorine
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
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21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
Total																			
Average																			
Minimum																			

A waiting Hydrone tank approval

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

Well 2

PAGE 04



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

See page 4 for instructions.

I. General Information for the Month Year of: Feb 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park		PWS Identification Number: 6510117	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,305		Total Population Served at End of Month: 2,763	
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919		Contact Person's Fax Number: 407.869.6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Well 2		Plant Telephone Number: 800-272-1919		
Plant Address: Pleasure Drive		City: Holiday	State: FL Zip Code: 34690	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Stephen Haber	C	8012	40 hrs
Other Operators	Robb Crow	C	13150	"
	Chris Lanni	C	13130	"

II. Certification by the Licensed Operator

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

Signature and Date: [Signature] 2.8.04 Printed or Typed Name: Stephen Haber License Number: C-8012

GARTH A

0136261030

23:03

02/22/2004

FROM :

FRX NO. :

Mar. 08 2004 10:29AM P21

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

PWS Identification Number: 6510117

Plant Name: Well 2

1. Date Data for the Month Year of: Feb 04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Elapsed in System	Chlorine Residual (mg/L) at Point of Distribution	Chlorine Residual (mg/L) at Various Points in Distribution System										Remarks (e.g., unusual operating conditions, water quality complaints, etc.)		
				Peak Residual	Minimum Residual	Residual at Point of Distribution	Residual at Point of Distribution	Residual at Point of Distribution	Residual at Point of Distribution	Residual at Point of Distribution	Residual at Point of Distribution	Residual at Point of Distribution	Residual at Point of Distribution			
1	X	2400														
2	X		2.3													
3	X		2.81													1.8
4	X		2.10													1.6
5	X		2.74													1.7
6	X		2.54													2.1
7	S															2.0
8	S															
9	X		4.82													
10	X		1.92													1.8
11	X		3.09													2.1
12	X		2.36													1.9
13	X		1.94													2.1
14	S															1.9
15	S															
16	X		4.31													
17	X		2.68													1.9
18	X		2.32													1.8
19	X		2.34													1.7
20	X		1.95													2.0
21	S															1.9
22	S															
23	X		6.20													1.7
24	X		2.67													1.5
25	S		2.30													1.4
26	X		1.95													1.4
27	X		2.47													2.0
28	S															1.8
29	S															
30	S															
31	S															
Total			619.91													
Minimum			2.1300													
Maximum			7.0900													

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

Well 3

FROM :
FAX NO. :
Mar. 08 2004 10:30AM P23



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

PAGE 06

GARTH A

02/22/2004 23:08 8136251030

See page 4 for instructions.

I. General Information for the Month Year of: Feb 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919

Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Date(s) Since Issued
Lead/Chief Operator	Stephen Habery	C	8012	4 years
Other Operator	Robb Crow	C	13150	"
	Chris Juani	C	13130	"

II. Certification by Lead/Chief Operator

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

Signature and Date: 3-8-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012

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

PWS Identification Number: 6510117 | Plant Name: Well 3

- PWS Distribution #: | Meter: | PCB of:
- Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
- Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Date	Shift	Operator	Hours of Operation	Volume of Water Treated (gals)	Free Chlorine (ppm)	Chlorine Dioxide (ppm)	Ozone (ppm)	Combined Chlorine (Chloramines) (ppm)	Total Chlorine (ppm)	pH	Temperature (°F)	Residual (ppm)				
													Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	
1	3/2	S		24hr	584	2.6					7.8	60	X	1.0	1.8		
2	3/2	S									7.8	60	X	1.0	1.8		
3	3/2	S									7.8	60	X	1.0	1.8		
4	3/3	X			182	2.5					7.8	60	X	1.0	1.8		
5	3/3	X			185	2.3					7.8	60	X	1.0	1.8		
6	3/3	X			193	2.8					7.8	60	X	1.0	1.8		
7	3/3	X			420	2.3					7.8	60	X	1.0	1.8		
8	3/3	X			169	2.8					7.8	60	X	1.0	1.8		
9	3/3	X			199	2.3					7.8	60	X	1.0	1.8		
10	3/3	X			153	2.6					7.8	60	X	1.0	1.8		
11	3/3	X			203	2.6					7.8	60	X	1.0	1.8		
12	3/3	X			420	2.3					7.8	60	X	1.0	1.8		
13	3/3	X			181	2.7					7.8	60	X	1.0	1.8		
14	3/3	X			151	2.5					7.8	60	X	1.0	1.8		
15	3/3	X			167	2.3					7.8	60	X	1.0	1.8		
16	3/3	X			163	2.3					7.8	60	X	1.0	1.8		
17	3/3	X			423	2.0					7.8	60	X	1.0	1.8		
18	3/3	X			185	2.5					7.8	60	X	1.0	1.8		
19	3/3	X			176	2.0					7.8	60	X	1.0	1.8		
20	3/3	X			123	2.3					7.8	60	X	1.0	1.8		
21	3/3	X			126	2.5					7.8	60	X	1.0	1.8		
22	3/3	X									7.8	60	X	1.0	1.8		
23	3/3	X									7.8	60	X	1.0	1.8		
24	3/3	X									7.8	60	X	1.0	1.8		
25	3/3	X									7.8	60	X	1.0	1.8		
26	3/3	X									7.8	60	X	1.0	1.8		
27	3/3	X									7.8	60	X	1.0	1.8		
28	3/3	X									7.8	60	X	1.0	1.8		
29	3/3	X									7.8	60	X	1.0	1.8		
30	3/3	X									7.8	60	X	1.0	1.8		
31	3/3	X									7.8	60	X	1.0	1.8		
32	3/3	X									7.8	60	X	1.0	1.8		

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

02/27/2004 23:08 8135251839

GARTH A

Mar. 08 2004 10:30AM P24

FAX NO. :

FROM :



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

617

See page 2 for instructions.

Apr. 06. 2004 09:51AM P8

FAX NO. :

FROM :

Daily Finished-Water Production for the Month/Year of: March 2004										
Community Water System (CWS) Name: Buena Vista										
Public Water System (PWS) Identification Number: 6510117										
Day of Month	Well 1	Well 2	Well 3							
	23,200	12,700	175,100	Permitted Maximum Daily Operating Capacity of Each Plant - gallons per day						
Net Quantity of Finished Water Produced by Each Plant - gallons										
1	N/A	86800	457000							543800
2		28400	172000							201400
3		20300	204000							224300
4		68200	151000							169700
5		12400	249000							261400
6										0
7										0
8		46900	529000							569900
9		17200	191000							208200
10		28700	186000							214700
11		15400	179000							194400
12		21700	179000							200700
13										0
14										0
15		91800	556000							647800
16		22800	115000							137800
17		22800	178000							200800
18		13700	158000							171700
19		10900	171000							181900
20										0
21										0
22		73600	503000							576600
23		25800	195000							220800
24		29400	178000							207400
25		22300	154000							176300
26		22100	203000							227000
27										0
28										0
29		20100	572000							582100
30		29800	204000							233800
31	✓	28500	210000							238500
Total										6591000
Average										212612
Standard Deviation										261400



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

616

See page 4 for instructions.

1. Treatment Jurisdiction for the Month: April 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919

Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Stephen Hasberg</u>	<u>C</u>	<u>8012</u>	<u>40 HAS</u>
Other Operator	<u>Chris Lanni</u>	<u>C</u>	<u>1380</u>	<u>4</u>
	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>4</u>

C. Certification by Lead/Chief Operator

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

4-5-04 Stephen Hasberg C-8012

Signature and Date Printed or Typed Name License Number

FROM : 02/22/2004 23:09 8136261030 FAX NO. : GARTH A APR. 06 2004 09:47AM P2 PAGE 02

65



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

See page 4 for instructions.

I. General Information for the Month Year of: Apr 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
Plant Address: Pleasure Drive City: Holiday State: Fl. Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Stephen Hobery</u>	<u>C</u>	<u>5012</u>	<u>40 hrs</u>
Other Operators	<u>Robb Snow</u>	<u>C</u>	<u>13150</u>	<u>1</u>
	<u>Charee Ianni</u>	<u>C</u>	<u>13130</u>	<u>1</u>

II. Certification by Lead/Chief Operator

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

4-5-04 Stephen Hobery C-5012
Signature and Date Printed or Typed Name License Number

APR. 06 2004 09:48AM P4
PAGE 04
GARTH A
FAX NO. :
8136261030
23:08
02/27/2004

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

PWS Identification Number: 6510117

Plant Name: Well 2

1.1. Public Distribution System (PDS) Name: Well 2

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day	Time	Sample Location	Sample Type	Sample Volume (L)	Sample Temp (°C)	Sample Date	Sample Time	Sample ID	Sample Description	Sample Status	Sample Notes
1	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
2	8:00	Well 2	Tap	1.0	15.0	2004	04	2.8	Free Chlorine	OK	
3	8:00	Well 2	Tap	1.0	15.0	2004	04	3.0	Free Chlorine	OK	
4	8:00	Well 2	Tap	1.0	15.0	2004	04	2.7	Free Chlorine	OK	
5	8:00	Well 2	Tap	1.0	15.0	2004	04	3.0	Free Chlorine	OK	
6	8:00	Well 2	Tap	1.0	15.0	2004	04	2.7	Free Chlorine	OK	
7	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
8	8:00	Well 2	Tap	1.0	15.0	2004	04	2.7	Free Chlorine	OK	
9	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
10	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
11	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
12	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
13	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
14	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
15	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
16	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
17	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
18	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
19	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
20	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
21	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
22	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
23	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
24	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
25	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
26	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
27	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
28	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
29	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
30	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	
31	8:00	Well 2	Tap	1.0	15.0	2004	04	2.6	Free Chlorine	OK	

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

615



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

See page 4 for instructions.

Month of Report: Mar 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919

Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensee Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Stephen Heberly</u>	<u>C</u>	<u>2012</u>	<u>40 hrs</u>
Other Operator:	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>Chant Lanni</u>	<u>C</u>	<u>13130</u>	<u>"</u>

II. Certification of Lead Operator

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

Signature and Date: [Signature] 4-5-04 Printed or Typed Name: Stephen Heberly License Number: C-8012

APR 06 2004 09:50AM P6
 PAGE 06
 FAX NO. :
 GARTH A
 8136261030
 02/22/2004 23:08
 FROM :

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Well 3

ETL Data Date for the Month: MAR 04
 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Type of Inactivation: Ultraviolet Radiation Other (Describe): Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Start Time	End Time	Flow (MGD)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Demand (mg/L)	Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Chlorine Demand (mg/L)	Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	
1	7:00	7:00	4.5	2.0																	
2	7:00	7:00	4.5	2.0																	
3	7:00	7:00	4.5	2.0																	
4	7:00	7:00	4.5	2.0																	
5	7:00	7:00	4.5	2.0																	
6	7:00	7:00	4.5	2.0																	
7	7:00	7:00	4.5	2.0																	
8	7:00	7:00	4.5	2.0																	
9	7:00	7:00	4.5	2.0																	
10	7:00	7:00	4.5	2.0																	
11	7:00	7:00	4.5	2.0																	
12	7:00	7:00	4.5	2.0																	
13	7:00	7:00	4.5	2.0																	
14	7:00	7:00	4.5	2.0																	
15	7:00	7:00	4.5	2.0																	
16	7:00	7:00	4.5	2.0																	
17	7:00	7:00	4.5	2.0																	
18	7:00	7:00	4.5	2.0																	
19	7:00	7:00	4.5	2.0																	
20	7:00	7:00	4.5	2.0																	
21	7:00	7:00	4.5	2.0																	
22	7:00	7:00	4.5	2.0																	
23	7:00	7:00	4.5	2.0																	
24	7:00	7:00	4.5	2.0																	
25	7:00	7:00	4.5	2.0																	
26	7:00	7:00	4.5	2.0																	
27	7:00	7:00	4.5	2.0																	
28	7:00	7:00	4.5	2.0																	
29	7:00	7:00	4.5	2.0																	
30	7:00	7:00	4.5	2.0																	
31	7:00	7:00	4.5	2.0																	
32	7:00	7:00	4.5	2.0																	
33	7:00	7:00	4.5	2.0																	
34	7:00	7:00	4.5	2.0																	
35	7:00	7:00	4.5	2.0																	
36	7:00	7:00	4.5	2.0																	
37	7:00	7:00	4.5	2.0																	
38	7:00	7:00	4.5	2.0																	
39	7:00	7:00	4.5	2.0																	
40	7:00	7:00	4.5	2.0																	
41	7:00	7:00	4.5	2.0																	
42	7:00	7:00	4.5	2.0																	
43	7:00	7:00	4.5	2.0																	
44	7:00	7:00	4.5	2.0																	
45	7:00	7:00	4.5	2.0																	
46	7:00	7:00	4.5	2.0																	
47	7:00	7:00	4.5	2.0																	
48	7:00	7:00	4.5	2.0																	
49	7:00	7:00	4.5	2.0																	
50	7:00	7:00	4.5	2.0																	
51	7:00	7:00	4.5	2.0																	
52	7:00	7:00	4.5	2.0																	

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

FROM : 02/22/2004 23:08 8136261030

FRX NO. : GARTH A

Apr. 06 2004 09:50AM P7 PAGE 07



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

615

Daily Finished-Water Production for the Month/Year of: April 2004										
Community Water System (CWS) Name: Buena Vista										
Public Water System (PWS) Identification Number: 6510117										
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name
	Well 1	Well 2	Well 3							
Day of Month	Reported Maximum Daily Operating Capacity of Each Plant in Gallons									
	23,200	12,700	175,100							
	Net Quantity of Finished Water Produced by Each Plant, gallons									
1	N/A	18200	162000							217000
2		8000	189000							180200
3										196000
4										0
5		44200	535000							0
6		20700	108000							584200
7		28300	161000							198700
8		22500	162000							189300
9		11600	212000							184500
10										224600
11										0
12		38600	522000							0
13		0	193000							565600
14		13600	150000							143000
15		24600	157000							165000
16		20000	168000							181600
17										196000
18										0
19		64800	482000							0
20		28200	180000							546800
21		68700	186000							208200
22		58300	123000							201800
23		141800	5000							179300
24										146800
25										0
26		572500	0							0
27		17200	12000							572500
28		51800	116000							187700
29		46300	137000							162300
30		47100	140000							178300
31										183100
Total										5596600
Max										190500
										224600

FROM : FAX NO. : May 06 2004 11:14PM P2



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

615

See page 4 for instructions.

1. General Information: Name of PWS: APR 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1,195 Total Population Served at End of Month: 2,763
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weatherfield 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@utlinc.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
 Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
Other Operator	<u>ROBB CARW</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>CHRIS (PHIC)</u>	<u>C</u>	<u>13150</u>	<u>"</u>

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

Signature and Date: [Signature] 5-6-04 Printed or Typed Name: STEPHEN A HABERY License Number: C-8012

FROM : FROM NO. : MAY, 06, 2004 11:19PM PB

FROM :

FAX NO. :

May. 06 2004 11:17AM P7

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

PWS Identification Number: 6510117

Plant Name: Well 1

All Data to be Reported on all

ADD CV

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Days	Plant	Start	End	Flow	Temp	pH	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chloramines	Chlorine Dioxide
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
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24												
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41												
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50												
51												
52												

Waiting for H2O2 tank approval

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

DEP Form 62-605 (003) Rev. 03/01

Page 2

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



See page 4 for instructions.

1. General Information for the Month of Apr 04

A. Public Water System (PWS) Information
 PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1105 Total Population Served at End of Month: 2,763
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weatherfield 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@utilities-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
 Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	Signature	Date	Plant Class
<u>Stephen Herbery</u>	<u>[Signature]</u>	<u>8/02</u>	<u>4443</u>
<u>Cherie Carow</u>	<u>[Signature]</u>	<u>12/50</u>	<u>4</u>
<u>Cherie Carow</u>	<u>[Signature]</u>	<u>12/30</u>	<u>4</u>

I, Stephen Herbery, Lead Chief Operator of the water treatment plant licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 69 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, automatic treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: Stephen Herbery 8-6-04 Printed or Typed Name: Stephen Herbery License Number: C-8072

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

PWS Identification Number: 6510117 | Plant Name: Wall 2

Date: APR 04

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide

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

Day	Time	Plant	Staffed	Unit	Operational	Flow	Residual	Temp	PH	Color	Turbidity	Other
1	8:00	1	X	1	X	1.7	1.7					
2	8:00	1	X	1	X	2.5	2.5					
3	8:00	1	X	1	X	2.5	2.5					
4	8:00	1	X	1	X	2.5	2.5					
5	8:00	1	X	1	X	2.5	2.5					
6	8:00	1	X	1	X	2.5	2.5					
7	8:00	1	X	1	X	2.5	2.5					
8	8:00	1	X	1	X	2.5	2.5					
9	8:00	1	X	1	X	2.5	2.5					
10	8:00	1	X	1	X	2.5	2.5					
11	8:00	1	X	1	X	2.5	2.5					
12	8:00	1	X	1	X	2.5	2.5					
13	8:00	1	X	1	X	2.5	2.5					
14	8:00	1	X	1	X	2.5	2.5					
15	8:00	1	X	1	X	2.5	2.5					
16	8:00	1	X	1	X	2.5	2.5					
17	8:00	1	X	1	X	2.5	2.5					
18	8:00	1	X	1	X	2.5	2.5					
19	8:00	1	X	1	X	2.5	2.5					
20	8:00	1	X	1	X	2.5	2.5					
21	8:00	1	X	1	X	2.5	2.5					
22	8:00	1	X	1	X	2.5	2.5					
23	8:00	1	X	1	X	2.5	2.5					
24	8:00	1	X	1	X	2.5	2.5					
25	8:00	1	X	1	X	2.5	2.5					
26	8:00	1	X	1	X	2.5	2.5					
27	8:00	1	X	1	X	2.5	2.5					
28	8:00	1	X	1	X	2.5	2.5					
29	8:00	1	X	1	X	2.5	2.5					
30	8:00	1	X	1	X	2.5	2.5					

Day	Time	Plant	Staffed	Unit	Operational	Flow	Residual	Temp	PH	Color	Turbidity	Other
1	8:00	1	X	1	X	2.5	2.5					
2	8:00	1	X	1	X	2.5	2.5					
3	8:00	1	X	1	X	2.5	2.5					
4	8:00	1	X	1	X	2.5	2.5					
5	8:00	1	X	1	X	2.5	2.5					
6	8:00	1	X	1	X	2.5	2.5					
7	8:00	1	X	1	X	2.5	2.5					
8	8:00	1	X	1	X	2.5	2.5					
9	8:00	1	X	1	X	2.5	2.5					
10	8:00	1	X	1	X	2.5	2.5					
11	8:00	1	X	1	X	2.5	2.5					
12	8:00	1	X	1	X	2.5	2.5					
13	8:00	1	X	1	X	2.5	2.5					
14	8:00	1	X	1	X	2.5	2.5					
15	8:00	1	X	1	X	2.5	2.5					
16	8:00	1	X	1	X	2.5	2.5					
17	8:00	1	X	1	X	2.5	2.5					
18	8:00	1	X	1	X	2.5	2.5					
19	8:00	1	X	1	X	2.5	2.5					
20	8:00	1	X	1	X	2.5	2.5					
21	8:00	1	X	1	X	2.5	2.5					
22	8:00	1	X	1	X	2.5	2.5					
23	8:00	1	X	1	X	2.5	2.5					
24	8:00	1	X	1	X	2.5	2.5					
25	8:00	1	X	1	X	2.5	2.5					
26	8:00	1	X	1	X	2.5	2.5					
27	8:00	1	X	1	X	2.5	2.5					
28	8:00	1	X	1	X	2.5	2.5					
29	8:00	1	X	1	X	2.5	2.5					
30	8:00	1	X	1	X	2.5	2.5					

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

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



See page 4 for instructions.

1. General Information for the Month

PWS Name: Buena Vista Trailer Park
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
PWS Identification Number: 6510117

Number of Service Connections at End of Month: 1,105
PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Flynn
Contact Person's Mailing Address: 200 Weatherfield Ave.
Contact Person's Telephone Number: 407.869.1919
Contact Person's Fax Number: 407.869.6961

Plant Name: Well 3
Plant Address: Pleasure Drive
City: Holiday
State: FL
Zip Code: 32714

Plant Telephone Number: 800-272-1919
Plant Treatment Plant Information
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc.com

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V
Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator: _____
Lead/Chief Operator: _____
Other Operator: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Plant Class (per subsection 62-699.310(4), F.A.C.): D
License Number: _____

Signature and Date

APR 04

Printed in General Name

STEPHENS, HEATHER

License Number

5-808

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International standards or other applicable standards referenced in subsection 62-699.310(4), F.A.C. I also certify that the following additional operations records for the plant were prepared each day that a licensed operator started or visited the plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner as the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: May 2004										
Community Water System (CWS) Name: Buena Vista										
Public Water System (PWS) Identification Number: 6510117										
Plant Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
Well 1	Well 2	Well 3								
Permitted Maximum Day Operating Capacity of Each Plant, Gallons per day										
23,200	12,700	175,100								218,000
Net Quantity of Finished Water Produced by Each Plant, Gallons										
Day of Month										Total
1	N/A									0
2										0
3		15,660	34,500							49,160
4		4,820	10,600							15,420
5		3,500	12,000							15,500
6		5,750	8,200							13,950
7		4,850	11,300							16,150
8										0
9										0
10		14,420	3,160							46,020
11		5,500	12,600							18,100
12		3,000	2,600							10,600
13		5,320	12,800							18,120
14		5,220	12,500							17,720
15										0
16										0
17		15,550	22,500							48,050
18		4,800	9,300							13,900
19		4,840	10,700							15,040
20		3,790	2,900							11,690
21		5,620	12,500							18,120
22										0
23										0
24		13,300	2,900							42,900
25		5,700	12,500							18,200
26		4,200	9,800							14,000
27		5,340	12,400							18,240
28		7,600	10,400							17,700
29										0
30										0
Total										424,400
Min										14,000
Max										18,240

FROM :

FAX NO. :

JUN. 02. 2004 01:48PM P2



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

b15
6/3/22
CR:TW:WLL

See page 4 for instructions.

1. General Information for the Month Year of May 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator	Name	License Class	License Number	Days/Month Worked
Lead/Chief Operator	<u>Stephen Haberyx</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
Other Operators	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>Chait Lanni</u>	<u>C</u>	<u>13130</u>	<u>"</u>

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

Signature and Date: [Signature] 6-2-04 Printed or Typed Name: STEPHEN HABERYX License Number: C-8012

b43?

FROM

FAX NO. :

Jun. 02: 2004 01: 49:11 P3

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

PWS Identification Number: 6510117

Plant Name: Wall 1

DATE REPORT IS MADE: MAY 04

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Days	Plant	Shifted	or	Valid	by	Hours	of	Flow	Rate	Flow	Rate	Flow	Rate	Flow	Rate	Flow	Rate	Flow	Rate
1	NA																		

Day	Time	Temp	pH	Turbidity	Total Chlorine	Free Chlorine	Combined Chlorine	Chlorine Dioxide	Ozone	UV Radiation	Flow	Rate	Flow	Rate	Flow	Rate	Flow	Rate	Flow	Rate
1																				

2 weeks Hydro Tank approval

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



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

615
~~613~~ 09
ORANGE
WATER

See page 4 for instructions.

