

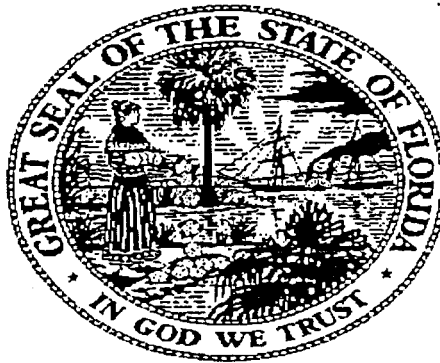
CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

**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 5 of 11

System(s):

Summertree

DOCUMENT NUMBER: DATE
09071 OCT-28
FPSC-COMMISSION CLERK

Summertree

Docket No. 060253-WS

Pasco County

Test Year Ended December 31, 2005

Summertree

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Summertree

Docket No. 060253-WS

25.30-440(2)
Chemicals Used

Test Year Ended December 31, 2005

**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

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Park Ridge	Chlorine	3-4 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Phillips	Chlorine	2-3 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Crystal Lake	Chlorine	3-4 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Jansen	Chlorine	12-15gpd	\$ 1.15/gal
		Polyphosphate	2-3 gpd	\$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

SEP-26-2006 15:02

4078696961

97%

P.03

09/26/2006 13:52 4078696961

UTILITIES INC OF FL

PAGE 03/05

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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes / No	50 LBS	LBS	\$ 2.16 / LB	0.2 lbs/day
		Liquid Chlorine	Yes / No	<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> Yes / No	100 LBS	LBS	\$ 1.48 / LB	0.7 LBS/day

(so far)

(269 days so far)

Summertree

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

4th QTR 05

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Summertree
 Matrix: Drinking Water
 PWS ID#: 6511423
 Client Sample ID: 11608 Aspen Wood
 Site: WTP
 Sample Number: T0510392-03

Report No.: T0510392
 Date/Time Sampled: 10/11/05 09:27
 Date/Time Received: 10/11/05 15:51

Sampled By: Jack Adkins
 Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2480	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	10/28/2005	17:03	E82574
2451	Dichloroacetic Acid		ug/L	3.7		E552.2	0.58	10/28/2005	17:03	E82574
2452	Trichloroacetic Acid		ug/L	3.8		E552.2	0.60	10/28/2005	17:03	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E682.2	0.34	10/26/2005	17:03	E82574
2454	Dibromoacetic Acid		ug/L	0.45	U	E552.2	0.45	10/28/2005	17:03	E82574
2941	Chloroform		ug/L	96		E502.2	3.1	10/21/2005	18:33	E82574
2942	Bromoform		ug/L	3.6	U	E502.2	3.8	10/21/2005	18:33	E82574
2943	Bromodichloromethane		ug/L	12	i	E502.2	3.8	10/21/2005	18:33	E82574
2944	Dibromochloromethane		ug/L	2.8	U	E502.2	2.8	10/21/2005	18:33	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 (u), the PQL is defined to be 4 times the MDL

P.4

626

4 Qtr 05

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Summertree
 Matrix: Drinking Water
 PWS ID#: 6511423
 Client Sample ID: 11829 Ivy Wood
 Site: WTP
 Sample Number: T0510392-01

Report No.: T0510392
 Date/Time Sampled: 10/11/05 08:00
 Date/Time Received: 10/11/05 15:51

Sampled By: Jack Adkins
 Shipping Method: AEL Pick-up

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	10/28/2005	17:03	E82574
2451	Dichloroacetic Acid		ug/L	28		E552.2	0.56	10/28/2005	17:03	E82574
2452	Trichloroacetic Acid		ug/L	53		E552.2	0.60	10/28/2005	17:03	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/28/2005	17:03	E82574
2454	Dibromoacetic Acid		ug/L	0.45	U	E552.2	0.45	10/28/2005	17:03	E82574
2941	Chloroform		ug/L	110		E502.2	3.1	10/21/2005	18:33	E82574
2942	Bromoform		ug/L	3.6	U	E502.2	3.6	10/21/2005	18:33	E82574
2943	Bromodichloromethane		ug/L	14	I	E502.2	3.8	10/21/2005	18:33	E82574
2944	Dibromochloromethane		ug/L	2.8	U	E502.2	2.8	10/21/2005	18:33	E82574

I The reported value is between the laboratory method detection limit and the regulatory 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: Summertree
 Matrix: Drinking Water
 PWS ID#: 6511423
 Client Sample ID: 11411 Turtle Dr.
 Site: WTP
 Sample Number: T0510392-02

Report No.: T0510392
 Date/Time Sampled: 10/11/05 09:00
 Date/Time Received: 10/11/05 16:51

Sampled By: Jack Adkins
 Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	NCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Chloroacetic Acid		ug/L	0.01	U	E502.2	0.01	10/26/2005	17:03	E82574
2451	Dichloroacetic Acid		ug/L	47		E552.2	0.56	10/26/2005	17:03	E82574
2452	Trichloroacetic Acid		ug/L	56		E552.2	0.60	10/26/2005	17:03	E82574
2463	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	10/26/2005	17:03	E82574
2454	Dibromoacetic Acid		ug/L	0.45	U	E552.2	0.45	10/26/2005	17:03	E82574
2941	Chloroform		ug/L	100		E502.2	3.1	10/21/2005	18:33	E82574
2942	Bromoform		ug/L	3.0	U	E502.2	3.6	10/21/2005	18:33	E82574
2943	Bromodichloromethane		ug/L	12	I	E502.2	3.8	10/21/2005	18:33	E82574
2944	Dibromochloromethane		ug/L	2.8	U	E502.2	2.8	10/21/2005	18:33	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 a U, the PQL is defined to be 4 times the MDL

p. 3



Advanced Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9818
FAX (813) 630-4327

Client: Utilities Inc of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714
Contact: Stephen Habery
Phone Number: 727-934-9137
Project Location: Summerree
Wells 13-17 Combined

Report Number: T0510953
Date Reported: 11/29/2005
Date/Time Sampled: 10/26/05 0600
Date/Time Received: 10/26/05 1600
DOH Cert. No.: E84589

PWS ID #: 6511423
Matrix: Drinking Water

Pesticide/PCB Chemical Analysis
62-550.310(2)(e)
(PWS029)
Units: ug/L

Parameter ID	Name(MCL)	Sample Number	Analysis Result	Data Qualifier	Analytical Method	Detection Limit Used	Analysis Date	DOH Lab ID:
2031	Dalapon (200)	T0510953-01	0.01	U	515.3	0.01	11/08/2005	E86006

Approved by:

Tammie Heslin, Project Manager

Advanced Environmental Lab certifies that the test results in this report meet all requirements of Nelaac standards.