1. General Information for the Month of May 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919

Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	<u>Stephen Gabery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
Other Operators	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>Chaic Lanni</u>	<u>C</u>	<u>13130</u>	<u>"</u>

STATEMENT OF CERTIFICATION BY THE LICENSED OPERATOR

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

6-2-04 STEPHEN GABERY C-8012

Signature and Date Printed or Typed Name License Number

GARTH A

EL3E261030

2:3:03

02/22/2004

643?

FROM:

FRK NO.:

Jun. 02. 2004 01:49PM P3

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

PWS Identification Number: 6510117

Plant Name: Well 2

1. Date: May 04

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

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

Day	Plant	Start	End	Operator	Flow	Volume	Residual	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chlorine Dioxide	Other
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
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49													
50													
51													
52													

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

57800
1280400

JUN 02 2004 01:50PM P6

FAX NO. :

FROM :



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

See page 4 for instructions.

LB

I. General Information for the Month Year

may 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
 Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Stephen Habery	C	8012	40hrs
Other Operator	Rubb Crow	C	13150	"
	Chad Hall	C	13130	"

II. Authorized Lead/Chief Operator

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

Signature and Date: [Signature] 5-2-04 Printed or Typed Name: Stephen Habery License Number: 8012

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

PWS Identification Number: 6510117

Plant Name: Well 2

The disinfection method used is: **May 04**
 Ultraviolet Radiation Other (Describe):
 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of Month	Sample Point	Sample Type	Sample Date	Sample Time	Sample Location	Sample Volume	Sample Temperature	Sample pH	Sample Conductivity	Sample Turbidity	Sample Total Chlorine	Sample Free Chlorine	Sample Chlorine Dioxide	Sample Ozone	Sample Chloramines	Sample Total Chlorine	Sample Free Chlorine	Sample Chlorine Dioxide	Sample Ozone	Sample Chloramines	
1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
7	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
8	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
9	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
10	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
11	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
12	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
13	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
14	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
15	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
16	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
17	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
18	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
19	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
20	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
21	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
22	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
23	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
24	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
25	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
26	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
27	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
28	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
29	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
30	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
31	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

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

Total Chlorine: 29.000
 Free Chlorine: 29.000

FROM : FAX NO. : Jun. 02. 2004 01:52PM PB



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

613.

FILE COPY

See page 2 for instructions.

FROM :

FAX NO. :

Sep. 15 2004 12:35PM P26

Daily Finished Water Production for the Month Year of: June 2004									
Community Water System (CWS) Name: Buena Vista									
Public Water System (PWS) Identification Number: 6510117									
Day of Month	Well 1	Well 2	Well 3						
	23,200	12,700	175,100						217,000
1	N/A	199100	459000						658100
2		52700	129000						181700
3		40800	95000						135800
4		68800	140000						208800
5									0
6									0
7		148500	354000						502500
8		50200	129000						179200
9		42500	104000						146500
10		69400	111000						180400
11		48100	113000						161100
12									0
13									0
14		142000	317000						459000
15		52500	116000						168500
16		45500	95000						140500
17		43800	90000						133800
18		49400	106000						155400
19									0
20									0
21		123100	323000						446100
22		52400	136000						188400
23		36300	110000						146300
24		35500	108000						143500
25		42000	113000						155000
26									0
27									0
28		153400	331000						484400
29		52700	107000						159700
30	✓	42100	99000						141100
31									0
TOTAL									5299000
									176633
									208800

5234800
1731160



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

See page 4 for instructions.

DATE: JUNE 07

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6967
 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-fla.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
 Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200
 Plant Category (per subsection 62-599.310(4), F.A.C.): V Plant Class (per subsection 62-599.310(4), F.A.C.): D

Operator Name	License No.	Signature	Signature
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>Yohas</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>L</u>

C. Certification of the Lead/Chief Operator

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

Signature and Date: [Signature] 7-6-07 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM : FAX NO. : Sep. 15 2004 12:31PM P20

FROM :

FAX NO. :

Sep. 15 2004 12:31PM P21

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

PWS Identification Number: 6510117

Plant Name: Wdl 1

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Free Chlorine Other (Describe):

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

Line	Sample Date	Sample Time	Sample Location	Sample Type	Sample Volume	Sample ID	Sample Description	Sample Status	Sample Results	Sample Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
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26										
27										
28										
29										
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31										
32										
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90										
91										
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93										
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95										
96										
97										
98										
99										
100										

awaiting for bacteria to pass

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

02/22/2004 09:07:01 0136261930

04/17/04



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

See page 4 for instructions.

Public Water System (PWS) Information

PWS Name: Bona Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Lilifiles Inc. of Florida

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

Contact Person's Mailing Address: 200 Weatherfield 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

Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919

Plant Address: Pressure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700

Plant Category (per subsection 62-699.310(4) F.A.C.): V

Plant Class (per subsection 62-699.310(4) F.A.C.): <u>D</u>	8012	40453
1	C	
2	C	
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
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21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

Plant Class (per subsection 62-699.310(4) F.A.C.): V

Signature: Stephen Habery License Number: C-8012

Date: 7-6-04 Printed or Typed Name: Stephen Habery

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

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Well 2

7446 04

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

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

Date	Sample	Free Chlorine	Combined Chlorine	Chlorine Dioxide	Ozone	Other (Describe)
9/10/04	24MS	1.9				
9/11/04		1.3				
9/12/04		2.5				
9/13/04		2.5				
9/14/04		2.5				
9/15/04		2.5				
9/16/04		2.5				
9/17/04		2.5				
9/18/04		2.5				
9/19/04		2.5				
9/20/04		2.5				
9/21/04		2.5				
9/22/04		2.5				
9/23/04		2.5				
9/24/04		2.5				
9/25/04		2.5				
9/26/04		2.5				
9/27/04		2.5				
9/28/04		2.5				
9/29/04		2.5				
9/30/04		2.5				

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

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park
 PWS Type: Community Non-Treatment Non-Community Transient Non-Community Connector
 Number of Service Connections at End of Month: 1,105
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Westchesterfield Ave.
 City: Alhambra 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 B-Mail Address: p.c.flynn@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: WdJ3
 Plant Address: Pleasure Drive
 City: Holiday
 State: FL
 Zip Code: 34690
 Plant Telephone Number: 800-272-1919
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Daily Operating Capacity of Plant, gallons per day: 175,100
 Plant Category (per subsection 62-699.310(4) F.A.C.): V
 Plant Class (per subsection 62-699.310(4) F.A.C.): D

Location	Plant Name	City	State	Zip Code	Plant Class	Plant Category	Operating Capacity (gpd)	Operating Status
✓	Stephen Hobert	5012	FL	13150	D	V	175,100	Operating
✓	Robert	5012	FL	13150	D	V	175,100	Operating
✓	Robert	5012	FL	13150	D	V	175,100	Operating

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

Signature and Date: Stephen Hobert 2-6-04
 Printed or Typed Name: Stephen Hobert
 License Number: C-8012

Sep. 15 2004 12:34PM P24

FAX NO. :

FROM :

FROM :

FAX NO. :

Sep. 15 2004 12:34PM P25

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: WJ13

74404

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

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

Date	Time	Volume (Gals)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Other (Describe)
X	24.5	145000	2.4	2.4			
X	24.0	128000	2.2	2.2			
X	23.5	95000	2.5	2.5			
X	23.0	140000	2.2	2.2			
X	22.5	354000	2.4	2.4			
X	22.0	129000	2.3	2.3			
X	21.5	104000	2.3	2.3			
X	21.0	11000	2.7	2.7			
X	20.5	113000	2.3	2.3			
X	20.0	217000	2.4	2.4			
X	19.5	116000	2.4	2.4			
X	19.0	95000	2.5	2.5			
X	18.5	46000	2.4	2.4			
X	18.0	106000	2.2	2.2			
X	17.5	525000	2.4	2.4			
X	17.0	156000	2.3	2.3			
X	16.5	116000	2.3	2.3			
X	16.0	168000	2.5	2.5			
X	15.5	115000	2.4	2.4			
X	15.0	337000	2.2	2.2			
X	14.5	102000	2.6	2.6			
X	14.0	99000	2.2	2.2			
X	13.5	389000	2.2	2.2			
X	13.0	170000	2.2	2.2			
X	12.5	140000	2.2	2.2			
X	12.0	170000	2.2	2.2			
X	11.5	156000	2.3	2.3			
X	11.0	116000	2.3	2.3			
X	10.5	115000	2.3	2.3			
X	10.0	106000	2.2	2.2			
X	9.5	46000	2.4	2.4			
X	9.0	129000	2.3	2.3			
X	8.5	104000	2.3	2.3			
X	8.0	11000	2.7	2.7			
X	7.5	113000	2.3	2.3			
X	7.0	217000	2.4	2.4			
X	6.5	116000	2.4	2.4			
X	6.0	95000	2.5	2.5			
X	5.5	140000	2.2	2.2			
X	5.0	354000	2.4	2.4			
X	4.5	129000	2.3	2.3			
X	4.0	104000	2.3	2.3			
X	3.5	11000	2.7	2.7			
X	3.0	113000	2.3	2.3			
X	2.5	106000	2.2	2.2			
X	2.0	46000	2.4	2.4			
X	1.5	129000	2.3	2.3			
X	1.0	104000	2.3	2.3			
X	0.5	11000	2.7	2.7			
X	0.0	113000	2.3	2.3			
X	23.5	140000	2.2	2.2			
X	23.0	354000	2.4	2.4			
X	22.5	129000	2.3	2.3			
X	22.0	104000	2.3	2.3			
X	21.5	11000	2.7	2.7			
X	21.0	113000	2.3	2.3			
X	20.5	106000	2.2	2.2			
X	20.0	46000	2.4	2.4			
X	19.5	129000	2.3	2.3			
X	19.0	104000	2.3	2.3			
X	18.5	11000	2.7	2.7			
X	18.0	113000	2.3	2.3			
X	17.5	106000	2.2	2.2			
X	17.0	46000	2.4	2.4			
X	16.5	129000	2.3	2.3			
X	16.0	104000	2.3	2.3			
X	15.5	11000	2.7	2.7			
X	15.0	113000	2.3	2.3			
X	14.5	106000	2.2	2.2			
X	14.0	46000	2.4	2.4			
X	13.5	129000	2.3	2.3			
X	13.0	104000	2.3	2.3			
X	12.5	11000	2.7	2.7			
X	12.0	113000	2.3	2.3			
X	11.5	106000	2.2	2.2			
X	11.0	46000	2.4	2.4			
X	10.5	129000	2.3	2.3			
X	10.0	104000	2.3	2.3			
X	9.5	11000	2.7	2.7			
X	9.0	113000	2.3	2.3			
X	8.5	106000	2.2	2.2			
X	8.0	46000	2.4	2.4			
X	7.5	129000	2.3	2.3			
X	7.0	104000	2.3	2.3			
X	6.5	11000	2.7	2.7			
X	6.0	113000	2.3	2.3			
X	5.5	106000	2.2	2.2			
X	5.0	46000	2.4	2.4			
X	4.5	129000	2.3	2.3			
X	4.0	104000	2.3	2.3			
X	3.5	11000	2.7	2.7			
X	3.0	113000	2.3	2.3			
X	2.5	106000	2.2	2.2			
X	2.0	46000	2.4	2.4			
X	1.5	129000	2.3	2.3			
X	1.0	104000	2.3	2.3			
X	0.5	11000	2.7	2.7			
X	0.0	113000	2.3	2.3			
X	23.5	140000	2.2	2.2			
X	23.0	354000	2.4	2.4			
X	22.5	129000	2.3	2.3			
X	22.0	104000	2.3	2.3			
X	21.5	11000	2.7	2.7			
X	21.0	113000	2.3	2.3			
X	20.5	106000	2.2	2.2			
X	20.0	46000	2.4	2.4			
X	19.5	129000	2.3	2.3			
X	19.0	104000	2.3	2.3			
X	18.5	11000	2.7	2.7			
X	18.0	113000	2.3	2.3			
X	17.5	106000	2.2	2.2			
X	17.0	46000	2.4	2.4			
X	16.5	129000	2.3	2.3			
X	16.0	104000	2.3	2.3			
X	15.5	11000	2.7	2.7			
X	15.0	113000	2.3	2.3			
X	14.5	106000	2.2	2.2			
X	14.0	46000	2.4	2.4			
X	13.5	129000	2.3	2.3			
X	13.0	104000	2.3	2.3			
X	12.5	11000	2.7	2.7			
X	12.0	113000	2.3	2.3			
X	11.5	106000	2.2	2.2			
X	11.0	46000	2.4	2.4			
X	10.5	129000	2.3	2.3			
X	10.0	104000	2.3	2.3			
X	9.5	11000	2.7	2.7			
X	9.0	113000	2.3	2.3			
X	8.5	106000	2.2	2.2			
X	8.0	46000	2.4	2.4			
X	7.5	129000	2.3	2.3			
X	7.0	104000	2.3	2.3			
X	6.5	11000	2.7	2.7			
X	6.0	113000	2.3	2.3			
X	5.5	106000	2.2	2.2			
X	5.0	46000	2.4	2.4			
X	4.5	129000	2.3	2.3			
X	4.0	104000	2.3	2.3			
X	3.5	11000	2.7	2.7			
X	3.0	113000	2.3	2.3			
X	2.5	106000	2.2	2.2			
X	2.0	46000	2.4	2.4			
X	1.5	129000	2.3	2.3			
X	1.0	104000	2.3	2.3			
X	0.5	11000	2.7	2.7			
X	0.0	113000	2.3	2.3			

170000 122000 3687000

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: <u>May 2004</u> <u>JULY 2004</u>									
Community Water System (CWS) Name: Buena Vista									
Public Water System (PWS) Identification Number: 6510117									
Well 1	Well 2	Well 3							
23,200	12,700	175,100							210,00
N/A	41800	42000							1338 00
	44900	98000							1479 00
									0
									0
	177800	423000							6008 00
	42600	115000							7626 00
	41500	96000							1375 00
	42500	114000							1615 00
									0
									0
	1464 00	311000							4374 00
	467 00	116000							1627 00
	552 00	138000							1932 00
	532 00	103000							1567 00
	516 00	121000							1726 00
									0
									0
	1217 00	291000							4127 00
	426 00	47000							1396 00
	389 00	87000							1259 00
	571 00	105000							1561 00
	415 00	4700							1385 00
									0
									0
	1213 00	295000							4263 00
	533 00	104000							1573 00
	392 00	112000							1572 00
	325 00	85000							1205 00
	463 00	42000							1383 00
									0
									0
									4481 200
									1443 54
									1726 00

FROM : . . . FAX NO. : . . . Aug. 06 2004 11:42AM P3

b/s 8/12/04



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

See page 4 for instructions.

I certify that the information on the Month of July 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
 Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License Class	License Number	Day(s) Working
Stephen Hubert	C	8012	4 days
Ross crew	C	13150	"

II. Certification by Lead/Chief Operator

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

[Signature] 8-1-04 Stephen Hubert C-8012
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6510117

Plant Name: Well 1

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe):

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

Sample Location	Date	Time	Operator	Sample Type	Sample Point	Sample Depth	Sample Volume	Sample ID	Sample Description	Sample Status	Sample Use
N/A											

Waiting for hydrant tank approval

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

FAX NO. : Aug. 06 2004 11:46AM PB

FROM :



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

See page 4 for instructions.

I. General Information Month/Year of: July 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,185 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919

Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator	Name	License Class	License Number	Days/Months Worked
Lead/Chief Operator	<u>Stephen Haberly</u>	<u>C</u>	<u>5012</u>	<u>40 hrs</u>
Other Operator	<u>Robb Chow</u>	<u>C</u>	<u>13150</u>	<u>1</u>

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 8-6-04 Printed or Typed Name: Stephen Haberly License Number: C-5012

FROM : FAX NO. : AUG. 06 2004 11:44AM PS

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Well 2

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

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

Day	Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)
X	7:45	418.00	3.4	3.1									
X													
S													
X		1728.00		2.0									
X		426.00		2.5									
X		415.00		2.5									
X		425.00		2.2									
X		462.00		2.6									
X		552.00		2.2									
X		332.00		2.4									
X		576.00		2.2									
X		1212.00		2.2									
X		426.00		2.0									
X		379.00		2.1									
X		511.00		1.5									
X		405.00		2.2									
X		1313.00		1.8									
X		553.00		2.0									
X		592.00		2.2									
X		325.00		2.0									
X		463.00		2.0									
X		2520.00											
X		4300											

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

AUG. 06 2004 11:45AM P6

FROM :

FROM :

02/22/2004 23:08 9136261830

GARTH A

PAGE 05



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

See page 4 for instructions.

1. General Information for the Month Year of July 04

A. Public Water System (PWS) Information

PWS Name: <u>Buena Vista Trailer Park</u>		PWS Identification Number: <u>6510117</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1,105</u>		Total Population Served at End of Month: <u>2,763</u>	
PWS Owner: <u>Utilities Inc. of Florida</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407.869.1319</u>		Contact Person's Fax Number: <u>407.869.6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilizinginc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Well 1</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>Orange Dr. & Buena Vista Ave.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>23,200</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	
Operator Name	License Number	License Number	License Number
<u>Stephen Hubery</u>	<u>C 5012</u>	<u>40421</u>	
<u>Robb Crow</u>	<u>C 13150</u>	<u>"</u>	

2. Certification by Licensed Operator

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

Stephen Hubery 8-6-04 STEPHEN HUBERY C 5012
 Signature and Date Printed or Typed Name License Number

FROM :
FRAX NO. :
Aug. 06 2004 11:47AM P9



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished Water Production for the Month of: **August 2004**
 Community Water System (CWS) Name: Buena Vista
 Public Water System (PWS) Identification Number: 6310117

Well 1	Well 2	Well 3	Total
21,200	12,700	175,100	211,000
MTH			
125800	272000		398000
49600	109000		158600
40000	73000		113000
43500	80000		123500
39300	96000		135300
			0
			0
124000	247000		371000
34900	79000		113900
37900	89000		126900
39400	88000		127400
35700	84000		119700
			0
			0
98500	203000		301500
50600	90000		140600
38000	92000		130000
40900	87000		127900
44700	102000		148700
			0
			0
129200	266000		395200
43300	103000		146300
37500	91000		128500
40300	89000		129300
22300	85000		117300
			0
			0
138600	314000		452600
54600	106000		160600
			4165600
			134374
			160600

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

PWS Identification Number: 6510117

Plant Name: Well 1

Report Date: 08/2004

August 2004

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Free Chlorine Free Chlorine Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Free Chlorine Free Chlorine Chlorine Dioxide Chlorine Dioxide

Days	Operator	Flow	Temp	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	
1																					
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31																					

Days	Operator	Flow	Temp	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	
1																						
2																						
3																						
4																						
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31																						

Allowing for Hydro tank approval

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

DEF Form #2-655-8009/01/01/01/01

FROM : 02/22/2004 23:08 8136251030

FAX NO. : GARTH A

Sep. 03 2004 08:55AM P2



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

See page 4 for instructions.

1. Complete information for the Month of August 2004

A. Public Water System (PWS) Information
 PWS Name: Buena Vista Truett Park
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Total Population Served at End of Month: 2,763
 PWS Identification Number: 6510117
 Number of Service Connections at End of Month: 1,105
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weathersfield Ave.
 City: Altamonte Springs
 State: FL
 Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's Fax Number: 407.869.6961
 Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-fla.com

B. Water Treatment Plant Information
 Plant Name: Well 2
 Plant Address: Pleasure Drive
 City: Holiday
 State: FL
 Plant Telephone Number: 800-272-1919
 Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): D
 Licensed Operator: STEPHEN HABERY
 License Number: 8012
 Other Operators: ROBB CROW
 License Number: 13150
 Hours: 40 hrs

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

Signature and Date: STEPHEN HABERY 9-1-04
 License Number: C-8012
 Printed or Typed Name: STEPHEN HABERY

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

PWS Identification Number: 6510117

Plant Name: Well 2

August 2004

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: Ultraviolet Radiation Other (Describe):

Chlorine Dioxide Chlorine

Day	Month	Year	Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	8	2004	12:5800	2.5							
2	8	2004	49600	2.4							
3	8	2004	40000	2.4							
4	8	2004	43500	2.0							
5	8	2004	39900	2.0							
6	8	2004									
7	8	2004	124000	2.2							
8	8	2004	14000	2.2							
9	8	2004	34900	1.6							
10	8	2004	31900	2.0							
11	8	2004	39400	2.1							
12	8	2004	35700	2.0							
13	8	2004	98500	2.0							
14	8	2004	50600	2.1							
15	8	2004	38000	2.1							
16	8	2004	40900	2.1							
17	8	2004	44700	2.1							
18	8	2004	129200	2.1							
19	8	2004	43300	2.2							
20	8	2004	37500	2.0							
21	8	2004	40300	2.1							
22	8	2004	32300	2.2							
23	8	2004	138600	1.8							
24	8	2004	54600	2.0							
25	8	2004	132600								
26	8	2004	42600								
27	8	2004	54600								
28	8	2004	42600								
29	8	2004	54600								
30	8	2004	54600								
31	8	2004	54600								

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

FROM : 02/22/2004 23:08

8135261830

FAX NO. :

GARTH A

Sep. 03 2004 08:56AM P4



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

See page 4 for instructions.

I. General Information for the Month Year of: AUGUST 2004

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park		PWS Identification Number: 6510117	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,105		Total Population Served at End of Month: 2,763	
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919		Contact Person's Fax Number: 407.869.6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Well 3		Plant Telephone Number: 800-272-1919		
Plant Address: Pleasure Drive		City: Holiday	State: FL Zip Code: 34690	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100				
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operator	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	STEPHEN HABERY	C	8012	40 hrs
Other Operators	ROBB (ROW)	C	13150	" "

II. Certification by Lead/Chief Operator

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

Signature and Date: 9-1-04 Printed or Typed Name: STEPHEN HABERY License Number: C 8012

Sep. 03 2004 08:57AM P5 FAXED

GARTH A

FAX NO. :

8136261030

02/22/2004 23:08

FROM :

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

PWS Identification Number: 6510117

Plant Name: Wd13

August 2009

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

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

Day(s) of Month	Plant	Station	Unit	Operator	Flow (MGD)	Residual (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Temperature (°F)	PH	Other
1	X												
2	X												
3	X												
4	X												
5	X												
6	X												
7	X												
8	X												
9	X												
10	X												
11	X												
12	X												
13	X												
14	X												
15	X												
16	X												
17	X												
18	X												
19	X												
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91	X												
92	X												
93	X												
94	X												
95	X												
96	X												
97	X												
98	X												
99	X												
100	X												

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

DEF Form 82-655 (003) (Rev. 11/01)

FROM : 02/22/2004 23:08 8136261030 FAX NO. : GARTH A Sep. 03 2004 08:58AM P6
 PAGE 07



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: <u>SEPTEMBER 2004</u>										
Community Water System (CWS) Name: Buena Vista										
Public Water System (PWS) Identification Number: 6510117										
Well 1	Well 2	Well 3								
23,200	12,700	175,100								211,000
	454,000	104,000								149,400
	412,000	77,000								118,200
	427,000	83,000								125,700
										0
										0
	1,092,000	229,000								329,200
	348,000	81,000								115,800
	450,000	91,000								136,000
	450,000	87,000								132,000
	392,000	80,000								119,200
										0
										0
0	119,700	276,000								395,700
161,000	62,000	83,000								105,300
188,000	250,000	70,000								113,800
201,000	251,000	82,000								127,200
184,000	170,000	123,000								158,400
										0
										0
554,000	211,000	357,000								433,500
179,000	130,000	115,000								195,900
149,000	117,000	115,000								141,600
256,000	197,000	103,000								148,300
246,000	265,000	117,000								168,100
										0
										0
236,000	661,000	213,000								302,700
0	253,000	107,000								132,300
180,000	94,000	118,000								145,400
299,000	230,000	79,000								131,900
										0
										38,756.00
										129,186
										168,100

FROM :

FRX NO. :

Oct. 04 2004 01:12PM P26

615

FROM :

FAX NO. :

Oct. 04 2004 01:08PM P20

PAGE 02

GARTH A

8136261030

23:08

02/22/2004



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

FILE COPY

See page 4 for instructions.

Report Period (Month and Year) SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200

Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Operator Name	License No.	License No.	License No.	License No.
<u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>40hcs</u>	
<u>ROBB CREW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>	

II. Certification by Lead Operator

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

10-4-04 STEPHEN HABERY C 8012
Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6510117

Plant Name: Well 1

Sept 04

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

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

Plant	Sample	Date	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chloramines (mg/L)	Chlorine Dioxide (mg/L)
Well Back / Service	1	07	1.0					
	2	1.7						
	3	1.0						
	4	1.2						
	5	1.0						
	6	0.7						
	7	1.2						
	8	1.0						
	9	1.0						
	10	0.2						
	11	1.4						
	12	1.2						
	13	1.3						
	14	1.3						
	15	2.0						

Plant	Sample	Date	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chloramines (mg/L)	Chlorine Dioxide (mg/L)
Well Back / Service	1	07	1.0					
	2	1.7						
	3	1.0						
	4	1.2						
	5	1.0						
	6	0.7						
	7	1.2						
	8	1.0						
	9	1.0						
	10	0.2						
	11	1.4						
	12	1.2						
	13	1.3						
	14	1.3						
	15	2.0						

253200
16600
29900

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



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

See page 4 for instructions.

Reported information for the Month Year: SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1,305 Total Population Served at End of Month: 2,753
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weatherfield 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@utilitieinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
 Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator	License Class	License Number	Days/Shifts Worked
Lead Chief Operator <u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>	<u>4 shifts</u>
Other Operator <u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>

II. Certification of Lead Chief Operator

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

Signature and Date: 10-4-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012

FROM :

FRX NO. :

Oct. 04 2004 01:09PM P22

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

PWS Identification Number: 6510117

Plant Name: Well 2

SEP 04

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

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

Day	Start	End	Volume	Residual	Notes
X	2.0	45400	41200	1.8	
X	2.0	42700	41200	1.8	
X	1.8	135000	135000	1.8	
X	2.0	45000	45000	2.0	
X	1.8	39200	39200	1.8	
X	1.5	119700	119700	1.5	
X	1.8	6200	6200	1.8	
X	2.1	25000	25000	2.1	
X	2.0	25100	25100	2.0	
X	1.0	17000	17000	1.0	
X	1.5	21100	21100	1.5	
X	1.4	13000	13000	1.4	
X	1.8	11700	11700	1.8	
X	1.5	19700	19700	1.5	
X	1.4	21500	21500	1.4	
X	2.1	66100	66100	2.1	
X	2.0	25300	25300	2.0	
X	2.0	9400	9400	2.0	
X	2.2	23000	23000	2.2	
X	2.0	202300	202300	2.0	
X	2.0	36700	36700	2.0	
X	2.0	45700	45700	2.0	

LOST POWER due to hardware
with 600 PCS per
P.P.P.

FROM : FAX NO. : Oct. 04 2004 01:10PM P23

* Refer to the instructions for this report to determine which plants must provide this information. Page 2



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

See page 4 for instructions.

I. General Information for the Month Year: SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919

Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License Class	License Number
<u>STEPHEN HABERY</u>	<u>C</u>	<u>8012</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>

II. Certification by Lead Operator

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

Signature and Date: [Signature] 10-4-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012

FROM : FAX NO. : Oct. 04 2004 01:11PM P24

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

PWS Identification Number: 6510117

Plant Name: Well 3

Date During the Month: SEPTEMBER 2004

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

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

Day	Days Plant Staffed	Person(s) Visited	Operating (Place "X")	Type of Disinfectant Residual Maintained in Distribution System										Total	Notes			
				1	2	3	4	5	6	7	8	9	10					
	X	24 hrs	104000													2.0	1.4	
	X		77000													1.8	1.2	
	X		83000													2.0	1.3	
	X		229000													2.1	1.0	
	X		81000													2.2	0.8	
	X		91000													2.2	1.2	
	X		87000													2.0	1.4	LOSS POWER due TO fluctua
	X		80000													2.0	1.2	run BATCHES per DEP.
	X		276000													1.7	1.3	
	X		83000													1.6	1.2	
	X		70000													2.0	1.4	
	X		82000													2.0	1.2	
	X		123000													1.4	1.0	
	X		357000													1.7	1.0	
	X		115000													1.2	1.1	
	X		115000													1.7	1.2	
	X		103000													2.0	1.3	
	X		117000													1.9	1.5	
	X		213000													1.8	1.2	
	X		107000													2.0	1.4	
	X		118000													2.0	1.8	
	X	↓	79000													2.4	2.0	
			2790000															
			93000															
			123000															

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

PAGE 07

GARTH A

8136261030

02/22/2004 23:08

FROM :

FRX NO. :

Oct. 04 2004 01:11PM P25



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: Oct 04									
Community Water System (CWS) Name: Buena Vista									
Public Water System (PWS) Identification Number: 6510117									
Well 1	Well 2	Well 3							
23,200	12,700	175,100							211,000
19700	21200	130000							170900
									0
55800	75900	306000							437700
17200	31700	90000							138900
17700	29800	83000							130500
20600	11000	102000							133600
22600	11600	107000							141200
									0
									0
									0
66700	47200	531000							644900
15700	11900	141000							168600
15200	11000	125000							151200
3500	25700	128000							157200
									0
									0
25400	57800	406000							483200
12300	6100	167000							185400
15900	4600	152000							175500
17600	3600	133000							154200
14400	12400	146000							177800
									0
									0
23700	88900	397000							519600
4700	4800	126000							125500
15600	15400	122000							153000
12900	15900	127000							155800
13400	13600	157000							184000
									0
									0
									464700
									149958
									185500

FROM : FAX NO. : Nov. 09 2004 12:31PM PS

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED



FILE COPY

615

See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 PWS Operator: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Weatherfield Ave.
 City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.flynn@utilities-inc-us.com
 PWS Order: 1105
 Number of Service Connections at End of Month: 1,105
 Total Population Served at End of Month: 2,763
 PWS Identification Number: 6510117

B. Water Treatment Plant Information
 Plant Name: Well 1
 Plant Address: Orange Dr. & Buena Vista Ave.
 City: Holiday State: FL Zip Code: 34690
 Plant Telephone Number: 800-272-1919
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant: 23,200 gallons per day
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): D

Plant Name	Address	City	State	Zip Code	Plant Category	Plant Class
STEPHEN HUBERT	8016 CROW	C	FL	32019	V	D
STEPHEN HUBERT	8016 CROW	C	FL	32019	V	D
STEPHEN HUBERT	8016 CROW	C	FL	32019	V	D

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

Signature and Date: Nov 2
 Printed or Typed Name: Stephen Hubert
 License Number: C-8012

FROM : 02/22/2004 2:51:08
 FAX NO. :
 SAR 11 A
 Nov. 09 2004 12:25PM P9
 PAGE 02

02/22

* Ref



FROM :

02/22/2004 23:08

0136261030

FAX NO. :

Nov. 09 2004 12:26PM P10



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

See page 4 for instructions.

OCT 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park | PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 | Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 | Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Well 2 | Plant Telephone Number: 800-272-1919

Plant Address: Pleasure Drive | City: Holiday | State: FL | Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700

Plant Category (per subsection 62-699.310(4), F.A.C.): V | Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License Number	Days Present
Stephen Hubery	C-8012	40 hrs
RD 56 CROW	13150	"
Jack Adkins	13019	"

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

Signature and Date: NOV 2 04 | Printed or Typed Name: Stephen Hubery | License Number: C-8012

82/22/2004 23:08 8136261030

FROM : FRX NO. : NOV. 09 2004 12:28PM P1

FROM :

FAX NO. :

Nov. 09 2004 12:29PM P2

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

PWS Identification Number: 6510117 Plant Name: Wd12

OCT 09

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day	Start	End	Flow (MGD)	Chlorine (lb)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)	Free Chlorine (lb)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)	Free Chlorine (lb)	Chlorine Dioxide (lb)	Ozone (lb)	Combined Chlorine (lb)
X				25900				1.5							
X				51700				1.5							
X				25900				1.3							
X				11000				2.0							
X				11500				2.2							
H															
X				42200				2.0							
X				12900				2.1							
X				11000				2.1							
X				25700				2.0							
X				51800				2.0							
X				6100				2.0							
X				4600				2.1							
X				3600				2.0							
X				17400				2.1							
X				88900				2.2							
X				4800				2.0							
X				15400				2.0							
X				15900				2.2							
X				13500				2.0							
X				49000											
X				16100											
X				31700											

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

FROM :

FRX NO. :

Nov. 09 2004 12:30PM P3



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

See page 4 for instructions.

Report Date: OCT 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1,195 Total Population Served at End of Month: 2,763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield 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@utilitiessinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919
Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensee Name	License Number	License Number	License Number
<u>Stephen Habery</u>	<u>C</u>	<u>8002</u>	<u>40 h2S</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Jack Quirk</u>	<u>C</u>	<u>13019</u>	<u>"</u>

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

NOV 2 Signature and Date Stephen Habery Printed or Typed Name C-8002 License Number

PAGE 00

MARK A

050197951R

00157

0002/27/27A

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

PWS Identification Number: 6510117

Plant Name: WdL3

Mean of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide
Type of Disinfection Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Day	Time	Sampled or Analyzed	Operator	Disinfection Residual	Chlorine Dioxide	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Other (Describe)	Mean of Achieving Four-Log Virus Inactivation/Removal	Type of Disinfection Residual Maintained in Distribution System
	X				2.9								1.0	
	X				30600								1.0	
	X				8000								2.8	
	X				8500								2.0	
	X				10200								1.8	
	X				10700								1.5	
	H				53000								1.8	
	X				14700								2.1	
	X				12500								2.1	
	X				12800								2.2	
	X				40600								2.1	
	X				15700								2.0	
	X				15200								2.1	
	X				38600								2.0	
	X				14600								3.2	
	X				39200								2.5	
	X				17600								2.3	
	X				12000								2.2	
	X				12700								2.4	
	X				13200								2.2	
	X				27000								2.0	
	X				17600								2.1	
	X				1.8								1.5	
	X				1.2								1.2	
	X				1.6								1.6	
	X				1.2								1.2	
	X				1.4								1.4	
	X				1.5								1.5	
	X				1.7								1.7	
	X				1.3								1.3	
	X				1.5								1.5	
	X				0.6								0.6	

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

Page 2

FROM :

FAX NO. :

Nov. 09 2004 12:30PM P4



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: <u>NOV</u> / <u>2004</u>									
Community Water System (CWS) Name: <u>Buena Vista</u>									
Public Water System (PWS) Identification Number: <u>6510117</u>									
Well 1	Well 2	Well 3							
23,200	12,700	175,100							211,000
30200	35400	383000							448600
8000	6900	121000							135900
8200	6100	122000							136300
11000	9100	135000							155100
5900	9800	129000							143700
									0
28800	42200	403000							474000
5400	16000	143000							164400
10900	15000	147000							172900
9900	11800	116000							137700
8100	8600	151000							164700
									0
33200	23500	459000							515700
10300	17800	134000							158100
9000	9100	125000							143100
11700	8200	146000							165900
12100	10300	141000							163400
									0
68300	90000	350000							508300
23700	27800	108000							159500
29000	23600	120000							171600
									0
									0
									0
170200	310700	162000							642900
18000	57500	74000							149500
									0
									4962300
									165400
									171600

615

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

See page 4 for instructions.

Report Date: NOV 07

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6951
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Licensee Name	License Class	License Number	Expiration Date (MM/DD/YYYY)
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>12/31/08</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Jack Adams</u>	<u>C</u>	<u>13019</u>	<u>"</u>

C. Certification by Licensed Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 69 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 12.1.07 Printed or Typed Name: Stephen Habery License Number: C-8012

PAGE 04

Dec. 02 2004 01:49PM P19

PAGE 02

GARTH A

GARTH A

FAX NO. :

8136261030

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05:33

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12/12/2004

FROM :

02/22/2004

FROM :

02/22/2004 23:08

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FAX NO. :

GARTH A

Dec. 02 2004 11:50PM P20

PAGE 03

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

PWS Identification Number: 6510117

Plant Name: Wd11

Nov 04

Means of Achieving Four-Log Virus Inactivation: Ultraviolet Radiation Other (Describe):

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

Time	Plant	Sample	Free Chlorine	Total Chlorine	Free Chloramine	Total Chloramine	Chlorine Dioxide	Ozone	Combined Chlorine
1									
2									
3									
4									
5									
6									
7									
8									
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* Refer to the instructions for this report to determine which plants must provide this information.

DER Form 02-030, 10/2003

6/15

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

See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Bassett Vista Water Park PWS Identification Number: 651017

PWS Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Flvor Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Wetherfield 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.flvor@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919

Plant Address: Pleasure Drive City: Holaday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700

Plant Capacity (per subsection 62-559.310(4) F.A.C.) V

Plant Class (per subsection 62-559.310(4) F.A.C.) D	Yr	Mo	Day	Vol
C	8012			46 hrs
C	13150			"
C	13019			"

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

Signature and Date: Stephen Habery 12/1/09 Printed or Typed Name: Stephen Habery

License Number: C-8012

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117 | Plant Name: Well 2 | No. 04

Ultraviolet Radiation
 Free Chlorine
 Chlorine Dioxide
 Ozone
 Combined Chlorine (Chloramines)
 Chlorine Dioxide

Type of Disinfection Residual: Maintained in Distribution System:

Sample No.	Date	Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.

I. General Information for the Month of NOV 04

A. Public Water System (PWS) Information

PWS Name: Boca Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,761

PWS Owner: Utilites Inc. of Florida

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

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Aurora 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@utilitesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919

Plant Address: Measure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Additional Operator	Name	License Class	License Number	Hours
Lead/Chief Operator	<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
Other Operator	<u>Robb Crow</u>	<u>C</u>	<u>13650</u>	<u>"</u>
	<u>Jack Adkins</u>	<u>C</u>	<u>13019</u>	<u>"</u>

II. Certification of Lead/Chief Operator

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

Signature and Date: [Signature] 12-1-04 Printed or Typed Name: Stephen Habery License Number: C-8012

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

PWS Identification Number: 6570117 Plant Name: Well 3

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Reporting Period	Volume of Water Treated (Gallons)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
X	2,947,000	2.5				1.5
X	1,710,000	2.2				1.4
X	1,350,000	2.0				1.2
X	1,280,000	2.2				1.5
X	4,030,000	2.1				1.4
X	1,480,000	2.3				1.6
X	1,470,000	2.6				2.0
X	1,600,000	2.3				2.1
X	1,510,000	2.4				2.0
X	1,455,000	2.0				1.3
X	1,350,000	2.2				2.0
X	1,250,000	2.3				2.0
X	1,560,000	2.2				1.7
X	1,470,000	2.2				1.4
X	2,570,000	1.8				1.0
X	1,050,000	2.1				1.6
X	1,700,000	2.2				1.5
X	1,630,000	2.2				
X	2,400,000	2.1				1.6
X	3,219,000					1.3
X	1,230,000					
X	1,710,000					

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

615

See page 2 for instructions.

Monthly Finished Water Production for the Month/Year of <u>Dec 04</u>									
Community Water System (CWS) Name: <u>Buena Vista</u>									
Public Water System (PWS) Identification Number: <u>6510117</u>									
Well 1	Well 2	Well 3							
23,000	12,700	175,100							211,000
14900	43200	110000							168100
10900	30200	93000							134100
22700	39500	76000							138200
									0
98500	87700	248000							434200
34200	27600	94000							155800
24600	11500	142000							178100
16500		133000							149500
22200		127000							149200
									0
38500		355000							393500
15700		135000							150700
16000		134000							150000
24200		134000							158200
23200		122000							145200
									0
70200	4400	329000							454100
13200	2200	129000							144400
33000	10200	108000							151200
33900	8900	96000							138800
									0
									0
115100	33500	428000							576600
20200	5000	131000							156200
14900	2900	154000							171900
12200	2800	123000							143000
12400	7000	137000							156400
									4611400
									148200
									128000

FROM :
 01/07/2005 10:18
 8135261030
 FROM NO. :
 GARTH A
 Jan. 05 2005 09:37AM P1
 PAGE 23



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

See page 4 for instructions.

Report Period: DEC 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1105 Total Population Served at End of Month: 2763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, millions per day: 12.700
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License Number	Signature	Date
Stephen Habery	C-8012	<i>[Signature]</i>	4-8-05
Robb Crow	C-13150	<i>[Signature]</i>	"
JACK Adkins	C-13019	<i>[Signature]</i>	"

C. Certification by Licensed Operator

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

Stephen Habery C-8012
Signature and Date Printed or Typed Name License Number

FROM :
FAX NO. :
Jan. 05 2005 09:40AM PT

FROM :

FAX NO. :

Jan. 05 2005 09:41AM PB

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

PWS Identification Number: 6510117

Plant Name: Well 1

Reporting Period: From 01/01/2005 To 01/31/2005

Reporting Month: December 04

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, % =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, % =

C. Is iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as P₂O₅ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

See page 4 for instructions.

Report Date: Dec 04

A. Public Water System (PWS) Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive

Number of Service Connections at End of Month: 1,195 Total Population Served at End of Month: 2,763

PWS Owner: Utilities Inc. of Florida

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

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

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6261

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

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 880-272-1919

Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License Number	Shift	Hours
Stephen Habery	2012	C	40 hrs wce Regals
Robb Crow	13150	C	" "
Zack Atkins	13019	C	" "

II. Certification by Lead Operator

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

Signature and Date: [Signature] 1-5-05 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM : 01/07/2005 10:18 8136261030

FRX NO. : GARTH A

Jan. 05 2005 09:39AM P4

PAGE 18

Jan. 05 2005 (19:40AM) P6

FAX NO. :

FROM :

MONTHLY OPERATION REPORT FOR PWS# TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Wd12

Dec 04

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfection System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Chlorine Dioxide

Day	Time	Chlorine	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Cost	Notes
X	12:00	43200	2.2						
X	1:00	56200	2.4						
X	2:00	33500	2.1						
X	3:00	37800	2.2						
X	4:00	27600	2.8						
X	5:00	11500	2.7						
X	6:00	4900	2.4						
X	7:00	2700	2.3						
X	8:00	10300	2.4						
X	9:00	8900	2.4						
X	10:00	24500	2.2						
X	11:00	5000	2.4						
X	12:00	2800	2.5						
X	1:00	2900	2.2						
X	2:00	31000	2.2						
X	3:00	10600	2.2						
X	4:00	58300	2.2						

Wd12 Bath is service

Wd12 down service
Wd12 & Wd13
Wd12 dep.

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

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

PWS Identification Number: 6510117 Plant Name: Well 2

Summary of Use of Polymer containing Acrylamide, Potassium Permanganate, Iron or Manganese Sequestrant for the Year: December 04

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = Acrylamide Level, % =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, % =

C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

FROM :

01/07/2005 10:18

8136261030

FAX NO. :

GARTH A

Jan. 05 2005 03:39PM PS

PAGE 20

615

FROM :

Buena Vista Trailer Park

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

See page 4 for instructions



PAGE 0.

PAGE 07

A. Public Water System (PWS) Information

PWS Type: Community Non-Community Temporary Non-Community Emergency

Number of Service Connections at End of Month: 105

PWS Owner: Patrick C. Ryan

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 200 Weatherford Ave

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: a.c.ryan@flhmdpc.com

Plant Name: Well 1

Plant Address: Orange Dr. & Buena Vista Ave

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Quantity of Plant, Gallons per day: 23,208

Plant Capacity (per subsection 62-699.310(9) FAC): Y

Plant Capacity (per subsection 62-699.310(9) FAC): Y

Operator	Start Date	End Date	Signature
Stephen Habery	2012	40 hrs	[Signature]
Robb Crow	1/15/10		[Signature]
Jacq Adkin	1/30/19		[Signature]

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

Signature and Date: Stephen Habery 1-4-05

Printed or Typed Name: Stephen Habery

Licenses Number: 2-8012

GARTH A

GARTH A

8136261030

01/07/2005 10:06

01/07/2005 10:06

01/07/2005 10:06

Page 1

Jan. 05 2005 09:42AM P10

FAX NO. :

FROM :

FOX NO. :

Jan. 05 2005 09:38AM P2

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

PWS Identification Number: 6510117 Plant Name: Well 3

REPORT PERIOD: FROM 12/01/04 TO 12/31/04

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows: December 04

Polymer Dose, ppm = Acrylamide Level, % =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = Epichlorohydrin Level, % =

C. Is any iron or manganese sequestant used at the water treatment plant? No Yes, and the type of sequestant, sequestant dose, etc., are as follows:

Type of Sequestant (polyphosphate or sodium silicate):

Sequestant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or iron and manganese sequestant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

ATTN JOHN RICK TOPY

UTILITIES, INC. OF FLORIDA

INSPECTOR WEEKLY SITE VISIT REPORT FOR WEEK ENDING:

PLANT: Burns Vicks WTP W.O.# 000-0019-18-04-01 INSPECTOR: S. H. Kelly

PROJECT: #41 R2 Haha Pump and Myotank Replacement CAPITAL PROJECT HOURS: 60

TIME SPENT AT LOCATION: CAPITAL PROJECT USED:

CONTRACTOR: Ken Burk head

SUB-CONTRACTOR:



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWS THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Community Water System (CWS) Name: Burns Vicks
Public Water System (PWS) Identification Number: 6510117

Well 1	Well 2	Well 3							
23,200	12,700	175,100							210 00
									0
42900	45200	401000							0
25200	22300	107000							489 100
28900	20500	137000							1545 00
27900	23000	114000							1764 00
12900	17100	127000							157 0 00
									158 0 00
									0
73500	72600	323000							0
27800	28500	164000							434 2 00
30000	30800	109000							16 24 00
25000	18000	129000							171 3 00
13400	3500	185000							1730 0 0
									157 9 00
									0
79400	52600	276000							0
30300	20100	107000							409 0 00
27200	72000	74000							157 7 00
20000	5300	115000							154 7 00
19500	2200	119000							143 3 00
									146 0 00
									0
65700	39300	363000							0
24400	10400	103000							468 2 00
20700	7300	160000							132 8 00
21100	10800	126000							167 8 00
17200	9200	121000							162 9 00
									148 4 00
									0
									0
46600	15700	46000							0
									472 0 00
									482 0 00
									152 2 72
									126 4 00

FROM :
FAX NO. :
F.S.D. 04 2005 08:40PM P27

FILE COPY 65



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

See page 4 for instructions.