MCL-Maximum Contaminant Level

U-Sample was analyzed for but not detected

P.1027

FROM :

FAX NO. :

1205
Mar. 21 2005 12:45PM P4

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 3
Site: 11608 Aspen Wood
Sample Number: T050619-03

Report No.: T250619
Date/Time Sampled: 01/20/05 08:30
Date/Time Received: 1/20/05 14:35

Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analyte Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	64		E502.2	1.6	01/28/2005	14:17	E82574
2942	Bromoform		ug/L	1.8	U	E502.2	1.8	01/28/2005	14:17	E82574
2943	Bromodichloromethane		ug/L	9.3		E502.2	1.8	01/28/2005	14:17	E82574
2944	Dibromochloromethane		ug/L	1.4	U	E502.2	1.4	01/28/2005	14:17	E82574

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

P.4

Mar. 21 2005 12:46PM P7

FAX NO.: 210

FROM :

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories Inc.
T060316
Sample ID: T050216-03

January 20, 2005
Sample No.: 47810.03

PTTS BY: _____

Disinfectant Residual (mg/L): _____

11608 Aspen wood.

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1.2		EPA 552.2	1	01/20/05	07:53	E84129
2451	Dichloroacetic Acid	N/A	µg/L	16		EPA 552.2	1	01/20/05	07:53	E84129
2452	Trichloroacetic Acid	N/A	µg/L	44		EPA 552.2	1	01/20/05	07:53	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	01/20/05	07:53	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	01/20/05	07:53	E84129
2456	Total Haloacetic Acids	60	µg/L	63		EPA 552.2	1	01/20/05	07:53	E84129

*Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

FROM :

FAX NO. :

Mar. 21 2005 12:45PM P2

Advanced Environmental Laboratories, Inc. Analytical Report

Client: WWHies, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 5511423
Client Sample ID: 1
Site: 11829 Ivywood
Sample Number: T050619-01

Report No.: T050619
Date/Time Sampled: 01/20/05 08:00
Date/Time Received: 1/20/05 14:35

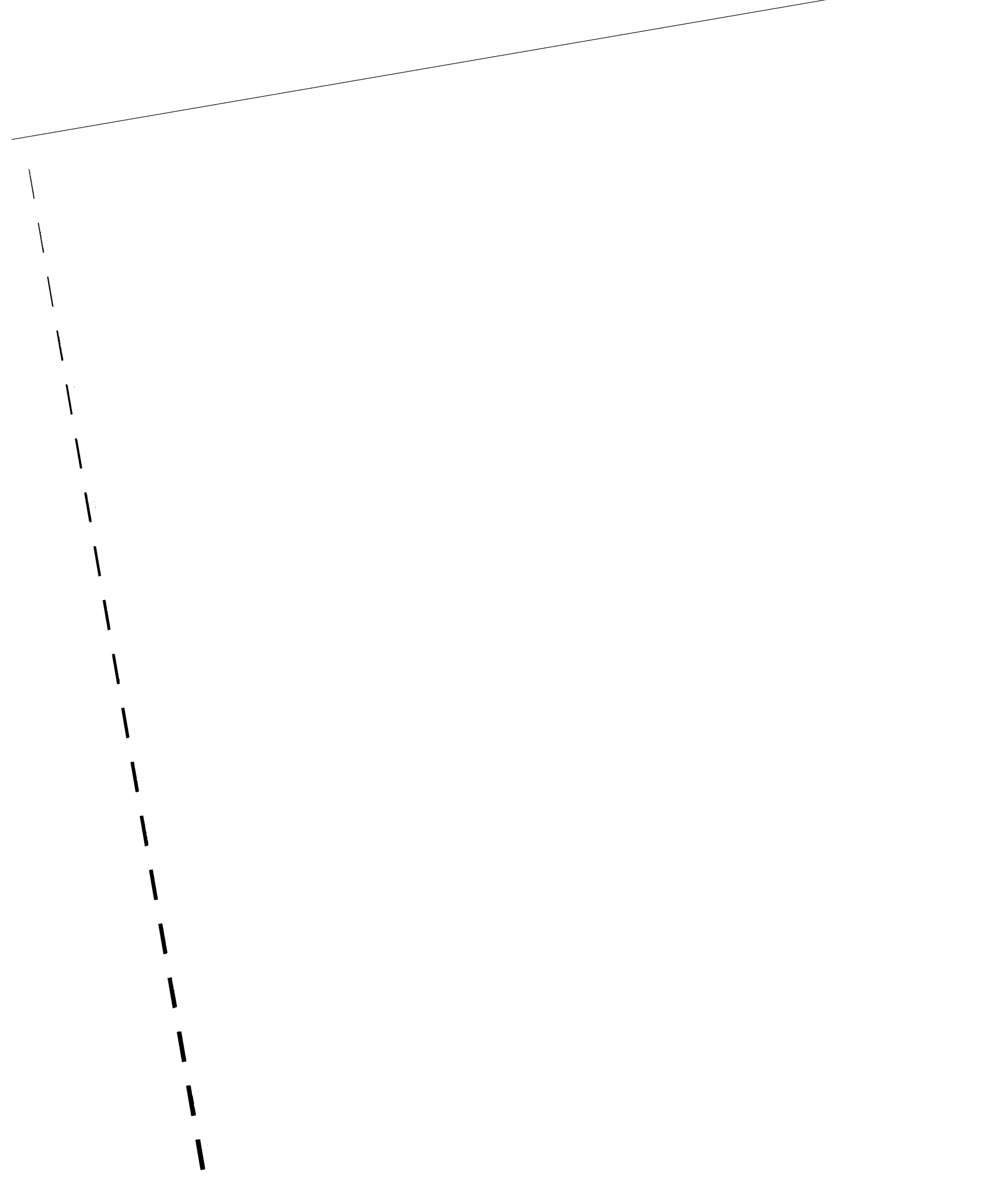
Sampled By: Jack Adkins
Shipping Method: A&L Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DCH Lab Cert. #
2941	Chloroform		ug/L	74		E502.2	1.6	01/20/2005	14:57	E82574
2942	Bromoform		ug/L	1.8	U	E502.2	1.8	01/20/2005	14:57	E82574
2943	Bromochloromethane		ug/L	11		E502.2	1.9	01/20/2005	14:57	E82574
2944	Dibromochloromethane		ug/L	1.4	U	E502.2	1.4	01/20/2005	14:57	E82574

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

P.2



Mar. 21 2005 12:45PM P5

FAX NO. :

FROM :

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories Inc.