799 05

A. Public Water System (PWS) Information

PWS Name: Orange Vista Water Plant PWS Identification Number: 6510117
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Connection
 Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Weatherfield 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@utilindco-usa.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
 Plant Address: Orange Dr. & Brown Vista Ave. City: Holiday State: FL Zip Code: 34690
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200

Plant Category (see subsection 62-699.310(4), F.A.C.): V	Plant Class (see subsection 62-699.310(4), F.A.C.): D
<u>Stephen Habery</u>	<u>C 8012</u>
<u>Robb Crow</u>	<u>C 13150</u>
<u>Mark Adams</u>	<u>C 13019</u>

I, the undersigned water treatment plant operator licensed in Florida, am the lead/sole operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-355.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 2-2-05 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM :
FRX NO. :
Feb. 04 2005 09:39AM PDS

GARTH A

8136261030

02/08/2005 12:31

MARKIT A

REPRODUCTION

DATE AND TIME

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



See page 4 for instructions.

A. PWS Name: Bruce Villa Trailer Park
PWS Type: Community Non-Treatment Non-Community Treatment Non-Community
Number of Service Connections at End of Month: 1105
PWS Owner: Lakeside Inc. of Florida
Contact Person: Fredrick C. Ryan
Contact Person's Mailing Address: 200 Weatherfield Ave
Contact Person's Telephone Number: 407 869 1919
Contact Person's E-Mail Address: f.c.ryan@lakesideinc.com
Water Treatment Plant Information
Plant Name: Vol 2
Plant Address: Pegasus Drive
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant: gallons per day: 12,700
Plant Category (per subsection 62-699.310(4) F.A.C.): V
Plant Class (per subsection 62-699.310(4) F.A.C.): D

Plant Class (per subsection 62-699.310(4) F.A.C.)	Plant Category (per subsection 62-699.310(4) F.A.C.)	Operator Name	Operator License No.	Operator License Expiration Date
		Stephen Habery	48465	8/12
		Bob Crawford	13150	11
		Scott A. Kish	13019	11

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

Signature and Date: Stephen Habery 2-2-05
Printed or Typed Name: Stephen Habery
License Number: 48465

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

PWS Identification Number: 6510117

Plant Name: Well 2

Page 05

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Date	Time	Location	Residual Type	Residual (mg/L)	Flow (gpm)	Temp (°F)	PH	Alkalinity (mg/L)	Hardness (mg/L)	Other
2/22/05	7:4			452.00						
2/22/05	7:8			223.00						
2/22/05	7:8			209.00						
2/22/05	2:4			231.00						
2/22/05	2:2			171.00						
2/22/05	2:2			276.00						
2/22/05	2:3			286.00						
2/22/05	2:5			305.00						
2/22/05	2:2			180.00						
2/22/05	1:8			37.00						
2/22/05	2:0			536.00						
2/22/05	2:0			201.00						
2/22/05	2:1			120.00						
2/22/05	2:1			201.00						
2/22/05	2:1			120.00						
2/22/05	2:1			530.00						
2/22/05	2:1			72.00						
2/22/05	3:2			397.00						
2/22/05	2:0			104.00						
2/22/05	2:0			49.00						
2/22/05	2:1			108.00						
2/22/05	2:0			97.00						
2/22/05	2:1			57.00						
2/22/05	2:1			154.00						
2/22/05	2:1			108.00						

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

Page 2

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



FROM :

PAGE 05

PAGE 07

See page 4 for instructions

A Public Water System (PWS) Information

Non-Treatment Water Treatment
 Community
 Non-Community
 Other

PWS Name: _____
 PWS Operator: _____
 PWS Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Contact Person's Title: _____
 Contact Person's Telephone Number: _____
 Contact Person's E-Mail Address: _____
 Water Treatment Plant Information

Plant Name: _____
 Plant Address: _____
 City: _____ State: _____ Zip Code: _____
 Plant Telephone Number: _____
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Total Production Capacity of Plant, million per day: _____
 Plant Capacity (per subsection 62-099.310(4), F.A.C.) V
 Plant Class (per subsection 62-099.310(4), F.A.C.) D

Plant Capacity (per subsection 62-099.310(4), F.A.C.) V	Plant Class (per subsection 62-099.310(4), F.A.C.) D	Plant Telephone Number	City	State	Zip Code
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688
13.50		801-487-1111	Mobile	AL	36688

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

Signature and Date: _____
 Printed or Typed Name: _____
 License Number: _____

02/08/2005 12:31
 8136261030
 GARTH A
 04/14 A

Feb. 04 2005 08:36AM P22
 FAX NO. :

FILE COPY



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

615

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: February 2005
 Community Water System (CWS) Name: Buena Vista
 Public Water System (PWS) Identification Number: 6510117

Well 1	Well 2	Well 3							
23,200	12,700	175,100							210,000
6,500	4,800	193,000							204,300
6,000	7,600	150,000							163,600
9,800	2,300	148,000							160,100
6,300	3,200	164,000							173,500
									0
4,320	2,280	413,000							429,000
8,900	5,700	192,000							206,600
11,000	6,400	131,000							148,500
16,100	3,900	123,000							193,000
17,000		138,000							155,000
									0
3,960		470,000							509,600
1,660		189,000							205,600
1,920		159,000							177,200
2,200		154,000							176,200
13,000		159,000							172,000
									0
									0
									0
30,700		676,000							736,700
25,400		162,000							187,400
29,300		176,000							205,300
10,800		125,000							135,800
									0
4,960		420,000							469,600
									0
									0
									0
									497,350
									174,200
									206,600

PAGE 08

Mar. 07 2005 10:10AM P20

GARTH A

FAX NO. :

8136261030

03/07/2005 13:43

FROM :

FROM :
 FAX NO. :
 94114 A



MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

FEBRUARY 2005

A. Public Water System (PWS) Information

PWS Name: Stevens Habery Park
 PWS Type: Community Non-Community Transient Non-Community Connection
 Number of Service Connections at End of Month: 1105
 Total Population Served at End of Month: 2,761
 PWS Operator: Union Inc. of Florida
 Contact Person: Patrick C. Ryan
 Contact Person's Mailing Address: 201 Westchester Ave
 Contact Person's Telephone Number: 407 889 1919
 Contact Person's E-Mail Address: pc.ryan@unioninc-fla.com
 Water Treatment Plant Location:
 Plant Name: Well 3
 Plant Address: Purchase Drive
 Raw Ground Water Purchased Finished Water
 City: Bolton State: FL Zip Code: 34690
 Plant Telephone Number: 800-272-1919

B. Water Treatment Plant Information

Permitted Maximum Day Operating Capacity of Plant, all uses per day: 125,100
 Plant Capacity for Subsection 62-699.310(9) F.A.C. V
 Plant Class (per subsection 62-699.310(9) F.A.C. D)

<u>Stevens Habery</u>	<u>C</u>	<u>8012</u>	<u>44415</u>
<u>Robb's Crawl</u>	<u>C</u>	<u>13150</u>	<u>46431/wk</u>
<u>PAFC Tanks</u>	<u>C</u>	<u>115619</u>	

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

Signature and Date: 3.1.05
 Printed or Typed Name: Steven Habery
 License Number: C-8012

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117 | Plant Name: Well 1

Reporting Period: February 2005

Means of Achieving For-Low Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

Well	Flow (gpm)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Other (mg/L)	Residual (mg/L)	Notes
1	2.5	65.00	2.4						
2	2.5	60.00	2.3						
3	2.7	98.00	2.2						
4	2.4	63.00	2.4						
5	2.5	43.00	2.5						
6	2.4	83.00	2.4						
7	2.5	11.00	2.5						
8	2.2	61.00	2.2						
9	2.5	12.00	2.5						
10	2.6	59.00	2.6						
11	2.4	166.00	2.4						
12	2.4	182.00	2.4						
13	2.8	22.00	2.8						
14	2.2	130.00	2.2						
15	2.5	60.00	2.5						
16	2.6	59.00	2.6						
17	2.4	166.00	2.4						
18	2.4	182.00	2.4						
19	2.8	22.00	2.8						
20	2.2	130.00	2.2						
21	2.5	60.00	2.5						
22	2.6	59.00	2.6						
23	2.4	166.00	2.4						
24	2.4	182.00	2.4						
25	2.8	22.00	2.8						
26	2.2	130.00	2.2						
27	2.5	60.00	2.5						
28	2.6	59.00	2.6						
29	2.4	166.00	2.4						
30	2.4	182.00	2.4						
31	2.8	22.00	2.8						
32	2.2	130.00	2.2						
33	2.5	60.00	2.5						
34	2.6	59.00	2.6						
35	2.4	166.00	2.4						
36	2.4	182.00	2.4						
37	2.8	22.00	2.8						
38	2.2	130.00	2.2						
39	2.5	60.00	2.5						
40	2.6	59.00	2.6						
41	2.4	166.00	2.4						
42	2.4	182.00	2.4						
43	2.8	22.00	2.8						
44	2.2	130.00	2.2						
45	2.5	60.00	2.5						
46	2.6	59.00	2.6						
47	2.4	166.00	2.4						
48	2.4	182.00	2.4						
49	2.8	22.00	2.8						
50	2.2	130.00	2.2						
51	2.5	60.00	2.5						
52	2.6	59.00	2.6						
53	2.4	166.00	2.4						
54	2.4	182.00	2.4						
55	2.8	22.00	2.8						
56	2.2	130.00	2.2						
57	2.5	60.00	2.5						
58	2.6	59.00	2.6						
59	2.4	166.00	2.4						
60	2.4	182.00	2.4						
61	2.8	22.00	2.8						
62	2.2	130.00	2.2						
63	2.5	60.00	2.5						
64	2.6	59.00	2.6						
65	2.4	166.00	2.4						
66	2.4	182.00	2.4						
67	2.8	22.00	2.8						
68	2.2	130.00	2.2						
69	2.5	60.00	2.5						
70	2.6	59.00	2.6						
71	2.4	166.00	2.4						
72	2.4	182.00	2.4						
73	2.8	22.00	2.8						
74	2.2	130.00	2.2						
75	2.5	60.00	2.5						
76	2.6	59.00	2.6						
77	2.4	166.00	2.4						
78	2.4	182.00	2.4						
79	2.8	22.00	2.8						
80	2.2	130.00	2.2						
81	2.5	60.00	2.5						
82	2.6	59.00	2.6						
83	2.4	166.00	2.4						
84	2.4	182.00	2.4						
85	2.8	22.00	2.8						
86	2.2	130.00	2.2						
87	2.5	60.00	2.5						
88	2.6	59.00	2.6						
89	2.4	166.00	2.4						
90	2.4	182.00	2.4						
91	2.8	22.00	2.8						
92	2.2	130.00	2.2						
93	2.5	60.00	2.5						
94	2.6	59.00	2.6						
95	2.4	166.00	2.4						
96	2.4	182.00	2.4						
97	2.8	22.00	2.8						
98	2.2	130.00	2.2						
99	2.5	60.00	2.5						
100	2.6	59.00	2.6						

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

03/07/2005 13:43 8136261030 GARTH A
 FROM : 02/22/2004 13:08 8136261030 GARTH A
 FAX NO. :
 Mar. 07 2005 10:13AM P25
 PAGE 02



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

See page 4 for instructions.

Reporting Period: February 2005

A. Public Water System Information

PWS Name: Buena Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1,805 Total Population Served at End of Month: 2,763
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield 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.flynn@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
Plant Address: Orange Dr. & Buena Vista Ave. City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 23,200
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License No.	Start Date	End Date
<u>STEVEN HUSEY</u>	<u>C</u>	<u>800</u>	<u>40hrs</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>JACK ADKINS</u>	<u>C</u>	<u>13019</u>	<u>"</u>

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

Signature and Date: 3-1-05 Printed or Typed Name: Steven Husey License Number: 0-2002



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

See page 4 for instructions.

Community Non-Treated Non-Community Treated Non-Community Consensus
 PWS Type: Community Non-Treated Non-Community Treated Non-Community Consensus
 PWS Identification Number: 020117
 PWS Name: Bassett, York, Traylor Park
 Total Population Served at End of Month: 2,763
 Number of Service Connections at End of Month: 1,105
 PWS Owner: Utilision Inc. of Florida
 Contact Person: Patrick C. Elson
 Contact Person's Title: Regional Director
 Contact Person's Business Address: 200 Westensfield Ave. State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.elson@utilision-usa.com
 Contact Person's Fax Number: 407.869.6961
 Water Treatment Plant Information
 Plant Name: Well 2
 Plant Address: Pressure Drive
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Plant City: Holiday State: FL Zip Code: 34694
 Plant Telephone Number: 800-272-1919
 Permitted Maximum Daily Operating Capacity of Plant, gallons per day: 12,700
 Plant Capacity (per subsection 62-699.310(4) F.A.C.): Y
 Plant Class (per subsection 62-699.310(4) F.A.C.): D
 Operator Name: Steven Habery
 Operator Title: C-8012
 Operator Address: 13150
 Operator Phone: C
 Operator Email: JACK.AKKINS
 Operator Phone: 13019

I, the undersigned water treatment plant operator licensed in Florida, on the knowledge of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-557.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

3-1-05
 Signature and Date: Steven Habery
 License Number: C-8012
 Printed or Typed Name: Steven Habery

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: TIP / 615

MONTH/YEAR: Feb 05

9				7500	WEN 2 Hydro tank.
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

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

7,500

Form Modified 10/20/03

File: Flushing & Water Loss Record

FILE COPY *65*



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

PAGE 07

Apr. 04 2005 11:38AM P6

GARTH A

FROM NO. :

8136261030

13:46

04/04/2005

Reviews

Community Water System (CWS) Name: Buena Vista
 Public Water System (PWS) Identification Number: 6510117

Well 1	Well 2	Well 3							
23,200	12,700	175,100							210,900
12,100		180,000							192,100
23,900		146,000							169,900
26,800		132,000							158,800
15,100		124,000							139,100
									0
4,100		492,000							533,000
20,900		162,000							193,900
2,100		141,000							162,500
2,320		118,000							138,200
26,100		164,000							190,100
									0
3,800		499,000							537,000
8,800	3,300	169,000							181,000
1,280	6,600	153,000							172,800
1,590		125,000							140,900
2,050		158,000							178,500
									0
6,230		418,000							473,000
2,270	2,400	127,000							152,000
3,200	4,500	140,000							183,000
2,070	4,500	108,000							133,200
2,250	6,000	141,000							169,500
									0
6,040	2,920	364,000							453,000
2,170	1,080	148,000							172,500
2,490	1,140	132,000							169,300
2,020	4,900	162,000							189,000
									573,900
									166,900
									188,000

1901

FROM :

DATE TIME 4:30 PM

0136261038

FBX NO. :

MARKIT A

APR. 04 2005 11:42PM P12

PAGE 02



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

See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Brown Water Park
 PWS Type: Community Non-Community Non-Transient Non-Community Transient Non-Community
 PWS Identification Number: 6580117

Number of Service Connections at End of Month: 1105
 PWS Owner: Unithon Inc. of Florida
 Contact Person: Patrick C. Fivim
 Contact Person's Mailing Address: 200 Westwood Ave
 City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Fax Number: 407 899 6961

B. Water Treatment Plant Information

Plant Name: Well 1
 Plant Address: Orange Dr. & Brown Vine Ave
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Purchased Finished Water
 Plant Capacity (per subsection 62-699.310(4) F.A.C.): Y
 Plant Class (per subsection 62-699.310(4) F.A.C.): D

Sample Date	Sample Time	Sample Location	Sample Type	Sample Result
04/01/05	13:50	Well 1	Raw	13.150
04/01/05	13:50	Well 1	Finished	13.150

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

Signature and Date: [Signature] 4-4-05
 Printed or Typed Name: Stephen Habery
 License Number: C-8012

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

FWS Identification Number: 651017

Plant Name: Well 1

PPM: 04 2005 11 42PM P11

PAGE 03

Operator: A. G. Clark

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

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

Date	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1/1	2.4	2.2	1.6				
1/2	2.3	1.8					
1/3	2.1	1.4					
1/4	2.3	1.7					
1/5	2.6	1.8					
1/6	2.4	1.5					
1/7	2.3	1.7					
1/8	2.4	1.6					
1/9	2.5	1.8					
1/10	2.3	1.7					
1/11	2.5	1.5					
1/12	2.4	1.8					
1/13	2.0	1.5					
1/14	1.8	1.4					
1/15	1.8	1.3					
1/16	1.8	1.5					
1/17	2.0	1.7					
1/18	2.1	1.9					
1/19	2.5	1.7					
1/20	2.6	1.6					
1/21	2.0	1.8					
1/22	2.1	1.9					
1/23	2.5	1.7					
1/24	2.6	1.6					
1/25	2.0	1.8					
1/26	2.1	1.9					
1/27	2.5	1.7					
1/28	2.6	1.6					
1/29	2.0	1.8					
1/30	2.1	1.9					
1/31	2.5	1.7					
1/32	2.6	1.6					
1/33	2.0	1.8					
1/34	2.1	1.9					
1/35	2.5	1.7					
1/36	2.6	1.6					
1/37	2.0	1.8					
1/38	2.1	1.9					
1/39	2.5	1.7					
1/40	2.6	1.6					
1/41	2.0	1.8					
1/42	2.1	1.9					
1/43	2.5	1.7					
1/44	2.6	1.6					
1/45	2.0	1.8					
1/46	2.1	1.9					
1/47	2.5	1.7					
1/48	2.6	1.6					
1/49	2.0	1.8					
1/50	2.1	1.9					
1/51	2.5	1.7					
1/52	2.6	1.6					
1/53	2.0	1.8					
1/54	2.1	1.9					
1/55	2.5	1.7					
1/56	2.6	1.6					
1/57	2.0	1.8					
1/58	2.1	1.9					
1/59	2.5	1.7					
1/60	2.6	1.6					
1/61	2.0	1.8					
1/62	2.1	1.9					
1/63	2.5	1.7					
1/64	2.6	1.6					
1/65	2.0	1.8					
1/66	2.1	1.9					
1/67	2.5	1.7					
1/68	2.6	1.6					
1/69	2.0	1.8					
1/70	2.1	1.9					
1/71	2.5	1.7					
1/72	2.6	1.6					
1/73	2.0	1.8					
1/74	2.1	1.9					
1/75	2.5	1.7					
1/76	2.6	1.6					
1/77	2.0	1.8					
1/78	2.1	1.9					
1/79	2.5	1.7					
1/80	2.6	1.6					
1/81	2.0	1.8					
1/82	2.1	1.9					
1/83	2.5	1.7					
1/84	2.6	1.6					
1/85	2.0	1.8					
1/86	2.1	1.9					
1/87	2.5	1.7					
1/88	2.6	1.6					
1/89	2.0	1.8					
1/90	2.1	1.9					
1/91	2.5	1.7					
1/92	2.6	1.6					
1/93	2.0	1.8					
1/94	2.1	1.9					
1/95	2.5	1.7					
1/96	2.6	1.6					
1/97	2.0	1.8					
1/98	2.1	1.9					
1/99	2.5	1.7					
1/100	2.6	1.6					

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

REP Form 68-001-000-000-000

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 0510117

Plant Name: Well 2

Report Date: 04/05

Means of Achieving Four-Lag Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Means of Achieving Four-Lag Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

Type of Disinfectant Applied (Retained in Distribution System): Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Sample Date	Sample Description	Chlorine Residual (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation (mJ/cm ²)	Other (mg/L)	UV Radiation (mJ/cm ²)
2/10	Sample bottles OK	2.0	2.0	2.0						
2/18		1.8	1.8	1.8						
2/25		2.5	2.5	2.5						
3/3		3.3	3.3	3.3						
3/10		2.4	2.4	2.4						
3/17		2.0	2.0	2.0						
3/24		2.0	2.0	2.0						
3/31		2.8	2.8	2.8						
4/7		2.8	2.8	2.8						
4/14		2.0	2.0	2.0						
4/21		2.0	2.0	2.0						
4/28		2.0	2.0	2.0						
5/5		2.0	2.0	2.0						
5/12		2.0	2.0	2.0						
5/19		2.0	2.0	2.0						
5/26		2.0	2.0	2.0						
6/2		2.0	2.0	2.0						
6/9		2.0	2.0	2.0						
6/16		2.0	2.0	2.0						
6/23		2.0	2.0	2.0						
6/30		2.0	2.0	2.0						
7/7		2.0	2.0	2.0						
7/14		2.0	2.0	2.0						
7/21		2.0	2.0	2.0						
7/28		2.0	2.0	2.0						
8/4		2.0	2.0	2.0						
8/11		2.0	2.0	2.0						
8/18		2.0	2.0	2.0						
8/25		2.0	2.0	2.0						
9/1		2.0	2.0	2.0						
9/8		2.0	2.0	2.0						
9/15		2.0	2.0	2.0						
9/22		2.0	2.0	2.0						
9/29		2.0	2.0	2.0						
10/6		2.0	2.0	2.0						
10/13		2.0	2.0	2.0						
10/20		2.0	2.0	2.0						
10/27		2.0	2.0	2.0						
11/3		2.0	2.0	2.0						
11/10		2.0	2.0	2.0						
11/17		2.0	2.0	2.0						
11/24		2.0	2.0	2.0						
12/1		2.0	2.0	2.0						
12/8		2.0	2.0	2.0						
12/15		2.0	2.0	2.0						
12/22		2.0	2.0	2.0						
12/29		2.0	2.0	2.0						
1/5		2.0	2.0	2.0						
1/12		2.0	2.0	2.0						
1/19		2.0	2.0	2.0						
1/26		2.0	2.0	2.0						
2/2		2.0	2.0	2.0						
2/9		2.0	2.0	2.0						
2/16		2.0	2.0	2.0						
2/23		2.0	2.0	2.0						
2/28		2.0	2.0	2.0						
3/6		2.0	2.0	2.0						
3/13		2.0	2.0	2.0						
3/20		2.0	2.0	2.0						
3/27		2.0	2.0	2.0						
4/3		2.0	2.0	2.0						
4/10		2.0	2.0	2.0						
4/17		2.0	2.0	2.0						
4/24		2.0	2.0	2.0						
4/30		2.0	2.0	2.0						
5/7		2.0	2.0	2.0						
5/14		2.0	2.0	2.0						
5/21		2.0	2.0	2.0						
5/28		2.0	2.0	2.0						
6/4		2.0	2.0	2.0						
6/11		2.0	2.0	2.0						
6/18		2.0	2.0	2.0						
6/25		2.0	2.0	2.0						
7/2		2.0	2.0	2.0						
7/9		2.0	2.0	2.0						
7/16		2.0	2.0	2.0						
7/23		2.0	2.0	2.0						
7/30		2.0	2.0	2.0						
8/6		2.0	2.0	2.0						
8/13		2.0	2.0	2.0						
8/20		2.0	2.0	2.0						
8/27		2.0	2.0	2.0						
9/3		2.0	2.0	2.0						
9/10		2.0	2.0	2.0						
9/17		2.0	2.0	2.0						
9/24		2.0	2.0	2.0						
9/30		2.0	2.0	2.0						
10/7		2.0	2.0	2.0						
10/14		2.0	2.0	2.0						
10/21		2.0	2.0	2.0						
10/28		2.0	2.0	2.0						
11/4		2.0	2.0	2.0						
11/11		2.0	2.0	2.0						
11/18		2.0	2.0	2.0						
11/25		2.0	2.0	2.0						
12/2		2.0	2.0	2.0						
12/9		2.0	2.0	2.0						
12/16		2.0	2.0	2.0						
12/23		2.0	2.0	2.0						
12/30		2.0	2.0	2.0						
1/6		2.0	2.0	2.0						
1/13		2.0	2.0	2.0						
1/20		2.0	2.0	2.0						
1/27		2.0	2.0	2.0						
2/3		2.0	2.0	2.0						
2/10		2.0	2.0	2.0						
2/17		2.0	2.0	2.0						
2/24		2.0	2.0	2.0						
3/2		2.0	2.0	2.0						
3/9		2.0	2.0	2.0						
3/16		2.0	2.0	2.0						
3/23		2.0	2.0	2.0						
3/30		2.0	2.0	2.0						
4/6		2.0	2.0	2.0						
4/13		2.0	2.0	2.0						
4/20		2.0	2.0	2.0						
4/27		2.0	2.0	2.0						
5/4		2.0	2.0	2.0						
5/11		2.0	2.0	2.0						
5/18		2.0	2.0	2.0						
5/25		2.0	2.0	2.0						
6/1		2.0	2.0	2.0						
6/8		2.0	2.0	2.0						
6/15		2.0	2.0	2.0						
6/22		2.0	2.0	2.0						
6/29		2.0	2.0	2.0						
7/6		2.0	2.0	2.0						
7/13		2.0	2.0	2.0						
7/20		2.0	2.0	2.0						
7/27		2.0	2.0	2.0						
8/3		2.0	2.0	2.0						
8/10		2.0	2.0	2.0						
8/17		2.0	2.0	2.0						
8/24		2.0	2.0	2.0						
8/31		2.0	2.0	2.0						
9/7		2.0	2.0	2.0						
9/14		2.0	2.0	2.0						
9/21		2.0	2.0	2.0						
9/28		2.0	2.0	2.0						
10/5		2.0	2.0	2.0						
10/12		2.0	2.0	2.0						
10/19		2.0	2.0	2.0						
10/26		2.0	2.0	2.0						
11/2		2.0	2.0	2.0						
11/9		2.0	2.0	2.0						
11/16		2.0	2.0	2.0						
11/23		2.0	2.0	2.0						
11/30		2.0	2.0	2.0						
12/7		2.0	2.0	2.0						

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name - State Thru Park Community Non-Community Treatment Non-Community Community

Number of Service Connections at End of Month - 1105

PWS Owner - Utilities Inc. of Florida

Contact Person: Patrick C. Hyatt

Contact Person's Mailing Address: 200 Westwood Blvd Ave.

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: p.c.hyatt@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: Well 2

Plant Address: Pressure Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Plant Capacity (per day) 2,760 G.P.D. 12,700 G.P.D.

Plant Operator (for reporting) Stephan Habery

Plant Operator	Signature	Date
<u>Stephan Habery</u>	<u>[Signature]</u>	<u>4-4-05</u>
<u>ROSE LEE</u>	<u>[Signature]</u>	<u>1/31/05</u>
<u>46475</u>	<u>[Signature]</u>	<u>1/30/05</u>

Plant Classification (per Part 62.555 3203) P.A.C.D

I, the undersigned water treatment plant operator licensed in Florida, am the head/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62.555 3203, P.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator worked or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner or the PWS owner or their agent, together with copies of this report, at a convenient location for at least 90 days.

Signature and Date: Stephan Habery 4-4-05
 Printed or Typed Name: Stephan Habery
 License Number: C-8012

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

PWS Identification Number: 6310117 Plant Name: Well 3

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

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

Sample No.	Volume (Gallons)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	150,000	2.1			1.6
2	150,000	2.4			1.8
3	133,000	2.4			1.4
4	124,000	2.2			1.6
5	150,000	2.0			1.7
6	143,000	2.0			1.5
7	147,000	1.9			1.4
8	150,000	1.2			1.6
9	149,000	2.0			1.6
10	150,000	3.0			1.5
11	150,000	2.1			2.0
12	153,000	2.2			1.8
13	125,000	2.2			1.7
14	150,000	2.0			1.4
15	150,000	2.0			1.4
16	141,000	1.8			1.4
17	127,000	2.0			1.6
18	140,000	1.3			1.0
19	140,000	1.4			0.7
20	141,000	1.5			0.9
21	140,000	1.2			1.0
22	140,000	2.0			1.6
23	140,000	1.8			1.2
24	140,000	1.8			1.2
25	140,000	1.8			1.2
26	140,000	1.8			1.2
27	140,000	1.8			1.2
28	140,000	1.8			1.2
29	140,000	1.8			1.2
30	140,000	1.8			1.2
31	140,000	1.8			1.2
32	140,000	1.8			1.2
33	140,000	1.8			1.2
34	140,000	1.8			1.2
35	140,000	1.8			1.2
36	140,000	1.8			1.2
37	140,000	1.8			1.2
38	140,000	1.8			1.2
39	140,000	1.8			1.2
40	140,000	1.8			1.2
41	140,000	1.8			1.2
42	140,000	1.8			1.2
43	140,000	1.8			1.2
44	140,000	1.8			1.2
45	140,000	1.8			1.2
46	140,000	1.8			1.2
47	140,000	1.8			1.2
48	140,000	1.8			1.2
49	140,000	1.8			1.2
50	140,000	1.8			1.2

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

FILE COPY

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS



See page 2 for instructions.

Daily Finished Water Production for the Month Year of APR 05

Community Water System (CWS) Name: Bucena Vista

Public Water System (PWS) Identification Number: 6510117

Well 1	Well 2	Well 3																					
21200	12700	175100																					211000
20400	2000	150000																					172400
64800	18300	37000																					974100
27500	12100	125000																					158600
19800	19000	142000																					180000
15000	22400	96000																					130000
19500	2000	125000																					156500
																							0
																							0
																							516900
																							192400
																							201800
																							764500
																							190300
																							0
																							0
																							539700
																							196800
																							128400
																							186600
																							177900
																							0
																							0
																							483800
																							163300
																							149500
																							129600
																							145900
																							0
																							0
																							4873400
																							16300
																							201800

Date: 1



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

See page 4 for instructions.

7 PA 05

A. Public Water System (PWS) Information

PWS Name: Burns Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Community
Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,763
PWS Owner: IMMIX Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.0961
Contact Person's E-Mail Address: p.c.flynn@mixinc.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
Plant Address: Pleasure Drive City: Holiday State: FL Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700

Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>	Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Jaak Adkins</u>	<u>C</u>	<u>13019</u>	<u>"</u>

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

5-30-05 Signature and Date Stephen Habery Printed or Typed Name C-8012 License Number

05/05/2005 12:07

GARTH A

02/22/2004 23:08

GARTH A

FROM :

FAX NO. :

May. 03 2005 12:03PM PS

WATER LOSS RECORD

BUENA VISTA
MHP

Includes Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: T/P / 615

MONTH/YEAR: March 05

34	1	RAW		5000	well #1 (W) checking phase unbalance
10	2	1		10000	3/4 lateral break.
21	3	5		10000	drain well 2 Hydro tank. remove super ch water.
	4				
	5				
	6				
	7				
	8				
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	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				

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

16,000

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Well 1

APR. 05

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

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

Time	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation (mJ/cm ²)	Other (mg/L)	Flow (MGD)	Temperature (°F)	PH	Residual (mg/L)	Notes
06:00	2.5	2.5										
07:00	2.5	2.5										
08:00	2.5	2.5										
09:00	2.5	2.5										
10:00	2.5	2.5										
11:00	2.5	2.5										
12:00	2.5	2.5										
13:00	2.5	2.5										
14:00	2.5	2.5										
15:00	2.5	2.5										
16:00	2.5	2.5										
17:00	2.5	2.5										
18:00	2.5	2.5										
19:00	2.5	2.5										
20:00	2.5	2.5										
21:00	2.5	2.5										
22:00	2.5	2.5										
23:00	2.5	2.5										
24:00	2.5	2.5										
01:00	2.5	2.5										
02:00	2.5	2.5										
03:00	2.5	2.5										
04:00	2.5	2.5										
05:00	2.5	2.5										
06:00	2.5	2.5										
07:00	2.5	2.5										
08:00	2.5	2.5										
09:00	2.5	2.5										
10:00	2.5	2.5										
11:00	2.5	2.5										
12:00	2.5	2.5										
13:00	2.5	2.5										
14:00	2.5	2.5										
15:00	2.5	2.5										
16:00	2.5	2.5										
17:00	2.5	2.5										
18:00	2.5	2.5										
19:00	2.5	2.5										
20:00	2.5	2.5										
21:00	2.5	2.5										
22:00	2.5	2.5										
23:00	2.5	2.5										
24:00	2.5	2.5										
01:00	2.5	2.5										
02:00	2.5	2.5										
03:00	2.5	2.5										
04:00	2.5	2.5										
05:00	2.5	2.5										
06:00	2.5	2.5										
07:00	2.5	2.5										
08:00	2.5	2.5										
09:00	2.5	2.5										
10:00	2.5	2.5										
11:00	2.5	2.5										
12:00	2.5	2.5										
13:00	2.5	2.5										
14:00	2.5	2.5										
15:00	2.5	2.5										
16:00	2.5	2.5										
17:00	2.5	2.5										
18:00	2.5	2.5										
19:00	2.5	2.5										
20:00	2.5	2.5										
21:00	2.5	2.5										
22:00	2.5	2.5										
23:00	2.5	2.5										
24:00	2.5	2.5										
01:00	2.5	2.5										
02:00	2.5	2.5										
03:00	2.5	2.5										
04:00	2.5	2.5										
05:00	2.5	2.5										
06:00	2.5	2.5										
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19:00	2.5	2.5										
20:00	2.5	2.5										
21:00	2.5	2.5										
22:00	2.5	2.5										
23:00	2.5	2.5										
24:00	2.5	2.5										

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

May. 03 2005 12:04PM P7

FROM :

FROM :

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Non-Treatment Non-Community Treatment Non-Community Community
 PWS Type: Non-Treatment Non-Community Treatment Non-Community Community
 PWS Identification Number: 838117

Number of Section Connections at End of Month: 1,195
 PWS Operator: William Lee, Jr. of Florida

Contact Person: Patrick C. Eason
 Contact Person's Mailing Address: 208 Woodcroft Rd
 Contact Person's Telephone Number: 407 892 1919

Contact Person's Business Address: n.c. Dumas@fl.dep.state.fl.us
 Water Treatment Plant Information

Plant Name: Wdl 3
 Plant Address: Flowers Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Daily Operating Capacity of Plant, million per day: 175,000

Plant Capacity for Treatment: 02-099 310(A) FAC 7 Y
 Plant Capacity for Distribution: 02-099 310(A) FAC 1 D

Plant Capacity for Treatment	Plant Capacity for Distribution	Operating Capacity	Operating Capacity	Operating Capacity	Operating Capacity
51,540	40,625	51,540	40,625	51,540	40,625
1,546,402	1,546,402	1,546,402	1,546,402	1,546,402	1,546,402
40,625	40,625	40,625	40,625	40,625	40,625
1,546,402	1,546,402	1,546,402	1,546,402	1,546,402	1,546,402
40,625	40,625	40,625	40,625	40,625	40,625
1,546,402	1,546,402	1,546,402	1,546,402	1,546,402	1,546,402
40,625	40,625	40,625	40,625	40,625	40,625
1,546,402	1,546,402	1,546,402	1,546,402	1,546,402	1,546,402

I, the undersigned water treatment plant operator located in Florida, am the individual operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 02-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a treated operator worked or visited the plant during the month indicated above: (1) records of amounts of chemicals used and chemical stock, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner no later than 15 days after the end of the reporting period, together with copies of this report, at a convenient location for at least 90 days.

Signature and Date: 5-3-05
 Printed or Typed Name: Stephen Haberly
 License Number: C-8012

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

PWS Identification Number: 6510117

Plant Name: Well 2

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Condensed Chlorine (Chloramines)

Type of Distribution System Maintained in Distribution System: Uncovered Radiation Other (Describe):

Day	Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Condensed Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
1	1:5	1.5	2.0				
2	1:2	1.2	2.0				
3	1:4	1.4	2.2				
4	2:2	2.2	2.0				
5	1:6	1.6	2.0				
6							
7							
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100							

25.00
25.00
22.00

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

FROM : FAX NO. : May. 03 2005 12:02PM PS



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

See page 4 for instructions.

APR. 05

A. Public Water System (PWS) Information

PWS Name: <u>Orange Vista Utilities, Inc.</u>		PWS Identification Number: <u>6510117</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Connection			
Number of Service Connections at End of Month: <u>1,105</u>		Total Population Served at End of Month: <u>2,763</u>	
PWS Owner: <u>Utilities Inc. of Florida</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weatherfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407.869.1919</u>		Contact Person's Fax Number: <u>407.869.6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Well 1</u>		Plant Telephone Number: <u>800-272-1919</u>																																									
Plant Address: <u>Orange Dr. & Buena Vista Ave.</u>		City: <u>Holiday</u>	State: <u>FL</u> Zip Code: <u>34690</u>																																								
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																											
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>23,200</u>																																											
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>																																									
<table border="1"> <thead> <tr> <th>Operator Name</th> <th>License No.</th> <th>Expiration Date</th> <th>License Class</th> </tr> </thead> <tbody> <tr> <td><u>Stephen Habery</u></td> <td><u>C</u></td> <td><u>8012</u></td> <td><u>40 hrs E</u></td> </tr> <tr> <td><u>Robb Crow</u></td> <td><u>C</u></td> <td><u>13150</u></td> <td><u>11</u></td> </tr> <tr> <td><u>Jessie Ackman</u></td> <td><u>C</u></td> <td><u>13019</u></td> <td><u>11</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Operator Name	License No.	Expiration Date	License Class	<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs E</u>	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>11</u>	<u>Jessie Ackman</u>	<u>C</u>	<u>13019</u>	<u>11</u>																								
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 4-3-05 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM :

FAX NO. :

May. 03 2005 12:05PM P8

GARTH A

SMITH A

06/19/05 TR

ADLER

10/27/02 JZ

05/05/2005 12:07 8136261030

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 0510117

Plant Name: WPA3

APR 05

Means of Achieving Free-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

UVaviolet Radiation Other (Describe):

Type of Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Ozone Other (Describe)

Time	Flow (MGD)	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Radiation (mJ/cm ²)	Other (mg/L)	Temperature (°C)	pH	Conductivity (µS/cm)	Turbidity (NTU)	Total Solids (mg/L)	Other
12:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
12:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
12:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
12:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
13:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
13:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
13:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
13:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
14:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
14:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
14:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
14:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
15:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
15:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
15:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
15:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
16:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
16:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
16:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
16:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
17:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
17:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
17:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
17:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
18:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
18:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
18:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
18:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
19:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
19:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
19:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
19:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
20:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
20:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
20:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
20:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
21:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
21:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
21:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
21:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
22:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
22:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
22:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
22:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
23:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
23:15	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
23:30	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
23:45	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	
24:00	1.8	2.0	2.0	0.0	0.0	0.0	0.0	0.0	18.0	7.2	150	0.1	100	

* Refer to the instructions for this report to describe which points must provide this information.

May 03 2005 12:01PM P3

FAX NO. :

FROM :

05/05/2005 12:07 8136261030 431WB 0130261030

GARTH A GARTH A

PAGE 07 PAGE 07

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 612 MAJOR
MONTH/YEAR: APR. 05

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: 615 Buena Vista T/P
MONTH/YEAR: APR. 05

615

1		5		500	1748 Hoyle Parking unit
					Before meter
2		1		3/4" main 2000	1651 Altus
15		1		2" main 1000	Between Holiday & Hess
30		3		1000	1832 Hoyle
20		3		5200	1843 Shady Cove
20		3		10,100	2123 Speck - defective since 12/04
20		3		1,400	1853 Shady Cove
20		3		7,600	1810 Speck - defective since 9/04
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

29,800

- Drop Code
- 1 Water breaks
 - 2 Flushing hydrants
 - 3 Meter defect
 - 4 Construction
 - 5 Other

Form Modified 10/20/03

File: Flushing & Water Loss Records

May. 02 2005 12:53PM P4

FRX NO. :

FROM :



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

615

Daily Finished-Water Production for the Month/Year of: <u>may 05</u>									
Community Water System (CWS) Name: <u>Ducak Vista</u>									
Public Water System (PWS) Identification Number: <u>6510117</u>									
Well 1	Well 2	Well 3							
23,200	12,700	175,100							211,000
	0								0
62,800		399,000							461,800
14,900		147,000							161,900
15,600		149,000							164,600
18,200		93,000							111,200
15,300		119,000							132,300
									0
36,800		401,000							437,800
13,500		184,000							197,500
12,500		131,000							143,500
15,200		133,000							148,200
18,200		162,000							180,200
									0
48,400		447,000							495,400
8,400		172,000							180,400
14,200		165,000							179,200
26,200		107,000							133,200
11,000		144,000							155,000
									0
51,400		422,000							473,400
21,000		184,000							205,000
19,500		129,000							147,500
21,700		132,000							153,700
10,000		163,000							173,000
		156,000							156,000
									0
42,300	0	458,000							530,300
									517,000
									165,300
									205,000

FROM :

FRX NO. :

Jun. 06 2005 19:2941 P24

02/22/2004 23:08

8136261030

GARTH A

PAGE 04



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

See page 4 for instructions

May 05

A. Public Water System (FWS) Information

PWS Name: Walt Thaler Park

PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Connection

Number of Service Connections at End of Month: 1105

PWS District: Trilidon Inc. of Florida

Contact Person: Patrick C. Flynn

Contact Person's Mailing Address: 200 Westchesterfield Ave

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: n.c.flynn@trilidon-usa.com

Contact Person's Title: Regional Director

City: Alhambra Springs State: FL Zip Code: 32714

Contact Person's Fax Number: 407 869 6961

B. Water Treatment Plant Information

Plant Name: Well 2

Plant Address: Pressure Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Dry Operating Capacity of Plant: gallons per day: 12,700

Plant Capacity (per subsection 62-555.310(4) F.A.C.): V

Plant Class (per subsection 62-555.310(4) F.A.C.): D

Operator Name	Operator Title	Start Date	End Date
STEPHEN HOBERT	Operator	8/02	4/04/05
ROBB CRW	Operator	12/50	
DALE ADKINS	Operator	13/09	

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

Signature and Title: _____
 Printed or Typed Name: Stephen Hobert
 License Number: C-8012

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

PWS Identification Number: 6510117

Plant Name: Well 1

Means of Achieving Four-Low Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide

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

Date	Time	Flow (gpm)	Chlorine (lb)	Chlorine (mg/L)	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Notes
5/26/05	6:25:00	2.6	2.5	2.5	2.5				2.5	
	14900	2.5	2.5	2.5	2.5				2.5	
	15600	2.5	2.5	2.5	2.5				2.5	
	25200	2.6	2.6	2.6	2.6				2.6	
	15300	2.6	2.6	2.6	2.6				2.6	
	56800	2.4	2.4	2.4	2.4				2.4	
	18500	2.4	2.4	2.4	2.4				2.4	
	17800	2.3	2.3	2.3	2.3				2.3	
	15200	2.5	2.5	2.5	2.5				2.5	
	18200	2.4	2.4	2.4	2.4				2.4	
	48400	2.2	2.2	2.2	2.2				2.2	
	8400	2.3	2.3	2.3	2.3				2.3	
	14700	2.2	2.2	2.2	2.2				2.2	
	26200	2.4	2.4	2.4	2.4				2.4	
	11800	2.0	2.0	2.0	2.0				2.0	
	51400	1.9	1.9	1.9	1.9				1.9	
	21000	2.2	2.2	2.2	2.2				2.2	
	19500	1.8	1.8	1.8	1.8				1.8	
	21700	2.0	2.0	2.0	2.0				2.0	
	10000	2.1	2.1	2.1	2.1				2.1	
	42300	1.9	1.9	1.9	1.9				1.9	
	496000									
	16000									
	21700									

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



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

See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Burns Water Treatment Plant

PWS Type: Community Non-Treatment Non-Community

Number of Service Connections at End of Month: 1,105

PWS Owner: Florida

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 209 Westwoodfield Ave.

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: p.c.ryan@dep.state.fl.us

Water Treatment Plant Information

Plant Name: Well 3

Plant Address: Raymond Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Daily Operating Capacity of Plant (gallons per day): 175,100

Plant Capacity (per collection): 62,699,110(4) F.A.C.P. V

Plant Class (per collection): 62,699,110(4) F.A.C.P.D

Plant Name	Plant Class	Capacity	Operating Capacity
Stephen Haberly	C	8012	40 hrs
Bob Gray	C	13,750	
Zack Adams	C	15,019	

B. Water Treatment Plant Information

Plant Name: Well 3

Plant Address: Raymond Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Daily Operating Capacity of Plant (gallons per day): 175,100

Plant Capacity (per collection): 62,699,110(4) F.A.C.P. V

Plant Class (per collection): 62,699,110(4) F.A.C.P.D

Plant Telephone Number: 800-272-1919

Plant State: FL

Plant Zip Code: 34690

Contact Person's Name: Patrick C. Ryan

Contact Person's Mailing Address: 209 Westwoodfield Ave.