T050316

Sample ID: T050316-01

January 20, 2005

Sample No.: 47910.01

PWS ID:

Disinfectant Residual (mg/L):

11529 Ivy wood

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.8		EPA 552.2	1	01/20/05	07:16	EB4129
2451	Dichloroacetic Acid	N/A	µg/L	22		EPA 552.2	1	01/20/05	07:16	EB4129
2452	Trichloroacetic Acid	N/A	µg/L	46		EPA 552.2	1	01/20/05	07:16	EB4129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	01/20/05	07:16	EB4129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	01/20/05	07:16	EB4129
2456	Total Haloacetic Acids	60	µg/L	71		EPA 552.2	1	01/20/05	07:16	EB4129

* Qualifiers:

U Analyte was undetectable. Indicated concentration is method detection limit.

FROM :

FAX NO. :

Mar. 21 2005 12:45PM P3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 2
Site: 11411 Turtle Dove
Sample Number: T050819-02

Report No.: T050819
Date/Time Sampled: 01/20/05 08:15
Date/Time Received: 1/20/05 14:35

Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2841	Chloroform		ug/L	76		E502.2	1.0	01/28/2005	14:07	E82574
2842	Bromoform		ug/L	1.0	U	E502.2	1.0	01/28/2005	14:07	E82574
2843	Bromodichloromethane		ug/L	1.0		E502.2	1.0	01/28/2005	14:07	E82574
2844	Dibromochloromethane		ug/L	1.4	U	E502.2	1.4	01/28/2005	14:07	E82574

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

P.3

Mar. 21 2005 12:46PM P6

FAX NO. :

FROM :

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories Inc.
T050316
Sample ID: T050316-09

January 20, 2005
Sample No.: 47916.02
PWS ID: _____

Disinfectant Residual (mg/L): _____

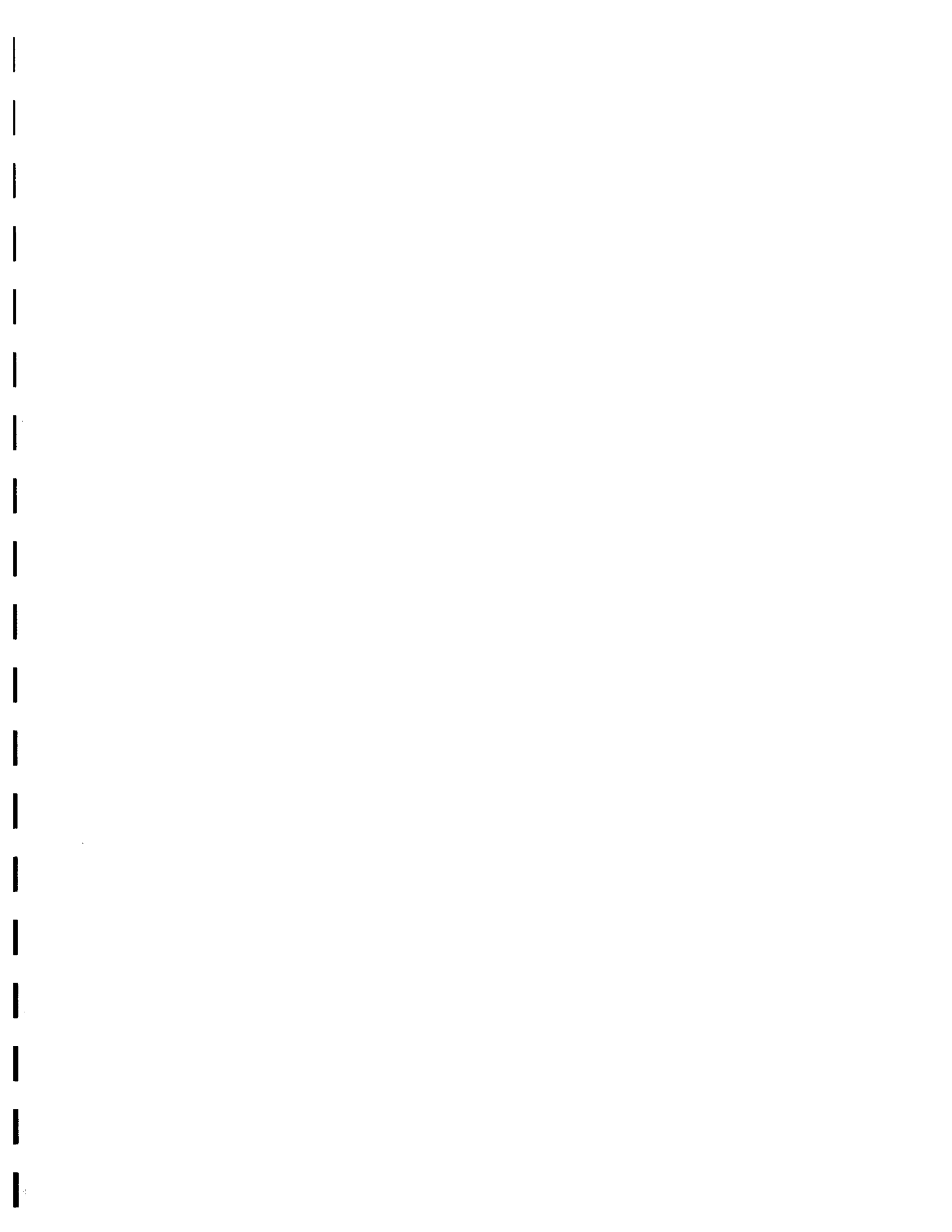
11411 Turtle DV

Disinfection Byproducts 62-560.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.3		EPA 552.2	1	01/20/05	07:34	E84129
2451	Dichloroacetic Acid	N/A	µg/L	19		EPA 552.2	1	01/20/05	07:34	E84129
2452	Trichloroacetic Acid	N/A	µg/L	40		EPA 552.2	1	01/20/05	07:34	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	01/20/05	07:34	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	01/20/05	07:34	E84129
2466	Total Haloacetic Acids	60	µg/L	61		EPA 552.2	1	01/20/05	07:34	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.