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: p.c.ryan@dep.state.fl.us

Contact Person's Address: State St

Contact Person's Zip Code: 32714

Total Population Served at End of Month: 2,763

PWS Identification Number: 651017

Treatment Non-Community Community

Consequence

I, the undersigned water treatment plant operator located in Florida, do hereby certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I also certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referred in subsection 62-555.330(3), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator was present or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operator records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least two years.

Signature and Date: 6-7-05
 Printed or Typed Name: Stephen Haberly
 License Number: C-8012

05/07/2005 10:01 8136261030

GARTH A

PAGE 06

FROM : 05/07/2005 10:01 8136261030

FAX NO. : GARTH A

Jun. 06 2005 09:29AM P23

PAGE 05

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

DEP Form 88-000-0000-0000

Plant Name	Well	Source	Flow	Chlorine	Free Chlorine	Chlorine Dioxide	Other	UV	Other	Free Chlorine	Chlorine Dioxide	Other	UV	Other	Free Chlorine	Chlorine Dioxide	Other	UV	Other	Free Chlorine	Chlorine Dioxide	Other	UV	Other
Plant 1	Well 1	Source 1	Flow 1	Chlorine 1	Free Chlorine 1	Chlorine Dioxide 1	Other 1	UV 1	Other 1	Free Chlorine 1	Chlorine Dioxide 1	Other 1	UV 1	Other 1	Free Chlorine 1	Chlorine Dioxide 1	Other 1	UV 1	Other 1	Free Chlorine 1	Chlorine Dioxide 1	Other 1	UV 1	Other 1
Plant 2	Well 2	Source 2	Flow 2	Chlorine 2	Free Chlorine 2	Chlorine Dioxide 2	Other 2	UV 2	Other 2	Free Chlorine 2	Chlorine Dioxide 2	Other 2	UV 2	Other 2	Free Chlorine 2	Chlorine Dioxide 2	Other 2	UV 2	Other 2	Free Chlorine 2	Chlorine Dioxide 2	Other 2	UV 2	Other 2

PWS Identification Number: 6510117
 Plant Name: Well 2
 Month: MAY 05
 Means of Achieving Four-Lag Virus Inactivation/Removal:
 Ultraviolet Radiation
 Other (Describe):
 Free Chlorine
 Chlorine Dioxide
 Other
 Combined Chlorine (Chloramines)
 Free Chlorine
 Combined Chlorine (Chloramines)
 Chlorine Dioxide
 Other
 UV
 Other

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



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

See page 4 for instructions.

City Name: Maxv05 PWS Identification Number: KS10117

A. Public Water System (PWS) Information
 Community Non-Treatment Non-Community Community Community

PWS Name: Maxv05 Total Production Second at End of Month: 2,762

Number of Service Connections at End of Month: 1,105

PWS Owner: Dillon Inc. of Florida

Contact Person: Patrick C. Elyon

Contact Person's Mailing Address: 280 Weatherfield Ave

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: p.a.elyon@deltron.com

B. Water Treatment Plant Information

Plant Name: Well 1

Plant Address: Orange Dr. & Brown Vista Ave.

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 21,200

Plant Capacity (per subpart 62-699.310(4), F.A.C.): V

Plant Capacity (per subpart 62-699.310(4), F.A.C.): V	Plant Class (per subpart 62-699.310(4), F.A.C.): D
<u>STEPHEN HERBERY</u>	<u>40445</u>
<u>ROBB CROW</u>	<u>11</u>
<u>DAVE ADKINS</u>	<u>11</u>

I, the undersigned water treatment plant operator located in Florida, am the licensed operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subpart 62-699.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner as the PWS owner may request them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 6-1-05 Printed or Typed Name: Stephen Herbery License Number: C-8012

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

PWS Identification Number: 6370117

Plant Name: Well 3

May 05

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

Ultraviolet Radiation Other (Describe):

Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine Combined Chlorine (Chloramine) Chlorine Dioxide

Well ID	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24765	399000	2.1	1.6
X		147000	2.3	1.4
X		147000	2.4	1.6
X		93000	2.5	2.1
F		119000	2.6	1.8
X		401000	2.2	1.4
X		180000	1.6	1.0
X		131000	2.0	1.2
X		133000	2.0	1.4
X		162000	2.1	1.2
X		442000	1.0	0.7
X		122000	1.5	0.9
X		765000	1.0	0.7
X		107000	1.7	1.4
X		144000	1.7	1.5
X		422000	2.0	1.7
X		184000	2.2	1.6
X		128000	2.0	1.7
X		132000	2.2	1.9
X		763000	2.3	1.7
X		253000	2.4	1.4
X		00000	0.2	1.5
X		00000		
X		00000		
X		00000		
X		00000		

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

WATER LOSS RECORD

Includes Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Traffic Park 615
 MONTH/YEAR: May 05

DATE	TYPE	AMOUNT	REMARKS
1	5	3/4	1810 Holiday
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

- Data Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

100

FROM :

FAX NO. :

Jul. 07 2005 12:22PM P7

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

615

See page 4 for instructions.



A. Public Water System (PWS) Information

PWS Name: Orange Vista Water Park

PWS Type: Community Non-Community Transient Non-Community Community

Number of Service Connections at End of Month: 1105

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 200 Weatherfield Ave

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: p.ryan@utilities-inc.com

Water Treatment Plant Information

Plant Name: Well 1

Plant Address: Orange Dr. & Buena Vista Ave.

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant: gallons per day: 23,200

Plant Class (per subsection 62.599.110(4), F.A.C.): D

Plant Class (per subsection 62.599.110(4), F.A.C.):	Plant Name:	Operator:	Start Date:	End Date:	License Number:
D	ST 20424	Robert	1/15/05	1/30/09	8012
C	8066	STEW	1/15/05	1/30/09	13019
C	8012	Robert	1/15/05	1/30/09	13019

I, the undersigned water treatment plant operator licensed in Florida, am the lead/shift operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I also certify that the following additional operations records for this NSF International Standard (S) or other applicable standards referenced in subsection 62.555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can verify them, reproduce them copies of this report, or a convenient location for at least ten years.

Signature and Date: _____ 2-2-05

Printed or Typed Name: Stephen Robert

License Number: C-8012

FROM :

FAX NO. :

Jul. 07 2005 12:21PM P6

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Well 1

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

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

Day	Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Demand (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Demand (mg/L)
1	12:00	1.5				1.5						1.5	
1	12:00	1.9				1.9						1.9	
1	1:00	1.2				1.2						1.2	
1	1:30	1.2				1.2						1.2	
1	2:00	1.2				1.2						1.2	
1	2:30	1.2				1.2						1.2	
1	3:00	1.2				1.2						1.2	
1	3:30	1.2				1.2						1.2	
1	4:00	1.2				1.2						1.2	
1	4:30	1.2				1.2						1.2	
1	5:00	1.2				1.2						1.2	
1	5:30	1.2				1.2						1.2	
1	6:00	1.2				1.2						1.2	
1	6:30	1.2				1.2						1.2	
1	7:00	1.2				1.2						1.2	
1	7:30	1.2				1.2						1.2	
1	8:00	1.2				1.2						1.2	
1	8:30	1.2				1.2						1.2	
1	9:00	1.2				1.2						1.2	
1	9:30	1.2				1.2						1.2	
1	10:00	1.2				1.2						1.2	
1	10:30	1.2				1.2						1.2	
1	11:00	1.2				1.2						1.2	
1	11:30	1.2				1.2						1.2	
1	12:00	1.2				1.2						1.2	
1	12:30	1.2				1.2						1.2	
1	1:00	1.2				1.2						1.2	
1	1:30	1.2				1.2						1.2	
1	2:00	1.2				1.2						1.2	
1	2:30	1.2				1.2						1.2	
1	3:00	1.2				1.2						1.2	
1	3:30	1.2				1.2						1.2	
1	4:00	1.2				1.2						1.2	
1	4:30	1.2				1.2						1.2	
1	5:00	1.2				1.2						1.2	
1	5:30	1.2				1.2						1.2	
1	6:00	1.2				1.2						1.2	
1	6:30	1.2				1.2						1.2	
1	7:00	1.2				1.2						1.2	
1	7:30	1.2				1.2						1.2	
1	8:00	1.2				1.2						1.2	
1	8:30	1.2				1.2						1.2	
1	9:00	1.2				1.2						1.2	
1	9:30	1.2				1.2						1.2	
1	10:00	1.2				1.2						1.2	
1	10:30	1.2				1.2						1.2	
1	11:00	1.2				1.2						1.2	
1	11:30	1.2				1.2						1.2	
1	12:00	1.2				1.2						1.2	
1	12:30	1.2				1.2						1.2	
1	1:00	1.2				1.2						1.2	
1	1:30	1.2				1.2						1.2	
1	2:00	1.2				1.2						1.2	
1	2:30	1.2				1.2						1.2	
1	3:00	1.2				1.2						1.2	
1	3:30	1.2				1.2						1.2	
1	4:00	1.2				1.2						1.2	
1	4:30	1.2				1.2						1.2	
1	5:00	1.2				1.2						1.2	
1	5:30	1.2				1.2						1.2	
1	6:00	1.2				1.2						1.2	
1	6:30	1.2				1.2						1.2	
1	7:00	1.2				1.2						1.2	
1	7:30	1.2				1.2						1.2	
1	8:00	1.2				1.2						1.2	
1	8:30	1.2				1.2						1.2	
1	9:00	1.2				1.2						1.2	
1	9:30	1.2				1.2						1.2	
1	10:00	1.2				1.2						1.2	
1	10:30	1.2				1.2						1.2	
1	11:00	1.2				1.2						1.2	
1	11:30	1.2				1.2						1.2	
1	12:00	1.2				1.2						1.2	
1	12:30	1.2				1.2						1.2	
1	1:00	1.2				1.2						1.2	
1	1:30	1.2				1.2						1.2	
1	2:00	1.2				1.2						1.2	
1	2:30	1.2				1.2						1.2	
1	3:00	1.2				1.2						1.2	
1	3:30	1.2				1.2						1.2	
1	4:00	1.2				1.2						1.2	
1	4:30	1.2				1.2						1.2	
1	5:00	1.2				1.2						1.2	
1	5:30	1.2				1.2						1.2	
1	6:00	1.2				1.2						1.2	
1	6:30	1.2				1.2						1.2	
1	7:00	1.2				1.2						1.2	
1	7:30	1.2				1.2						1.2	
1	8:00	1.2				1.2						1.2	
1	8:30	1.2				1.2						1.2	
1	9:00	1.2				1.2						1.2	
1	9:30	1.2				1.2						1.2	
1	10:00	1.2				1.2						1.2	
1	10:30	1.2				1.2						1.2	
1	11:00	1.2				1.2						1.2	
1	11:30	1.2				1.2						1.2	
1	12:00	1.2				1.2						1.2	
1	12:30	1.2				1.2						1.2	
1	1:00	1.2				1.2						1.2	
1	1:30	1.2				1.2						1.2	
1	2:00	1.2				1.2						1.2	
1	2:30	1.2				1.2						1.2	
1	3:00	1.2				1.2						1.2	
1	3:30	1.2				1.2						1.2	
1	4:00	1.2				1.2						1.2	
1	4:30	1.2				1.2						1.2	
1	5:00	1.2				1.2						1.2	
1	5:30	1.2				1.2						1.2	
1	6:00	1.2				1.2						1.2	
1	6:30	1.2				1.2						1.2	
1	7:00	1.2				1.2						1.2	
1	7:30	1.2				1.2						1.2	
1	8:00	1.2				1.2						1.2	
1	8:30	1.2				1.2						1.2	
1	9:00	1.2				1.2						1.2	
1	9:30	1.2				1.2						1.2	
1	10:00	1.2				1.2						1.2	
1	10:30	1.2				1.2						1.2	
1	11:00	1.2				1.2						1.2	
1	11:30	1.2				1.2						1.2	
1	12:00	1.2				1.2						1.2	
1	12:30	1.2				1.2						1.2	
1	1:00	1.2				1.2						1.2	
1	1:30	1.2				1.2						1.2	
1	2:00	1.2				1.2						1.2	
1	2:30	1.2				1.2						1.2	
1	3:00	1.2				1.2						1.2	
1	3:30	1.2				1.2						1.2	
1	4:00	1.2				1.2						1.2	
1	4:30	1.2				1.2						1.2	
1	5:00	1.2				1.2						1.2	
1	5:30	1.2				1.2						1.2	
1	6:00	1.2				1.2						1.2	
1	6:30	1.2				1.2						1.2	
1	7:00	1.2				1.2						1.2	
1	7:30	1.2				1.2						1.2	
1	8:00	1.2				1.2						1.2	
1	8:30	1.2				1.2						1.2	
1	9:00	1.2				1.2						1.2	
1	9:30	1.2				1.2						1.2	
1	10:00	1.2				1.2						1.2	
1	10:30	1.2				1.2						1.2	
1	11:00	1.2				1.2						1.2	
1	11:30	1.2				1.2						1.2	

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Raw Water Plant
 PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Community
 Number of Service Connections at End of Month: 1,105
 PWS Operator: Patrick C. Flynn
 Contact Person: Patrick C. Flynn
 Contact Person's Mailing Address: 200 Woodlands Blvd. Ave.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's Fax Number: 407.869.6961
 Contact Person's Title: Regional Director
 City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's E-Mail Address: p.c.flynn@flhewitt.com
 Plant Name: Well 2
 Plant Address: Plainsboro Drive
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant: gallons per day 12,700
 Plant Category (per subsection 62-099.3100, F.A.C.): A
 Plant Class (per subsection 62-099.3100, F.A.C.): D

Operator Name	Operator ID	Operator License No.	Operator Status
STEPHEN, ROBERT	8002	13150	C
ROBB, STOW	13150	13150	C
JACK, ADRIAN	13150	13150	C

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-553.200, F.A.C. I also certify that the following chemical operations records for this plant were prepared each day that a licensed operator started or visited the plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner to the PWS owner and retain them, together with copies of this report, at a convenient location for at least two years.

Signature and Date: _____
 Printed or Typed Name: Stephen Hobey
 License Number: C-802

DEF Form 02-0000000000

Page 1

02/22/2004 23:08 8135251030 GARTH A

07/08/2005 12:33 8135251030 GARTH A

FROM : FAX NO. : DATE TIME: 07 2005 12:21PM PS

Jul. 07 2005 12:20PM P4

FROM :

FAX NO. :

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117

Plant Name: Well 2

744 of

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfection Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Day	Time	Value	Unit	Min	Max	Remarks
X	23:45	6.00		2-5	2-5	
X		29.00		2-5	2-5	
X		193.00		3-2	3-2	
X		75.00		2-4	2-4	
X		244.00		3-5	3-5	
X		184.00		1-2	1-2	
X		476.00		0-9	0-9	
X		208.00		0-6	0-6	
X		219.00		1-5	1-5	
X		750.00		1-8	1-2	
X		259.00		1-2	1-2	
X		129.00		0-8	0-8	
X		163.00		1-0	1-0	
X		31.00		0-9	0-8	
X		482.00		1-5	1-2	
X		145.00		1-6	1-4	
X		422.00		2-8	1-2	
X		153.00		2-0	1-0	
X		450.00				
X		13.00				

Well Backlog per
p.p.

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

FROM :

FAX NO. :

JUL 07 2005 12:19PM P3

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for instructions

A. TREATING RAW GROUND WATER (RW) INFORMATION

PWS Name: Yulee Water Park Non-Treatment Non-Community Community Community

Number of Service Connections at End of Month: 1,145

PWS District: Trinity Inc. of Florida

Contact Person: Patrick C. Brown

Contact Person's Mailing Address: 290 Westchase Blvd Ave.

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: pcbrown@trinityinc.com

Contact Person's Fax Number: 407.869.6961

City: Alachua County State: FL Zip Code: 32314

Plant Telephone Number: 800-272-1919 State: FL Zip Code: 34690

Plant Name: Wd 3

Plant Address: Pressure Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 175,100

Plant Class (per subsection 62-099.310(9) F.A.C.): V

Plant Class	Permitted Maximum Day Operating Capacity of Plant, gallons per day	Plant Name	City	State	Zip Code
V	175,100	Wd 3	Pressure Drive	FL	34690
V	13,150	Stephens Habery	406b Crav	FL	8012
V	13,150	Stephens Habery	404ms	FL	8012
V	13,019	JELLE ALG/GRS		FL	13019

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

Signature and Date: Stephens Habery 7-7-05
 Printed or Typed Name: Stephens Habery
 License Number: C-8012

0100070700030 GARTH A PHASE 03

Jul. 07 2005 12:19PM P2

FAX NO. :

FROM :

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

EPA Identification Number: 010117 Plant Name: W13

Means of Achieving Four Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozon Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

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

Date	Volume (MG)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Demand (mg/L)	Chlorine Residual (mg/L)	Chlorine Residual Type	Chlorine Residual Location	Chlorine Residual Depth	Chlorine Residual Time	Chlorine Residual Temperature	Chlorine Residual pH	Chlorine Residual Color	Chlorine Residual Turbidity	Chlorine Residual Taste	Chlorine Residual Odor	Chlorine Residual Other
7/1	252000	2.0	2.1	2.0	2.0	2.0	2.0	2.0	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/2	146000	2.1	2.0	2.0	2.0	2.0	2.0	2.0	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/3	147000	2.2	2.2	2.2	2.2	2.2	2.2	2.2	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/4	110000	2.2	2.2	2.2	2.2	2.2	2.2	2.2	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/5	323000	1.9	1.9	1.9	1.9	1.9	1.9	1.9	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/6	140000	2.0	2.0	2.0	2.0	2.0	2.0	2.0	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/7	112000	2.2	2.2	2.2	2.2	2.2	2.2	2.2	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/8	143000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/9	126000	2.3	2.3	2.3	2.3	2.3	2.3	2.3	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/10	560000	3.4	3.4	3.4	3.4	3.4	3.4	3.4	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/11	130000	2.2	2.2	2.2	2.2	2.2	2.2	2.2	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/12	92000	2.3	2.3	2.3	2.3	2.3	2.3	2.3	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/13	93000	1.8	1.8	1.8	1.8	1.8	1.8	1.8	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/14	212000	2.3	2.3	2.3	2.3	2.3	2.3	2.3	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/15	53000	2.4	2.4	2.4	2.4	2.4	2.4	2.4	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/16	44000	2.4	2.4	2.4	2.4	2.4	2.4	2.4	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/17	44000	2.2	2.2	2.2	2.2	2.2	2.2	2.2	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/18	212000	2.3	2.3	2.3	2.3	2.3	2.3	2.3	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/19	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/20	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/21	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/22	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/23	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/24	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/25	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/26	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/27	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/28	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/29	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/30	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7/31	113000	2.5	2.5	2.5	2.5	2.5	2.5	2.5	Free Chlorine	W13	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT



Advanced Environmental Laboratories, Inc.

10001 Southfork Pkwy. Jacksonville, FL 32216 • 904.343.8330 • Fax 904.343.8354 • E82574
 4810 Princeton Pkwy. Tampa, FL 33619 • 813.830.8818 • Fax 813.830.4327 • E84569
 2108 NW 87th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1600 • Fax 352.367.0010 • E82620
 528 S. North Lake Blvd., Ste. 1015 • Altamonte Springs, FL 32701 • 407.957.1594 • Fax 407.957.1547 • E89078

Report Number: TD-5107 Sub-Contract Lab ID: _____
 Analysis Requested: (please check all that apply)
 Standard Coliform Test
 HPC
 Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 6/9/05 12:30
 Analysis Date & Time: 6-9-05 12:30

Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

System Name: Buena Vista T/P

PWS I.D. 6510117

System Address: 2448 Arcadia

City: Holiday

System or Owner's Phone #: 227-934-9137

Fax #: _____

Collector: Robb Crow

Collector's Phone #: 227-934-9137

Type of Supply: (check only one)

- Community Water System
- Noncommunity Water System
- Nontransient Noncommunity Water System
- Limited Use System
- Private Well
- Swimming Pool
- Bottled Water
- Other: _____

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

Sample Collection Date: 6-8-05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
<u>1</u>	<u>Well 2</u>	<u>11Am</u>	<u>R</u>	<u>0</u>		<u>A</u>			<u>01</u>	

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

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing analysis is:
 A certified operator (# 13150) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

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

Name and Mailing Address of Person to Receive Report
ATTN Pete Schrock
D. E. P.
3804 Coconut Palm
Tampa, FL 33619

Lab Signature: V. Hyatt
 Title: MS

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

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
 Analysis Methods: MF in SM9222B & D; MTF = 9221B & ECMUG; MMOMUG = SM9223B; HPC = SM8215B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count
 Jul. 05 2005 07:16PM PZ FAX NO. : FROM :

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT



Advanced Environmental Laboratories, Inc.

6901 Southpoint Pkwy. • Jacksonville, FL 32210 • 904.383.8350 • Fax 904.365.8354 • E82574
 2516 Pinellas Point Ave. • Tampa, FL 33618 • 813.830.9818 • Fax 813.630.4327 • E84589
 12106 NW 6th Place, Ste. 7 • Gainesville, FL 32609 • 352.389.1500 • Fax 352.387.0950 • E86680
 1820 S. North Lake Blvd., Ste. 1018 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83078

Report Number: 703400 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

Standard Coliform Test

HPC

Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 6/6/05 14:17 A

Analysis Date & Time: 6/6/05 17:15

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 0 °C

Disinfectant Check Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

System Name: Buena Vista T/P

PWS I.D. 6510117

System Address: 2448 Arcadia Rd

City: Holiday

System or Owner's Phone #: 727-934-9137 Fax #: _____

Collector: Jacir Ad Silva

Collector's Phone #: 727-934-9137

Type of Supply: (check only one)

- Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other _____

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

Sample Collection Date: 6.6.05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	pH	Total Coliform Analysis Method: <u>SM9222B</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
1	Well I	9AM	R	0		A				-01
2	Well TII	9:15AM	R	0		A				-02
3	1853 Shady Cv	9:22AM	D	1.8		A				-03
4	2102 Speck	9:51AM	D	1.7		A				-04
5	4037 Reggie	9:45AM	D	1.3		A				-05

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

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Date PWS notified by lab of positive results: _____

Person performing analysis is:

A certified operator (# 13019) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date State notified by lab of positive results: _____

Lab Signature: V. L...

Title: MS

Name and Mailing Address of Person to Receive Report

ATTN Pete Srenock

D. E. P.
 3804 Coconut Palm
 Tampa, FL 33619

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

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

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
 Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count
 FAX NO. : _____ FROM : _____

WATER LOSS RECORD

615

Include Service Lines and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Buena Vista T/P

MONTH/YEAR: July 05

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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15					
16					
17			10,500	1832 Orange Ave - Defective Meter	
18					
19					
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21					
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27					
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30					
31					

- Loss Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

10,500

FILE COPY

615



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Production for the Month Year of: <u>July 05</u>									
Community Water System (CWS) Name: Buena Vista									
Public Water System (PWS) Identification Number: 6510117									
Well 1	Well 2	Well 3							
23,200	12,700	175,100							211,000
20,900	19,800	84,000							124,700
									0
									0
									0
100,000	57,000	43,400							591,000
203,000	171,000	109,000							146,400
233,000	134,000	130,000							166,700
22,600	13,600	164,000							200,200
									0
									0
73,900	30,700	261,000							365,600
297,000	100,000	106,000							145,700
200,000	82,000	89,000							117,200
189,000	133,000	92,000							129,200
174,000	113,000	94,000							118,700
									0
									0
57,000	36,200	310,000							397,300
202,000	28,000	112,000							145,500
270,000	80,000	124,000							153,500
184,000	82,000	109,000							135,600
219,000	67,000	113,000							141,300
									0
									0
51,700	48,000	300,000							399,700
219,000	99,000	128,000							159,800
170,000	147,000	109,000							140,700
212,000	112,000	111,000							143,400
208,000	112,000	115,000							148,000
									0
									0
									407,000
									131,200
									166,700

PAGE 09
 GARTH A
 08/08/2005 08:12
 8136251030
 Aug. 05 2005 08:32AM P2
 FAX NO. :
 FROM :

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: **Brown Vets Trailer Park**

PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Consecutive

Number of Service Connections at End of Month: **1105**

PWS Operator: **Litfield Inc. of Florida**

Contact Person: **Patrick C. Flynn**

Contact Person's Mailing Address: **200 Wetherfield Ave**

Contact Person's Telephone Number: **907.869.1919**

Contact Person's E-Mail Address: **p.c.flynn@litfieldinc.com**

B. Water Treatment Plant Information

Plant Name: **Well 1**

Plant Address: **Charles Dr. & Brown Vets Ave**

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant: **23,200** gallons per day

Plant Category (per subsection 62-699.310(5), F.A.C.): **V**

Plant Class (per subsection 62-699.310(4), F.A.C.): **D**

Operator Name	Operator Title	Start Date	End Date
Stephen Hebery	Sub-Crew	1/3/02	1/3/02
DP/LE ACKINS		1/3/02	1/3/02
48 hrs			

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

Signature and Date: 8-3-05
 Printed or Typed Name: Stephen Hebery
 License Number: C-802

July 05

MONTHLY OPERATION REPORT FOR PWS* TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Plant Name: Well 1

PWS Identification Number: 6510117

7/24/05

Means of Achieving Four-Low Virus Inactivation/Removal: Free Chlorine Chloride Dioxide Ozonide Combined Chlorine (Chloramines) Chlorine Dioxide

Type of Disinfection Residual Measured in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Sample No.	Date	Time	Free Chlorine (mg/L)	Chloride Dioxide (mg/L)	Ozonide (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)	Residual (mg/L)	Notes
1	08/08/2005	08:12	2.4					1000	X
2	08/08/2005	08:12	2.6					2000	X
3	08/08/2005	08:12	2.5					2000	X
4	08/08/2005	08:12	2.4					1000	X
5	08/08/2005	08:12	2.5					2000	X
6	08/08/2005	08:12	2.4					1000	X
7	08/08/2005	08:12	2.5					2000	X
8	08/08/2005	08:12	2.4					1000	X
9	08/08/2005	08:12	2.5					2000	X
10	08/08/2005	08:12	2.4					1000	X
11	08/08/2005	08:12	2.5					2000	X
12	08/08/2005	08:12	2.4					1000	X
13	08/08/2005	08:12	2.5					2000	X
14	08/08/2005	08:12	2.4					1000	X
15	08/08/2005	08:12	2.5					2000	X
16	08/08/2005	08:12	2.4					1000	X
17	08/08/2005	08:12	2.5					2000	X
18	08/08/2005	08:12	2.4					1000	X
19	08/08/2005	08:12	2.5					2000	X
20	08/08/2005	08:12	2.4					1000	X
21	08/08/2005	08:12	2.5					2000	X
22	08/08/2005	08:12	2.4					1000	X
23	08/08/2005	08:12	2.5					2000	X
24	08/08/2005	08:12	2.4					1000	X
25	08/08/2005	08:12	2.5					2000	X
26	08/08/2005	08:12	2.4					1000	X
27	08/08/2005	08:12	2.5					2000	X
28	08/08/2005	08:12	2.4					1000	X
29	08/08/2005	08:12	2.5					2000	X
30	08/08/2005	08:12	2.4					1000	X
31	08/08/2005	08:12	2.5					2000	X
32	08/08/2005	08:12	2.4					1000	X
33	08/08/2005	08:12	2.5					2000	X
34	08/08/2005	08:12	2.4					1000	X
35	08/08/2005	08:12	2.5					2000	X
36	08/08/2005	08:12	2.4					1000	X
37	08/08/2005	08:12	2.5					2000	X
38	08/08/2005	08:12	2.4					1000	X
39	08/08/2005	08:12	2.5					2000	X
40	08/08/2005	08:12	2.4					1000	X
41	08/08/2005	08:12	2.5					2000	X
42	08/08/2005	08:12	2.4					1000	X
43	08/08/2005	08:12	2.5					2000	X
44	08/08/2005	08:12	2.4					1000	X
45	08/08/2005	08:12	2.5					2000	X
46	08/08/2005	08:12	2.4					1000	X
47	08/08/2005	08:12	2.5					2000	X
48	08/08/2005	08:12	2.4					1000	X
49	08/08/2005	08:12	2.5					2000	X
50	08/08/2005	08:12	2.4					1000	X
51	08/08/2005	08:12	2.5					2000	X
52	08/08/2005	08:12	2.4					1000	X
53	08/08/2005	08:12	2.5					2000	X
54	08/08/2005	08:12	2.4					1000	X
55	08/08/2005	08:12	2.5					2000	X
56	08/08/2005	08:12	2.4					1000	X
57	08/08/2005	08:12	2.5					2000	X
58	08/08/2005	08:12	2.4					1000	X
59	08/08/2005	08:12	2.5					2000	X
60	08/08/2005	08:12	2.4					1000	X
61	08/08/2005	08:12	2.5					2000	X
62	08/08/2005	08:12	2.4					1000	X
63	08/08/2005	08:12	2.5					2000	X
64	08/08/2005	08:12	2.4					1000	X
65	08/08/2005	08:12	2.5					2000	X
66	08/08/2005	08:12	2.4					1000	X
67	08/08/2005	08:12	2.5					2000	X
68	08/08/2005	08:12	2.4					1000	X
69	08/08/2005	08:12	2.5					2000	X
70	08/08/2005	08:12	2.4					1000	X
71	08/08/2005	08:12	2.5					2000	X
72	08/08/2005	08:12	2.4					1000	X
73	08/08/2005	08:12	2.5					2000	X
74	08/08/2005	08:12	2.4					1000	X
75	08/08/2005	08:12	2.5					2000	X
76	08/08/2005	08:12	2.4					1000	X
77	08/08/2005	08:12	2.5					2000	X
78	08/08/2005	08:12	2.4					1000	X
79	08/08/2005	08:12	2.5					2000	X
80	08/08/2005	08:12	2.4					1000	X
81	08/08/2005	08:12	2.5					2000	X
82	08/08/2005	08:12	2.4					1000	X
83	08/08/2005	08:12	2.5					2000	X
84	08/08/2005	08:12	2.4					1000	X
85	08/08/2005	08:12	2.5					2000	X
86	08/08/2005	08:12	2.4					1000	X
87	08/08/2005	08:12	2.5					2000	X
88	08/08/2005	08:12	2.4					1000	X
89	08/08/2005	08:12	2.5					2000	X
90	08/08/2005	08:12	2.4					1000	X
91	08/08/2005	08:12	2.5					2000	X
92	08/08/2005	08:12	2.4					1000	X
93	08/08/2005	08:12	2.5					2000	X
94	08/08/2005	08:12	2.4					1000	X
95	08/08/2005	08:12	2.5					2000	X
96	08/08/2005	08:12	2.4					1000	X
97	08/08/2005	08:12	2.5					2000	X
98	08/08/2005	08:12	2.4					1000	X
99	08/08/2005	08:12	2.5					2000	X
100	08/08/2005	08:12	2.4					1000	X

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

027 Form 62-8000000-0000

Page 2

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Browns Valley Water Plant Community Non-Community Transient Non-Community Temporary

Number of Service Connections at End of Month: 1,105

PWS District: Integra Inc. of Florida

Contact Person: Patrick C. Flynn

Contact Person's Mailing Address: 200 Westchesterfield Ave.

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: n.c.flynn@integrapws.com

B. Water Treatment Plant Information

Plant Name: Wd# 2

Plant Address: Pressure Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant: gallons per day: 12,700

Plant Class (per subsection 62-699.310(4) F.A.C.): A

Plant Class	Plant Class (per subsection 62-699.310(4) F.A.C.)	Plant Category (per subsection 62-699.310(4) F.A.C.)	Plant Name	Plant Address	City	State	Zip Code
S	8012	S	Stellen Brewery	13150	C	FL	34690
C	13150	C	Robb CROW	13150	C	FL	34690
C	13019	C	WALTE AOKRUS	13019	C	FL	34690

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

Signature and Date: Stellen Brewery 8-3-05

Printed or Typed Name: Stellen Brewery

License Number: C-8012



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

See page 4 for instructions.

2 July 05

A. Public Water System (PWS) Information

PWS Name: Browns Vista Trailer Park PWS Identification Number: 6310117

PWS Type: Community Non-Treatment Non-Community Community Community

Number of Service Connections at End of Month: 1,185 Total Population Served at End of Month: 2,363

PWS Operator: Union Inc. of Florida Contact Person's Title: Regional Director

Contact Person: Patrick C. Hena City: Alhambra Springs State: FL Zip Code: 32714

Contact Person's Mailing Address: 208 Wetherfield Ave. Contact Person's Telephone Number: 407 862 1919 Contact Person's Fax Number: 407 862 6563

Contact Person's E-Mail Address: p.c.hena@unioninc.com

B. Water Treatment Plant Information

Plant Name: Wd 3 Plant Telephone Number: 889-372-1919

Plant Address: Thurston Drive City: Malibu State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant: 175,000 Gallons per day

Plant Capacity (see subsection 62-099.110(9) F.A.C. Y) 40 hrs

<u>Stephen Habery</u>	<u>80%</u>	<u>40 hrs</u>
<u>Robb Chew</u>	<u>13/50</u>	<u>11</u>
<u>Deke Adkins</u>	<u>130/19</u>	<u>11</u>

Plant Capacity (see subsection 62-099.110(9) F.A.C. Y) 40 hrs

I, the undersigned water treatment plant operator licensed in Florida, am the licensed operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-099.110(3), F.A.C. I also certify that the following additional operations records for this plant were generated each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner as the PWS owner can retain them, together with copies of this report, at a convenient location for at least two years.

Signature and Date: Stephen Habery 8-3-05 License Number: C-8012

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

Unsanitary Facilities Other (Describe): _____
 Free Chlorine Chlorine Dioxide Ozonate Combined Chlorine (Chloramines)
 Free Chlorine Combined Chlorine (Chloramines)

Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozonate (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozonate (mg/L)	Combined Chlorine (mg/L)	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozonate (mg/L)	Combined Chlorine (mg/L)
1.4									1.4				
1.5									1.5				
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1.7									1.7				
1.4									1.4				
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1.5									1.5				
1.7									1.7				
1.4									1.4				
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1.5									1.5				
1.7									1.7				
1.4									1.4				
1.4									1.4				
1.5									1.5				
1.7									1.7				
1.4									1.4				
1.4									1.4				
1.5									1.5				
1.7									1.7				
1.4									1.4				
1.4									1.4				
1.5									1.5				
1.7									1.7				
1.4									1.4				
1.4									1.4				
1.5									1.5				
1.7									1.7				
1.4									1.4				
1.4									1.4				
1.5													

FROM :

FAX NO. :

Aug. 01 2005 12:35PM P3

FILE: PUMPING & WATER LOSS RECORD

Form Modified 10/20/03

USE THIS ONE
THROW OUT THE OTHER

43,100

- TYPE CODES
- 1) Water breaks
 - 2) Pumping Hydrants
 - 3) Meter defect
 - 4) Contribution
 - 5) Other

DATE	DESCRIPTION	AMOUNT	TYPE	REMARKS
8/11	Service line	5000	1	1941 KOPNER
8/11	Service line	2000	1	4255 MGR/LOCK
8/11	Service line	31500	1	1821 SPECK
8/13	Service line	3600	1	2035 SPECK
8/26	Service line	1000	1	2041 SPECK
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

WATER LOSS RECORD

Includes Sewer Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/UB #: 615 BARRA Vista TIP

MONTH/YEAR: July 05

FILE 0017



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

615.

See page 2 for instructions.

Oct. 05 2005 04:12PM P7
FAX NO. :
FROM :

Daily Finished Water Production for the Month Year of: <u>Aug 05</u>									
Community Water System (CWS) Name: Buena Vista									
Public Water System (PWS) Identification Number: 6510117									
Day of Month	Well 1	Well 2	Well 3						
	23,200	12,700	175,100						211,000
1	52900	38200	314000						410100
2	18900	18500	125000						152500
3	19300	13400	112000						149700
4	21200	12700	125000						158900
5	16900	13200	137000						166500
6									0
7									0
8	61600	38500	346000						446100
9	18800	19900	122000						163700
10	16900	15300	121000						153200
11	21900	8200	92000						122100
12	19900	12400	124000						156300
13									0
14									0
15	49200	45000	439000						533200
16	14900	15800	167000						192700
17	12600	12500	146000						171100
18	23200	13400	138000						174600
19	16200	18000	107000						141200
20									0
21									0
22	35900	36100	425000						497900
23	14500	14800	134000						163300
24	14800	13100	131000						158900
25	16600	10300	119000						145900
26	23300	11100	118000						152400
27									0
28									0
29	52800	20500	340000						418300
30	19500	30800	118000						168300
31	22500	10100	116000						148600
Total									5162500
Aug									166500
July									174600

MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: Burns Vista Tractor Park Community Non-Treatment Non-Community Treatment Non-Community Community

PWS Identification Number: 6510117

Number of Service Connections at End of Month: 1105

PWS Owner: Librium Inc. of Florida

Contact Person: Patrick C. Flynn

Contact Person's Mailing Address: 200 Woodwardfield Ave

Contact Person's Telephone Number: 407.869.1919

Contact Person's E-Mail Address: p.c.flynn@librium-us.com

B. Water Treatment Plant Information

Plant Name: W-11

Plant Address: Orange Dr. & Burns Vista Ave.

City: Holden State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Potential Maximum Per Operating Capacity of Plant, gallons per day: 23,200

Plant Category (per subsection 62-099.310(4) F.A.C.): A

Plant Class (per subsection 62-099.310(4) F.A.C.): D

Plant Class	Plant Category	Plant Name	City	State	Zip Code
<u>C</u>	<u>C</u>	<u>STEPHEN MOBILE</u>	<u>8002</u>	<u>40 hrs</u>	<u>7015 Ad/145</u>
<u>C</u>	<u>C</u>	<u>ROBB NEW</u>	<u>12#50</u>	<u>"</u>	<u>"</u>
<u>C</u>	<u>C</u>	<u>7015 Ad/145</u>	<u>13019</u>	<u>"</u>	<u>"</u>

I, the undersigned water treatment plant operator located in Florida, am the lead/direct operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I also certify that the following additional operators records for this plant were prepared each day that a licensed operator started or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operators records to the PWS owner in the PWS owner can retain them, together with copies of this report, at a convenient location for at least one year.

Signature and Date: [Signature] 8-1-05
 Printed or Typed Name: Stephen Holden
 License Number: C-8012



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

See page 4 for instructions.

449 05

A. Public Water System (PWS) Information

FWBS Name: Water Utility Dept. PWS Identification Number: 6500117

FWBS Type: U Community U Non-Community U Transient Non-Community U C Other

Number of Service Connections as End of Month: 1,183 Total Population Served as End of Month: 2,783

FWBS Owner: Union Int. of Florida

Contact Person: Patrick C. Ryan Contact Person's Title: Regional Manager

Contact Person's Mailing Address: 289 Westwood Blvd. Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.879.1919 Contact Person's Fax Number: 407.879.0960

Water Treatment Plant Information

Plant Name: Wd 3 Plant Telephone Number: 888-272-1919

Plant Address: Fluoropar Plant State: FL Zip Code: 32099

Type of Water Treated by Plant: U Raw Ground Water U Purchased Finished Water

Plant's Maximum Day Capacity (MDC) of Raw Water: 175,100

Plant Capacity for Maximum Day Capacity (MDC) of Raw Water: 175,100

B. Water Treatment Plant Information

Plant Name: Wd 3

Plant Address: Fluoropar Plant

Type of Water Treated by Plant: U Raw Ground Water U Purchased Finished Water

Plant's Maximum Day Capacity (MDC) of Raw Water: 175,100

Plant Capacity for Maximum Day Capacity (MDC) of Raw Water: 175,100

Operator Name	Signature	Date	Plant Capacity for Maximum Day Capacity (MDC) of Raw Water
Stephen Habery	<i>[Signature]</i>	8/10/05	175,100
Kyle Adams	<i>[Signature]</i>	8/10/05	175,100
Stack Adams	<i>[Signature]</i>	8/10/05	175,100

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

Signature and Date: Stephen Habery 8-10-05 License Number: C-8012

Printed or Typed Name: Stephen Habery

DAILY OPERATION REPORT FOR PLANTS TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PAGE 07

Oct. 05 2005 04:12PM P6

Plant Name: **W13**

Plant No: **449 01**

Source of Drinking Water: Raw Ground Water Purified Ground Water Other (Specify):

Source of Chlorine: Free Chlorine Combined Chlorine (Chloramines)

Time	Flow (MGD)	Chlorine Dose (mg/L)	Chlorine Demand (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Residual (mg/L)
2400	314000	2.4					1.2
2500	125000	2.8					2.7
2600	117000	2.4					2.7
2700	125000	2.2					1.2
2800	125000	2.2					1.2
2900	396000	2.4					1.2
3000	122000	2.2					1.2
3100	121000	2.2					1.2
3200	97000	2.2					1.2
3300	124000	2.2					1.2
3400	539000	2.2					1.2
3500	157000	2.1					1.2
3600	146000	2.1					1.2
3700	138000	2.0					1.2
3800	162000	1.9					1.2
3900	425000	1.8					1.2
4000	134000	2.1					1.2
4100	131000	2.2					1.2
4200	118000	2.4					1.2
4300	340000	2.3					1.2
4400	148000	2.2					1.2
4500	116000	2.1					1.2
4600	4131000	2.1					1.2
4700	135000						1.2
4800	157000						1.2

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

FROM :

FAX NO. :

Oct. 05 2005 12:55PM P7

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

PWS Identification Number: 6510117		Plant Name: Well 1		Month: SEPT 05	
Means of Achieving Four-Log Virus Inactivation/Removal:		Free Chlorine		Combined Chlorine (Chloramines)	
<input type="checkbox"/> Ultraviolet Radiation	<input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Chlorine Dioxide	<input type="checkbox"/> Ozone	<input type="checkbox"/> Combined Chlorine (Chloramines)
Type of Disinfectant Residual Maintained in Distribution System:					
		Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
X	24 hrs 2.000	2.4			1.6
X	14 hrs	2.2			1.0
X	6:30:00	2.4			1.2
X	7:30:00	2.5			1.6
X	16:50:00	2.5			2.0
X	16:20:00	2.3			1.8
X	5:11:00	2.3			1.8
X	15:40:00	2.3			1.6
X	14:40:00	2.9			1.2
X	1:00:00	3.2			1.6
X	15:30:00	2.4			1.4
X	5:01:00	2.0			1.2
X	16:40:00	2.3			1.6
X	20:00:00	2.4			1.1
X	1:30:00	2.3			1.6
X	2:30:00	2.4			1.5
X	6:50:00	2.3			2.1
X	2:00:00	2.2			2.0
X	19:00:00	2.3			1.6
X	16:10:00	2.4			1.2
X	15:10:00	2.3			1.5
X	5:36:00				
X	17:40:00				
X	25:40:00				

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



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

See page 4 for instructions.

SEPT 05

A. Public Water System (PWS) Information PWS Identification Number: 6518117

PWS Name: Bayou Vista Trailer Park

PWS Type: Community Non-Transient Non-Community Transient Non-Community Consumer

Number of Service Connections at End of Month: 1105 Total Population Served at End of Month: 2761

PWS Owner: 1010101 Inc. of Florida

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

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

Contact Person's Telephone Number: 407 869 1919 Contact Person's Fax Number: 407 869 6261

Contact Person's E-Mail Address: p.c.flynn@1010101.com

B. Water Treatment Plant Information Plant Telephone Number: 800-272-1919

Plant Name: Well 2 City: Holtey State: FL Zip Code: 34690

Plant Address: Florence Drive

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700

Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

Operator Name	License	Start Date	End Date
<u>Stephen Habery</u>	<u>C</u>	<u>8/2/02</u>	<u>4/0/05</u>
<u>RD66 VOW</u>	<u>C</u>	<u>12/5/0</u>	<u>11</u>
<u>Jack Ayrkhi</u>	<u>C</u>	<u>12/0/9</u>	<u>11</u>

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 69 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner or the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Stephen Habery 10-5-05 C-8012
 Printed or Typed Name Signature and Date License Number

FROM :

10/05/2005 13:35 8136261030

FXN NO. :

GARTH A

Oct. 05 2005 12:55PM PS

PAGE 07

Oct. 05 2005 12:54PM P5

FROM :

FROM :

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

PWS Identification Number: 651017

Plant Name: Well 2

Sept 05

Means of Achieving First-Log Virus Inactivation: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Disinfectant: Ultraviolet Radiation Other (Describe):

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

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
10/1	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/2	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/3	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/5	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/6	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/7	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/8	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/9	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/10	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/11	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/12	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/13	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/14	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/15	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/16	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/17	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/18	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/19	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/20	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/21	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/22	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/23	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/24	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/25	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/26	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/27	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/28	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/29	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/30	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/31	1.4	1.4	1.4	1.4	1.4	1.4	1.4

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
9/26	1.4	1.4	1.4	1.4	1.4	1.4	1.4
9/27	1.4	1.4	1.4	1.4	1.4	1.4	1.4
9/28	1.4	1.4	1.4	1.4	1.4	1.4	1.4
9/29	1.4	1.4	1.4	1.4	1.4	1.4	1.4
9/30	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/1	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/2	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/3	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/5	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/6	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/7	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/8	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/9	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/10	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/11	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/12	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/13	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/14	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/15	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/16	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/17	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/18	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/19	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/20	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/21	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/22	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/23	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/24	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/25	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/26	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/27	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/28	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/29	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/30	1.4	1.4	1.4	1.4	1.4	1.4	1.4
10/31	1.4	1.4	1.4	1.4	1.4	1.4	1.4

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

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

PWS Identification Number: 631917

Plant Name: Well 3

SEPT 05

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

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

Y	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozon (mg/L)	Combined Chlorine (mg/L)
Y	109000	2.2			1.6
Y	106000	2.1			1.6
X	107000				
X	124000	2.5			
X	126000	2.4			1.4
X	109000	2.2			1.2
		2.1			1.4
					1.5
X	1581000	2.4			
X	154000	2.2			1.6
X	167000	2.2			1.4
X	149000	2.2			1.2
Y	166000	2.3			1.3
		2.2			1.4
X	451000	2.1			
X	122000	2.2			1.6
X	162000	2.2			1.4
X	126000	2.2			1.8
X	108000	2.2			1.4
					1.6
X	1621000	2.0			
X	157000	2.2			
X	122000	2.1			1.5
X	134000	2.1			1.8
X	125000	2.2			1.4
		2.2			1.6
					1.9
	4172000				
	139000				
	125000				

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

PAGE 07

GARTH A

8136261030

0000

FROM :

10/05/2005 13:36 8136261030

FRX NO. :

GARTH A

Oct. 05 2005 12:53PM P3

PAGE 10

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

FILE COPY

6/5

See page 2 for instructions



Daily Finished-Water Production for the Month Year of:											
Community Water System (CWS) Name: Buena Vista											
Public Water System (PWS) Identification Number: 6510117											
Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name
Well 1	Well 2	Well 3									Total
Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)	Volume (MGD)
434.00	410.00	434.00									0
228.00	28.00	151.00									0
183.00	125.00	138.00									0
262.00	138.00	109.00									0
239.00	124.00	87.00									0
906.00	131.00	474.00									0
292.00	23.00	144.00									0
241.00	2.00	03.00									0
268.00	39.00	22.00									0
260.00	253.00	360.00									0
264.00	127.00	124.00									0
236.00	12.00	12.00									0
226.00	125.00	124.00									0
202.00	123.00	118.00									0
652.00	139.00	253.00									0
239.00	37.00	11.00									0
218.00	107.00	109.00									0
192.00	96.00	95.00									0
192.00	116.00	96.00									0
617.00	504.00	523.00									0
4651.00	434.00	4651.00									0
1500.00	1864.00	1500.00									0
1864.00	1864.00	1864.00									0

0 CT 05

Page 1



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

See page 4 for instructions.