20 2005.

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories Inc.
T053616
Sample ID: T053616-03

April 22, 2005
Sample No.: 50614.03
PWS ID: _____

Disinfectant Residual (mg/L): _____

11603 Aspenwood.

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	2.9		EPA 552.2	1	04/22/05	02:03	E84129
2451	Dichloroacetic Acid	N/A	µg/L	22		EPA 552.2	1	04/22/05	02:03	E84129
2452	Trichloroacetic Acid	N/A	µg/L	43		EPA 552.2	1	04/22/05	02:03	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	02:03	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	02:03	E84129
2456	Total Haloacetic Acids	60	µg/L	68		EPA 552.2	1	04/22/05	02:03	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Jul. 01 2005 01:49PM P6

FAX NO. :

210

FROM :

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories Inc.

T053616

Sample ID: T053616-01

April 22, 2005

Sample No.: 50014.01

PWS ID: _____

Disinfectant Residual (mg/L): _____

11829 Ivy wood

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	00:48	E84129
2451	Dichloroacetic Acid	N/A	µg/L	26		EPA 552.2	1	04/22/05	00:48	E84129
2452	Trichloroacetic Acid	N/A	µg/L	51		EPA 552.2	1	04/22/05	00:48	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	00:48	E84129
2454	Dibromoacetic Acid	N/A	µg/L	2.1		EPA 552.2	1	04/22/05	00:48	E84129
2456	Total Haloacetic Acids	60	µg/L	79		EPA 552.2	1	04/22/05	00:48	E84129

FD

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Jul. 01 2005 01:49PM P4

FAX NO. :

FROM :

SOUTHERN ANALYTICAL LABORATORIES, INC.



Advanced Environmental Laboratories Inc.
 T053616
 Sample ID: T053616-02

April 22, 2005
 Sample No.: 50014.02
 PWS ID: _____

11411 Turtle DV

Disinfectant Residual (mg/L): _____

**Disinfection Byproducts
 62-550.310(3)**

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	01:07	E84129
2451	Dichloroacetic Acid	N/A	µg/L	25		EPA 552.2	1	04/22/05	01:07	E84129
2452	Trichloroacetic Acid	N/A	µg/L	47		EPA 552.2	1	04/22/05	01:07	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	01:07	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	04/22/05	01:07	E84129
2456	Total Haloacetic Acids	60	µg/L	72		EPA 552.2	1	04/22/05	01:07	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

JUL 01 2005 01:49PM P5

FAX NO. :

PS

FROM :

FROM :

FAX NO. :

Jul. 01 2005 01:49PM P3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 2
Site: 11411 Turtle Dove
Sample Number: T053970-02

Report No.: T053970
Date/Time Sampled: 04/25/05 11:00
Date/Time Received: 4/25/05 15:20

Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analyse Results	Qualifier	Analytical Method	Lab MDL	Analyse Date	Analyse Time	DOH Lab Cert. #
2941	Chloroform		ug/L	84		E502.2	1.8	4/27/2005	21:51	E82574
2942	Bromoform		ug/L	1.8	U	E502.2	1.8	4/27/2005	21:51	E82574
2943	Bromodichloromethane		ug/L	11		E502.2	1.9	4/27/2005	21:51	E82574
2944	Dibromochloromethane		ug/L	1.4	U	E502.2	1.4	4/27/2005	21:51	E82574

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

P.3

FROM :

FAX NO. :

Jul. 01 2005 01:49PM P2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertrae
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 3
Site: 11808 Aspen Wood
Sample Number: T053970-03

Report No.: T053970
Date/Time Sampled: 04/25/05 11:00
Date/Time Received: 4/25/05 15:20
Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DCH Lab Cert. #
2941	Chloroform		ug/L	73		E502.2	1.0	4/27/2005	21:51	E82574
2942	Bromoform		ug/L	1.8	U	E502.2	1.0	4/27/2005	21:51	E82574
2943	Bromodichloromethane		ug/L	9.1		E502.2	1.9	4/27/2005	21:51	E82574
2044	Dibromochloromethane		ug/L	1.4	U	E502.2	1.4	4/27/2005	21:51	E82574

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

pat

FROM :

FAX NO. :

Jul. 01 2005 01:48PM P1

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 1
Site: 11829 Ivywood
Sample Number: T053970-01

Report No.: T053970
Date/Time Sampled: 04/25/05 11:00
Date/Time Received: 4/26/05 15:20

Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	1.0		E502.2	1.0	4/27/2005	21:51	E82574
2942	Bromoform		ug/L	1.8	U	E502.2	1.8	4/27/2005	21:51	E82574
2943	Bromodichloromethane		ug/L	1.3		E502.2	1.0	4/27/2005	21:51	E82574
2944	Dibromochloromethane		ug/L	1.4	U	E502.2	1.4	4/27/2005	21:51	E82574

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

FROM :

FAX NO. :

Aug. 31 2005 12:32PM P1

3rd Qtr 05

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: UG/ies, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 1
Site: 11828 Ivywood
Sample Number: T057397-01

Report No.: T057397
Date/Time Sampled: 07/27/05 08:30
Date/Time Received: 7/27/05 15:40

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

Disinfection Byproducts

Contam ID	Contam Name	MCL	UHM	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DCH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	08/04/2005	23:28	E82574
2451	Dichloroacetic Acid		ug/L	38		E552.2	0.56	08/04/2005	23:28	E82574
2452	Trichloroacetic Acid		ug/L	72		E552.2	0.80	08/04/2005	23:28	E82574
2453	Bromoacetic Acid		ug/L	0.63	I	E552.2	0.34	08/04/2005	23:28	E82574
2454	Dibromoacetic Acid		ug/L	1.9		E552.2	0.45	08/04/2005	23:28	E82574
2941	Chloroform		ug/L	110		E502.2	3.1	07/29/2005	14:57	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	07/29/2005	14:57	E82574
2943	Bromodichloromethane		ug/L	14		E502.2	0.38	07/29/2005	14:57	E82574
2944	Dibromochloromethane		ug/L	1.2		E502.2	0.38	07/29/2005	14:57	E82574

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

P-2

FROM :

FAX NO. :

Aug. 31 2005 12:33PM P3

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 3
Site: 1608 Aspen Woo
Sample Number: TC57397-03

Report No.: T057397
Date/Time Sampled: 07/27/05 09:29
Date/Time Received: 7/27/05 15:40

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

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cont. #
2460	Chloroacetic Acid		ug/L	0.81	U	E562.2	0.81	08/04/2005	23:26	E82574
2451	Dichloroacetic Acid		ug/L	18		E562.2	0.56	08/04/2005	23:26	E82574
2452	Trichloroacetic Acid		ug/L	41		E562.2	0.60	08/04/2005	23:26	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E562.2	0.34	08/04/2005	23:26	E82574
2454	Dibromoacetic Acid		ug/L	0.46	i	E562.2	0.45	08/04/2005	23:26	E82574
2941	Chloroform		ug/L	89		E502.2	3.1	07/29/2005	14:57	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	07/29/2005	14:57	E82574
2943	Bromodichloromethane		ug/L	13		E502.2	0.38	07/29/2005	14:57	E82574
2944	Dibromochloromethane		ug/L	1.3		E502.2	0.26	07/29/2005	14:57	E82574

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

P.4

FROM :

FAX NO. :

Aug. 31 2005 12:33PM P2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: UTILITIES, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 2
Site: 11411 Turtle Doy

Report No.: T057397
Date/Time Sampled: 07/27/05 08:57
Date/Time Received: 7/27/05 15:40

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

Sample Number: T057397-02

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	08/04/2005	23:26	E82574
2451	Dichloroacetic Acid		ug/L	37		E552.2	0.58	08/04/2005	23:26	E82574
2452	Trichloroacetic Acid		ug/L	78		E552.2	0.80	08/04/2005	23:28	E82574
2453	Bromoacetic Acid		ug/L	0.97	I	E562.2	0.34	08/04/2005	23:26	E82574
2454	Dibromoacetic Acid		ug/L	4.8		E562.2	0.48	08/04/2005	23:28	E82574
2941	Chloroform		ug/L	100		E502.2	3.1	07/29/2005	14:57	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	07/29/2005	14:57	E82574
2943	Bromodichloromethane		ug/L	14		E502.2	0.38	07/29/2005	14:57	E82574
2944	Dibromochloromethane		ug/L	0.85	I	E502.2	0.28	07/29/2005	14:57	E82574

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

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P3

FROM :

FAX NO. :

Jul. 25 2005 01:21PM P10

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summerfree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 1
Site: Well 13-17
Sample Number: T056682-01

Report No.: T056682
Date/Time Sampled: 07/11/05 8:00
Date/Time Received: 7/11/05 14:50

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

Synthetic Organics

Container ID	Container Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cat.#
2031	Dialapen	200	ug/L	0.86	U	E515.3	0.86	1.0	7/10/2005	14:24	E82574
2040	Picloram	500	ug/L	0.47	U	E515.3	0.47	0.10	7/18/2005	14:24	E82574
2041	Dinoseb	7.0	ug/L	0.84	U	E515.3	0.84	0.20	7/15/2005	14:24	E82574
2105	2,4-D	70	ug/L	1.7	U	E516.0	1.7	0.10	7/15/2005	14:24	E82574
2110	2,4,5-TP (Blivet)	50	ug/L	0.080	U	E515.3	0.080	0.20	7/16/2005	14:24	E82574
2326	Pentachlorophenol	1.0	ug/L	0.24	U	E515.3	0.24	0.040	7/16/2005	14:24	E82574

U The compound was analyzed for but not detected.

MDL Method Reporting Limit

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

P.2



Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 2
Site: Well 1
Sample Number: T056682-02

Report No.: T056682
Date/Time Sampled: 7/11/2005 7:00
Date/Time Received: 7/11/05 14:50

**AMENDED
REPORT**

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

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DGH Lab Cert. #
1017	Total Chlorides	250	mg/L	20		SM4500CL-E	1.3	7/18/2005	10:00	E84589
1055	Sulfate (as SO4)	250	mg/L	1.4	U	E375.4	1.4	7/13/2005	8:10	E84589
1930	Total Dissolved Solids	500	mg/L	280		E160.1	10	7/13/2005	18:00	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

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Summertree
 Matrix: Drinking Water
 PWS ID#: 6511423
 Client Sample ID: 3
 Site: Well 13
 Sample Number: T056682-03

Report No.: T056682
 Date/Time Sampled: 7/11/2005 7:20
 Date/Time Received: 7/11/05 14:50

**AMENDED
 REPORT**

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

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/l.	23		SM4500CL-E	1.3	7/18/2005	10:00	E84589
1065	Sulfate (as SO4)	250	mg/L	1.4	U	E375.1	1.4	7/13/2005	9:10	E84589
1930	Total Dissolved Solids	500	mg/L	250		E160.1	10	7/13/2005	18:00	E84589

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

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 0511423
Client Sample ID: Well 1
Site: Summertree
Sample Number: T0510043-01

Report No.: T0510043
Date/Time Sampled: 10/03/05 8:00
Date/Time Received: 10/3/05 12:50
Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	14		E300.0	2.1	10/6/2005	10:29	E84589
1055	Sulfate (as SO4)	250	mg/L	1.4	U	E300.0	1.4	10/6/2005	10:29	E84589
1930	Total Dissolved Solids	500	mg/L	290		E180.1	10	10/6/2005	10:00	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

p. 2

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: Well 13
Site: Summertree
Sample Number: T0510043-02

Report No.: T0510043
Date/Time Sampled: 10/03/05 9:00
Date/Time Received: 10/3/05 12:50