GRT 05

A. Public Water System (PWS) Information

PWS Name: Boca Vista Trailer Park PWS Identification Number: 6510117
PWS Type: Community Non-Transient Non-Community Transient Non-Community Connection
Number of Service Connections at End of Month: 1,105 Total Population Served at End of Month: 2,760
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 800-272-1919
Plant Address: Pleasure Drive City: Hobbs State: FL Zip Code: 34090
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 12,700
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D

	<u>Stephen Hobery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>Jack Adkins</u>	<u>C</u>	<u>13019</u>	<u>"</u>

Declaration

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

Stephen Hobery 11-3-05 Stephen Hobery C-8012
Signature and Date Printed or Typed Name License Number



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

See page 4 for instructions.

001 05

A. Public Water System (PWS) Information

PWS Name: Bryan Water Utility, Inc. PWS Identification Number: 0300117

PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Community Non-Community

Number of Service Connections at End of Month: 1,186 Total Population Served at End of Month: 2,263

PWS Owner: Utility, Inc. of Florida

Contact Person: Patrick C. Egan Contact Person's Title: Regional Director

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

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6561

B. Water Treatment Plant Information

Plant Name: Well 3 Plant Telephone Number: 800-272-1919

Plant Address: Peppers Drive State: FL Zip Code: 34690

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, millions per day: 125,000

Plant Capacity (per subsection 62-699.310(9), F.A.C.): Y

Plant Class (per subsection 62-699.310(4), F.A.C.)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
STEPHEN AEBERY																					
ROBB CROW																					
ROCK AEBERS																					

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

Signature and Date: Stephen Aebery 11-3-05 License Number: C-8012



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: Nov 05									
Community Water System (CWS) Name: Buena Vista									
Public Water System (PWS) Identification Number: 6510117									
Well 1	Well 2	Well 3							
23,200	12,700	175,100							211,000
18,800	2,020	110,000							14,900
3,800	5,700	120,000							12,950
7,800	3,400	130,000							14,200
9,200	2,000	150,000							15,940
									0
									0
34,200	15,000	406,000							455,200
10,700	11,100	145,000							16,680
9,000	12,900	124,000							14,590
8,700	12,800	122,000							15,050
7,900	5,300	157,000							16,720
									0
									0
20,000	9,700	450,000							47,970
7,000	8,900	179,000							19,590
14,600	7,200	155,000							17,680
15,500	8,200	151,000							17,420
18,100	4,100	155,000							19,220
									0
									0
7,280	16,900	402,000							49,170
13,700	2,000	168,000							18,370
17,400	2,200	133,000							15,310
									0
18,600	2,100	320,000							36,050
									0
									0
42,600	24,100	471,000							53,770
19,200	4,000	170,000							19,320
15,600	4,100	134,000							15,370
									0
									49,480
									16,490
									19,590

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



See page 4 for instructions.

A. Public Water System (PWS) Information

PWS Name: St. Johns Water Treatment Plant

PWS Type: Community Non-Treatment Non-Community Community Non-Community

Number of Service Connections at End of Month: 1,105

PWS District: Florida

Customer Name: Patrick C. Ryan

Customer Name Address: 200 West 1st St, Ft. Myers, FL 33901

Customer Name Telephone Number: 813 939 1919

Customer Name E-Mail Address: p.c.ryan@stjohnswater.com

Water Treatment Plant Information

Plant Name: W-12

Plant Address: Plant by State

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Florida Department of Environmental Protection, P.O. Box 12, Tallahassee, FL 32304

Plant Capacity (per month) 100 MGD (FACT)

Plant Name	Operator	Month	Year
St. Johns Water Treatment Plant	Stephen Hobery	C	2012
St. Johns Water Treatment Plant	Stephen Hobery	C	2019

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

Signature and Title: Stephen Hobery
 Printed or Typed Name: Stephen Hobery
 License Number: C-8012

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

PWS Identification Number: 6510117

Plant Name: Well 1

200605

Means of Achieving Free-Residual Chlorine Residuals: *
 Ultraviolet Radiation Other (Describe):
 Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Type of Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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99							
100							

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

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

Plant Name: Well 3

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

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

Plant Name	Flow (gpd)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
Well 3	5924	1.6		
Well 3	120000	1.5		
Well 3	120000	1.5		
Well 3	120000	1.4		
Well 3	406000	2.0		
Well 3	645000	1.8		
Well 3	124000	1.5		
Well 3	122000	1.0		
Well 3	127000	1.3		
Well 3	450000	2.0		
Well 3	129000	2.0		
Well 3	153000	2.4		
Well 3	157000	2.3		
Well 3	185000	2.0		
Well 3	422000	1.8		
Well 3	168000	2.0		
Well 3	132000	1.5		
Well 3	120000	2.0		
Well 3	477000	2.2		
Well 3	120000	2.0		
Well 3	134000	2.1		
Well 3	452000			
Well 3	124000			
Well 3	129000			

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

FILE COPY



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

615.

Daily Finished-Water Production for the Month/Year of <u>DEC 05</u>									
Community Water System (CWS) Name: <u>Bucina Vista</u>									
Public Water System (PWS) Identification Number: <u>6510117</u>									
Well 1	Well 2	Well 3	Well 4	Well 5	Well 6	Well 7	Well 8	Well 9	Well 10
23200	12700	175100							
Net Quantity of Finished Water Produced by Each Plant (gallons)									
18800	7000	134000							211000
1000	28700	151000							159800
									180700
									0
									0
20400	40700	430000							491100
8000	14400	136000							158400
16300	28700	118000							163000
17700	29800	60000							107500
25500	34900	70000							130400
									0
									0
56600	65900	280000							402500
22700	17800	109000							149500
22300	17900	110000							151200
16300	16600	182000							134900
19500	29600	96000							144100
									0
									0
34900	26400	326000							442300
10700	16900	93000							120600
18900	23400	121000							163300
15200	22400	154000							171600
13500	19700	121000							154200
									0
									0
64100	64300	318000							446400
34300	17000	144000							195300
15700	11500	92000							124200
25900	11200	138000							175100
18200	10500	107000							136800
									0
									0
									4502900
									145200
									195300

PAGE 08

GARTH A

8135251030

01/06/2006 09:02

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117 Plant Name: Buena Vista Trailer Park

Daily Data for the Month Year of Dec 05

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

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

Day	Flow (gpd)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)
1	240	1800	2.7		
2	240	1000	2.7		
3	240				
4	240				
5	240	20400	2.0		
6	240	3000	2.2		
7	240	16300	2.3		
8	240	17700	2.7		
9	240	21500	3.0		
10	240				
11	240				
12	240	18600	2.3		
13	240	22200	2.9		
14	240	22300	2.0		
15	240	16300	2.1		
16	240	19500	2.2		
17	240				
18	240				
19	240	35400	2.3		
20	240	10300	2.5		
21	240	18500	2.0		
22	240	13200	2.2		
23	240	13500	2.0		
24	240				
25	240	16400	2.0		
26	240	24200	2.0		
27	240	13700	2.2		
28	240	25900	2.9		
29	240	19500	2.9		
30	240				
31	240				
Total		502600			
Average		16200			
Standard Deviation		37300			

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 02-653 600(3)
 Effective August 24, 2003

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117 Plant Name: 2 Buena Vista Trailer Park

II. Daily Data for the Month Year of: Dec 05

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

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

Day	Time	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
12/01	240	3000	2.0				
12/02	240	28200	1.0				
12/03	240						
12/04	240						
12/05	240	40700	1.8				
12/06	240	14400	1.5				
12/07	240	28700	2.0				
12/08	240	29800	2.2				
12/09	240	24900	2.7				
12/10	240						
12/11	240	65900	2.3				
12/12	240	19300	2.0				
12/13	240	12900	4.4				
12/14	240	16000	2.0				
12/15	240	28600	2.1				
12/16	240						
12/17	240						
12/18	240	20400	2.4				
12/19	240	16900	2.9				
12/20	240	23400	2.5				
12/21	240	22400	3.0				
12/22	240	19700	2.5				
12/23	240						
12/24	240						
12/25	240	64300	2.2				
12/26	240	17000	2.5				
12/27	240	11500	2.6				
12/28	240	11200	2.5				
12/29	240	10500	2.6				
12/30	240						
12/31	240						
		60400					
		19400					
		24800					

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 02-665-602(1)
Effective August 26, 2003

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



I. General Information for the Month Year: DEC 05

A. Public Water System (PWS) Information

PWS Name: ... PWS Identification Number: 644017
PWS Type: [X] Community [] Non-Transient Non-Community [] Transient Non-Community [] Consecutive
Number of Service Connections at End of Month: ... Total Population Served at End of Month: 2752
PWS Owner: ...
Contact Person: ... Contact Person's Title: ...
Contact Person's Mailing Address: ... City: ... State: ... Zip Code: ...
Contact Person's Telephone Number: ... Contact Person's Fax Number: ...
Contact Person's E-Mail Address: ...

B. Water Treatment Plant Information

Plant Name: 3 ... Plant Telephone Number: ...
Plant Address: pleasure drive ... City: Albany ... State: Florida ... Zip Code: 31606
Type of Water Treatment by Plant: [X] Raw Ground Water [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: ...
Plant Category (per subsection 62-699.310(4), F.A.C.): ... Plant Class (per subsection 62-699.310(4), F.A.C.): ...

III. Certification by Plant Operator

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

Signature and Date: [Signature] 1-5-06

Printed or Typed Name: Stephen Hahay

License Number: C-8012

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6510117 Plant Name: 3 Bosna Vista Trailer Park

II. Daily Data for the Month Year of: Dec 05

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

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

Day	Time	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	240	134000	2.5				1.5
1	240	157000	3.0				1.5
1	240						
1	240	170000	2.5				2.0
1	240	155000	2.8				1.5
1	240	180000	2.0				1.5
1	240	106000	2.1				1.2
1	240	20000	2.0				1.0
1	240						
1	240	230000	2.1				1.5
1	240	209000	1.8				1.5
1	240	140000	2.0				1.5
1	240	162000	2.5				1.5
1	240	96000	2.1				1.6
1	240						
1	240	326000	2.0				1.4
1	240	93000	2.8				1.4
1	240	121000	2.0				1.2
1	240	139000	2.0				1.4
1	240	121000	2.1				1.5
1	240						
1	240	218000	2.0				1.3
1	240	144000	2.2				1.3
1	240	92000	2.6				1.6
1	240	150000	2.0				1.2
1	240	107000	2.2				1.6
1	240						
1	240	3376000					
1	240	109000					
1	240	157000					

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 82-556.900(3)
Effective August 28, 2003

FLUSHING & WATER LOSS RECORD

18

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Buena Vista MHP

MONTH/YEAR: December 2005

DATE	SIZE	START TIME	STOP TIME	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1	2"					19,000	Hoyle
2	2"			180	110	19,800	2035 Melody Drive
3						5,500	2046 Lullaby (meter)
4						41,200	1815 Lullaby (meter)
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15	2"					19,000	4049 Lange
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Buena Vista

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

✓ ORIG: FIAE
CC: RR, PF

January 31, 2006

Mr. Patrick Flynn
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32701

Re: Compliance Inspection
Buena Vista Trailer Park
PWS-ID No. 651-0117
Pasco County

Dear Mr. Flynn:

The attached compliance inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock
Environmental Specialist II
Drinking Water Section

PS/dm^c

Attachment

cc: Steve Habery

1/31

COMPLIANCE INSPECTION

OWNER/ADDRESS

Mr. Patrick Flynn

Utilities Inc. Of FL

200 Weathersfield Ave.

Altamonte Springs, FL 32701

SYSTEM NAME Buena Vista TP well-3

ID# 6510117

SYSTEM TYPE C

COUNTY Pasco

SUPERVISOR: Ed Watson

INSPECTOR: Peter Screnock

INSPECTION DATE: 11/2/05

Check List:

- Well Protection - Housing Security Fencing
- * Sanitary Seal/Disinfection Port
- * 6' x 6' x 4" Concrete Apron - Cracked Missing Inadequate size
- Raw Water Tap - Missing Threaded Wrong location
- * Check Valve - Inoperable Missing Wrong location
- Time Clock / Flow Meter - Missing Broken Make Water Specilities 20091700 rea
- * Sanitary Hazard _____
- Water Pressure Gauge - Missing Broken/Cracked On/Off 50/60 P.S.I.
- * Disinfection Free Cl₂ Plant 1.40 mg/l Remote _____ mg/l Chlorinator Stenner set at 3.75 17 gpd
- * Gas Chlorination: Need Separate Room Cross-Ventilation
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- * Cross-Connection - Location: _____
- * Auxiliary Power/Second Well Operated Monthly - Yes No
- Certified Operator Name: Steve Habery Number C-8010
- Maintenance Logs _____
- NSF or UL Approved Chlorine Yes No
- OTHER TREATMENT – Softeners Filters Aerators Other _____
- Tanks checked annually Yes No Date Cleaned _____ Date Inspected _____
- O & M manual Yes No Distribution Map Yes No N/A
- Emergency/response Plan Yes No N/A
- System flushing plan Yes No System flushed Yes No
- Preventative maintenance plan Yes No
- ARV/PRV testing on Hydro tank Yes No
- Exercising of isolation valves Yes No
- Miscellaneous _____
- NO DEFICIENCIES THIS DATE

***(X) REQUIRES REINSPECTION**

COMMENTS

No deficiencies at time of inspection. Water system is well operated and maintained.

Buena Vista

Docket No. 060253-WS

25.30-440(6)
Permits

Test Year Ended December 31, 2005

Permit No.: 20003590.003
 Permittee: Utilities, Inc. of Florida
 Page 2

WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME

Buena Vista Mobile Home Park

<u>USE TYPE</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
Residential Single Family	2,210	Gross 77 gpd/person Adjusted Gross 77 gpd/person

<u>I.D. NO.</u> <u>PERMITTEE/ DISTRICT</u>	<u>DIAM.</u> <u>(IN.)</u>	<u>DEPTH</u> <u>TTL./CSD.</u>	<u>USE</u>	<u>GALLONS PER DAY</u>	
				<u>AVERAGE</u>	<u>PEAK MONTHLY</u>
1 / 1	6	75 / 53	B	18,700	23,200
2 / 2	6	120 / 35	B	10,200	12,700
3 / 3	8	105 / 58	B	141,100	175,100

B = Public Supply

<u>DISTRICT</u> <u>I.D. NO.</u>	<u>LOCATION</u> <u>LAT./LONG.</u>	<u>SECTION/TOWNSHIP/RANGE</u>
1	281103.80/824439.09	31/26/16
2	281119.37/824444.86	30/26/16
3	281120.94/824428.17	30/26/16

SPECIAL CONDITIONS:

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Brooksville Regulation Department, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department
 Southwest Florida Water Management District
 2379 Broad Street
 Brooksville, Florida 34604-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters or other flow measuring devices as approved by the Regulation Department Director, Resource Regulation, for District ID Nos. **1, 2 and 3**, Permittee ID Nos. **1, 2 and 3**. Such devices shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a **monthly** basis within the last week of the month. The meter readings shall be reported to the Permit Data Section, Records and Data Department, (using

District scanning forms, unless the District has approved another arrangement for submission of this data) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, the report shall be submitted to the Permit Data Section, Records and Data Department, indicating zero gallons.

If the meter or other flow measuring device malfunctions or has to be removed from the withdrawal for maintenance or repair, the Permittee shall replace it with a repaired or new meter, subject to the same specifications given above, within 30 days of its removal from the withdrawal. While the meter is off the withdrawal, the Permittee shall notify the Permit Data Section and submit an estimate of their water use for the withdrawal during that period according to the instructions received from the District.

3. Water quality samples shall be collected and analyzed, for parameters, and frequencies specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a laboratory certified by the Florida Department of Health utilizing the standards and methods applicable to the parameters analyzed and to the water use pursuant to Chapter 64E-1, Florida Administrative Code, "Certification of Environmental Testing Laboratories". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Regulation Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Regulation Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

<u>District ID No.</u>	<u>Permittee ID No.</u>	<u>Minimum Pumping Time (minutes)</u>	<u>Parameter</u>	<u>Sampling Frequency</u>
3	3	15	Chlorides, Sulfates, and Specific Conductivity	February, May, August and November

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	Same week of each month
Quarterly	Same week of months specified
Semi-annually	Same week of months specified

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

4. The District reserves the right to set **Chloride, Sulfate and Specific Conductivity** concentration limits on any production well in the future, based on data collected and after a sufficient database has been established to determine limits. These limits shall be required after discussions with the Permittee. At such time as the concentration in any water sample reaches or exceeds the designated concentration limits, the Permittee shall take appropriate action to reduce concentrations to below those set for the particular well. If the District determines that long-term upward trends or other significant water quality changes are occurring, the District may reconsider the quantities permitted.
5. The Permittee shall have a per capita water rate equal to or less than 150 gpd, and this standard shall remain in effect until modified by rule. For planning purposes, be advised that the District may establish lower per-capita rate requirements for future management periods through future rulemaking. These rates are 140 gallons per capita per day (gpcd) and five years afterwards, 130 gpcd.

By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

- a. The population served;
- b. Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
- c. Total withdrawals;
- d. Treatment losses;
- e. Environmental mitigation quantities;
- f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point; and
- g. Documentation of reuse and desalination credits, if taken.

If for some reason, the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

6. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by the following dates: April 1, 1997; April 1, 2001; and **April 1, 2011**. Water audit reports shall include a schedule for remedial action if needed.

Permit No.: 20003590.003
Permittee: Utilities, Inc. of Florida
Page 5

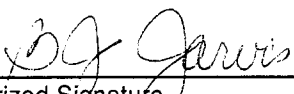
7. By **April 1** of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
- a. The number of single family dwelling units served and their total water use,
 - b. The number of multi-family dwelling units served and their total water use,
 - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

8. By **January 1** of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:
- a. Quantity of total reclaimed water provided by the Permittee for reuse on both a total annual average daily and monthly basis;
 - b. For all individual customer reuse connections with line sizes of 4 inches or greater, list:
 - 1. account name and address;
 - 2. location of connections by latitude - longitude;
 - 3. line size;
 - 4. meter (yes or no); and
 - 5. metered quantities, if metered.

STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.



Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Permit No.: 20003590.003
Permittee: Utilities, Inc. of Florida
Page 6

40D-2
Exhibit "A"
WATER USE PERMIT CONDITIONS

STANDARD CONDITIONS

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

12. The Permittee shall mitigate any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - a. A reduction in water levels which impairs the ability of the well to produce water;
 - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer water body.
13. The Permittee shall mitigate any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses;
 - b. Sinkholes or subsidence caused by reduction in water levels;
 - c. Damage to crops and other vegetation causing financial harm to the owner; and
 - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.
18. The annual average daily withdrawal quantity is determined by calculating the total quantity of water to be withdrawn over a 1-year period, divided by 365 days, which results in a gallons per day (gpd) quantity pursuant to Basis of Review, Section 3.2, Permitted Withdrawal Quantities. This is a running 12-month average, whereby each month the annual average daily quantity is recalculated based on the previous 12-month pumpage.
19. Within the Southern Water Use Caution Area, if the District determines that significant water quantity or quality changes, impacts to existing legal uses, or adverse environmental impacts are occurring, the Board, upon reasonable notice to the permittee, including a statement of facts upon which the District based its determination, may reconsider the quantities permitted or other conditions of the permit as appropriate to address the change or impact but only after an opportunity for the permittee to resolve or mitigate the change or impact or to request a hearing.

Buena Vista

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Buena Vista

Docket No. 060253-WS

25.30-440(8)
Field Employees

Test Year Ended December 31, 2005

Facilities:

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

Duties and Responsibilities:

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

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

Pasco and Pinellas Counties:

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

Jack Adkins, Operator ("C" Water License)

Marion County:

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

Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader

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

Thomas W Abendroth, Field tech

James Roger Adlay, Operator

Robert K Cooper, Field Tech

Robb Douglas Crow, Operator

Michael John Gavaletz, Operator

Jimmie H. Hollister, Field Tech

Alexander Lorenzo, Operator

Roy Mericle, Operator

Raymond Alan Parrish, Operator

Jeffrey Pinder, Field Supervisor

Frederick E Quinlan II, Field Tech

Roberto Remigio, Meter Reader

Mickey A Shue, Field Tech

Ronald D. White, Field Supervisor

William B Willingham, Field Tech

James Dennis Yingling, PT Field Tech

James Howard Pendarvis, Field Tech

Preston S Boardway, PT Field Tech

James Edward Carroll, Operator

Leonard E Ledwell, Operator

David Ryniak, Operator

Buena Vista

Docket No. 060253-WS

25.30-440(9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	HARRY HOFF	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6W5604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WFP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDD13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GQ22X7Y5753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

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

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

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

Buena Vista

Docket No. 060253-WS

25.30-440(10)
Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

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