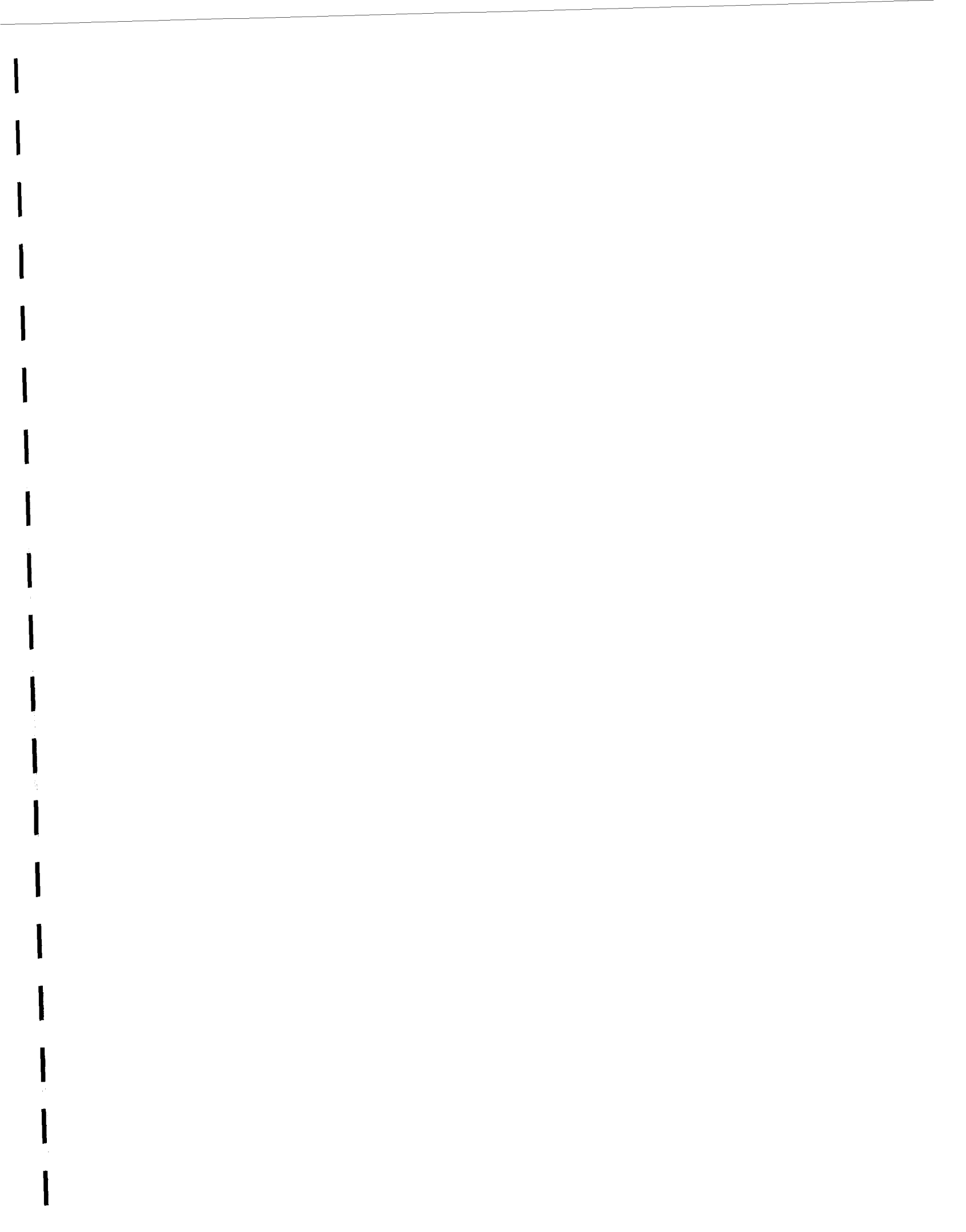
Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

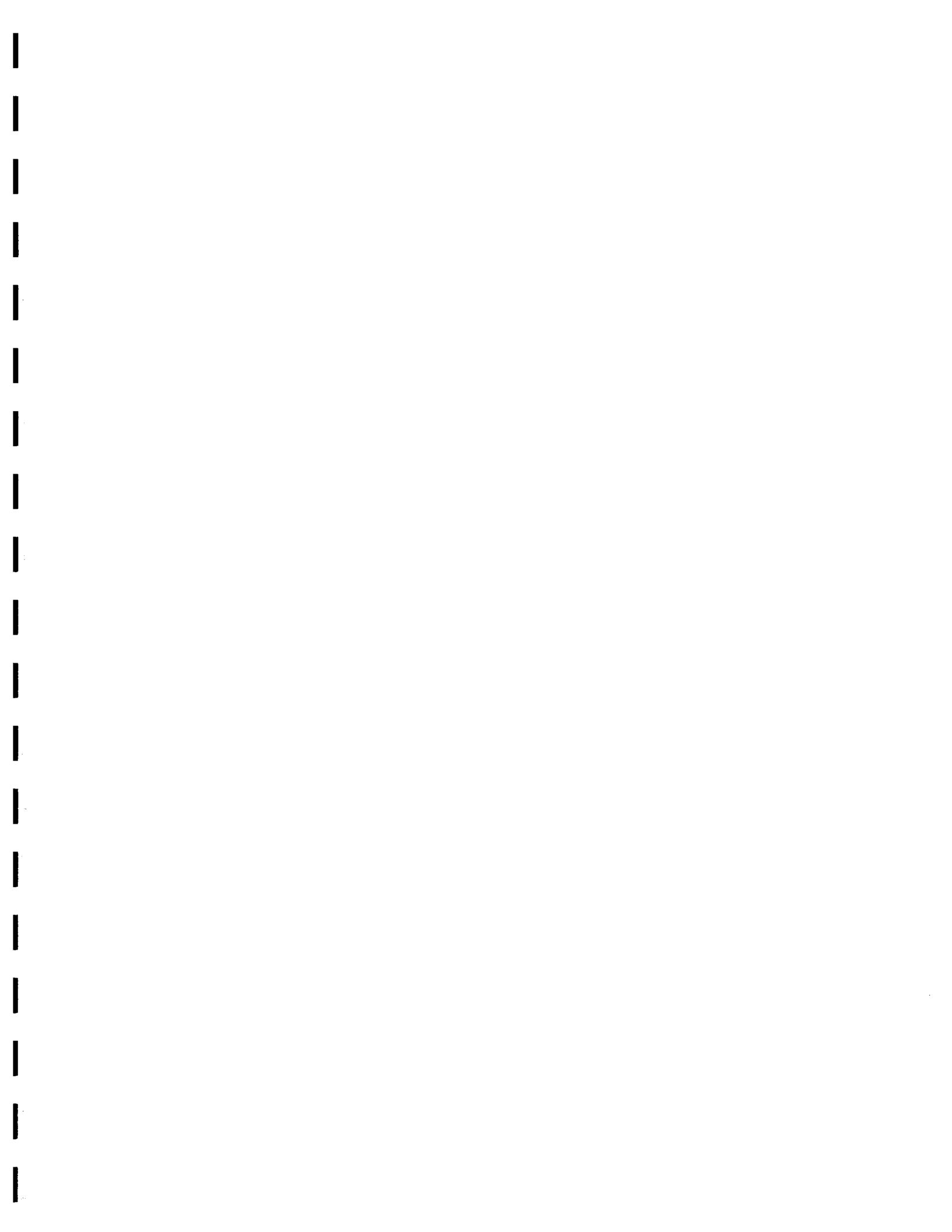
Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	12		E300.0	2.1	10/25/2005	16:50	E84589
1055	Sulfate (as SO4)	250	mg/L	2.1	U	E300.0	2.1	10/25/2005	16:50	E84589
1830	Total Dissolved Solids	500	mg/L	220		E180.1	10	10/6/2005	10:00	E84589

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

p.3





SOUTHERN ANALYTICAL LABORATORIES, INC.



Safe Drinking Water Program Laboratory Report

Utilities Inc.
Summer Trees Wells 13 & 17

PUBLIC WATER SYSTEM INFORMATION

PWS I.D. #: 6511423

System Name: Summer-Tree
System Type: Community Nontransient Noncommunity Transient Noncommunity
Address:
City: Port Richey State: FL
Phone #: (727) 934-9137 ZIP Code: 34668
E-Mail Address: Fax #:

SAMPLE INFORMATION

Sample Number: 49778.01 Location Code (if known):
Sample Date: 4/6/05 Sample Time: 07:00
Sample Location: Composite of Wells 13 & 17 (Point of Entry) Field pH:
Disinfectant Residual:

Sample Type (Check Only One)

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

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

Routine Compliance (with 62-550) Quarterly (2nd)
 Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Composite of Multiple Sites** Violation Resolution
 Clearance (permitting) Replacement (of Invalidated Sample)
 Other: _____
 Sampling Procedure Used or Other Comments: _____

Sampler's Name: Stephen Habery
Sampler's Phone #: (727) 934-9137 Sampler's Fax #:
Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Stephen Habery _____, Operator
(Name) (Title)

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

Signature: _____ Date: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.



Safe Drinking Water Program Laboratory Report

Utilities Inc.
Summer Trees Wells 13 & 17

LABORATORY CERTIFICATION INFORMATION

Lab Name: Southern Analytical Laboratories, Inc.
Address: 110 Bayview Blvd., Oldsmar, FL 34677
Phone: (813) 855-1844

Florida Certification #: E84129
Certification Expires: 06/30/05

ANALYSIS INFORMATION (to be completed by lab)
PWS I.D. #: 6511423
Lab Assigned Report Number: 49778.01

Date Sample(s) Rec'd: 04/07/05

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

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

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification numbers: _____

CERTIFICATION

I, Francis I. Daniels, Laboratory Director (or Leslie C. Boardman, QA Manager), do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis I. Daniels

Date: 04/12/05

** Provide radiological sample dates & locations for each quarter

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

SOUTHERN ANALYTICAL LABORATORIES, INC.



Utilities Inc.

Summer Trees Wells 13 & 17

Sample ID: Composite of Wells 13 & 17 (Point of Entry)

Synthetic Organics

62-550.310(4)(b)

April 12, 2005

Sample No.: 49778.01

PWS ID: 6511423

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL**	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification #
2031	Dalapon	200 µg/L	1.8		EPA 515.3	1	1	04/11/05	04/12/05	07:37	E84129

* Qualifiers:

** Non-detects with a reported lab MDL <50% of the MCL are acceptable for compliance with 62-550.310(4)(b).

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
 Project Name: Summertree
 Matrix: Drinking Water
 PWS ID#: 6511423
 Client Sample ID: 1
 Site: Well 1
 Sample Number: T053157-01

Report No.: T053157
 Date/Time Sampled: 04/04/05 08:10
 Date/Time Received: 4/4/05 15:50

Sampled By: Jack Adkins
 Shipping Method: AEL Pick-up

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	11		SM4500CL-E	1.3	04/11/2005	11:32	E84589
1055	Sulfate (as SO ₄)	250	mg/L	1.8	I	E375.4	1.4	04/13/2005	10:00	E84589
1030	Total Dissolved Solids	500	mg/L	260		E160.1	10	04/09/2005	14:30	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.

PA

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Summertree
Matrix: Drinking Water
PWS ID#: 6511423
Client Sample ID: 2
Site: Well 13
Sample Number: T053157-02

Report No.: T053157
Date/Time Sampled: 04/04/05 08:10
Date/Time Received: 4/4/05 15:50

Sampled By: Jack Adkins
Shipping Method: AEL Pick-up

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	8.3		SM4500CL-E	1.3	04/11/2005	11:32	E84589
1055	Sulfate (as SO4)	250	mg/L	1.4	U	E375.4	1.4	04/13/2005	10:00	E84589
1930	Total Dissolved Solids	500	mg/L	270		E160.1	10	04/09/2005	14:30	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

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

July 8, 2003

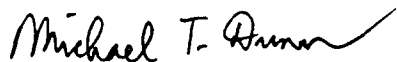
Ms. Sue R. Carter, Permit Data Specialist
Permits Data Section
Southwest Florida Water Management District
2379 Broad Street
Brooksville, Florida 34609-6899

Re: Delinquent Report of Conditions for WUP #20 3668.03

Dear Ms. Carter:

Attached is a completed data sheet for chlorides, total dissolved solids and sulfates for Wells Number 1 and 13 in the Summertree systems.

Very truly yours,



Michael T. Dunn, P. E.
Regional Manager

MTD:pjg

Attch.

425 - 3.15
4/2/03

PF, mD

Summertree

(U)

RECEIVED

JUL 02 2003

SOUTHWEST FLORIDA WATER MANAGEMENT UTILITIES, INC.
RECORDS & DATA DEPARTMENT
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6099
(351) 766-7211 OR 1-800-423-1476 (FLORIDA ONLY) (SUNCDM 623-4150)

JUNE 30, 2003

UTILITIES INC OF FLORIDA
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: DELINQUENT REPORTING OF CONDITIONS FOR
WATER USE PERMIT NO. 20 3668.003
PROJECT/SITE NAME: NOT SPECIFIED

DEAR PERMITTEE:

THE ABOVE REFERENCED WATER USE PERMIT HAS SPECIAL CONDITIONS WHICH REQUIRE THE REPORTING OF SPECIFIC DATA AND/OR INFORMATION IN A TIMELY MANNER. AS OF THIS DATE, THE ENCLOSED LISTING REPRESENTS DATA AND/OR INFORMATION NOT YET RECEIVED BY THIS OFFICE. IT IS REQUESTED THAT THIS LIST BE REVIEWED AND COMPLETED. THE LIST CAN BE USED IN LIEU OF THE WATER USE REPORT FORM TO FILL IN THE DELINQUENT DATA.

PLEASE ADVISE THIS OFFICE AS TO THE STATUS OF THIS SPECIAL CONDITION REPORTING REQUIREMENT.

SHOULD YOU NEED FORMS FOR FUTURE REPORTING OF DATA OR HAVE ANY QUESTIONS REGARDING YOUR REPORTING REQUIREMENTS, PLEASE CONTACT ME AT EXTENSION 4013.

SINCERELY,

(SIGNED)
SUE R. CARTER, PERMIT DATA SPECIALIST
RECORDS & DATA DEPARTMENT

ENCLOSURE: AS STATED

CC: FILE OF RECORD (BROOKSVILLE)

DIST ID	USER ID	RECORD SEQ NO	REPORT DATE DUE	COND # OFF OF PERMIT	COND DATA CODE REQUIRED	DELINQUENT DATA
1	1	05/03	06/03	116	CHLORIDE REPORT	21
		05/03	06/03	170	TOTAL DISSOLVED SOLIDS	240
		05/03	06/03	174	SULFATE ANALYSIS REPORT	2.5
13	13	05/03	06/03	116	CHLORIDE REPORT	24
		05/03	06/03	170	TOTAL DISSOLVED SOLIDS	260
		05/03	06/03	174	SULFATE ANALYSIS REPORT	2.5

IF THE LIST ABOVE IS ASSOCIATED WITH A WELL THAT HAS NOT BEEN CONSTRUCTED OR THERE IS NO PUMPING EQUIPMENT ON THE WELL(S), PLEASE INDICATE BELOW WITH A PROJECTION DATE OF WHEN THE WELL(S) WILL BE IN PRODUCTION. THIS WILL ENABLE OUR OFFICE TO SUSPEND THIS REPORTING REQUIREMENT UNTIL THAT DATE. PLEASE NOTE THAT THE DATA REQUIRED ABOVE MAY NOT PERTAIN TO A WELL.

COMMENTS: _____

*Copy this page and
 send with Carter letter*

Summertree

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

626



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: Summertree		PWS Identification Number: 6511423	
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: 925		Total Population Served at End of Month: 2313	
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: North Side @ End of Bayonet		City: Hudson	State: FL Zip Code: 34654
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: 214000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator	Name	License Class	License Number
Licensed Operator	Stephen Habery	C	8012 40 Hrs.
Licensed Operator	Robb Crow	C	13150 40 Hrs.
Other Operator	Chris Lanni	C	13130 40 hrs
Other Operator	Tom Stafford	C	12750 weekend checks

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.

	Stephen Habery Printed or Typed Name	C8012 License Number
Signature and Date		

FROM : FAX NO. : Feb. 04 2004 12:54PM PS

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

PWS Identification Number: 6511423 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)
 Ultraviolet Radiation Other (Describe):

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

Day of Month	Plant ID	Total Quantity of Finished Water Produced, gal	Disinfection Data										Total Disinfectant Residual, mg/L
			Free Chlorine, mg/L	Chlorine Dioxide, mg/L	Ozone, mg/L	Combined Chlorine, mg/L	Chloramines, mg/L	Chlorine Dioxide, mg/L	Free Chlorine, mg/L	Chlorine Dioxide, mg/L	Ozone, mg/L	Combined Chlorine, mg/L	
1		246	3.0										2.5
2		233	3.1										2.4
3		173	3.0										2.1
4		90	2.9										2.3
5		51	2.8										2.0
6		178	3.0										2.2
7		150	2.9										2.3
8		230	3.0										2.5
9		187	2.8										2.0
10													
11		103	2.7										2.3
12		30	2.8										2.0
13		182	2.5										2.1
14		216	2.9										2.0
15		176	2.5										2.0
16		162	2.7										1.8
17													
18		95	2.9										2.0
19		58	2.5										2.2
20		150	2.9										2.2
21		145	3.0										2.4
22		243	2.9										2.3
23		168	1.8										1.4
24													
25		171	2.5										1.9
26		95	3.0										2.4
27		232	2.9										2.2
28		157	2.7										2.0
29		170	3.0										2.4
30		173	3.0										2.2
31		4,266											
		157											
		248											

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

FROM : FAX NO. : Feb. 04 2004 12:54PM P7



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: Summertree		PWS Identification Number: 6511423	
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: 925		Total Population Served at End of Month: 2313	
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: West Side of Paradise Point Clubhouse		City: Holiday	State: FL Zip Code: 34654
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: 214000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License No.	Hours
Lead/Chief Operator	Stephen Habery	C 8012	40 Hrs.
Other Operators	Robb Crow	C 13150	40 Hrs.
	Chris Lomai	C 13130	40 hrs
	Tom Stafford	C 12780	weekends

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	C8012
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: 6511423 Plant Name: Well 2

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	Hours of Operation	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine (Chloramines) Residual (mg/L)	Other (Describe) Residual (mg/L)
1	24hrs	73				2.5
2		51				2.7
3		68				2.6
4						
5		31				2.8
6		25				2.7
7		49				2.6
8		60				2.5
9		64				2.8
10		58				2.4
11						
12		46				2.8
13		31				3.0
14		53				2.9
15		93				3.0
16		54				3.0
17		68				2.7
18						
19		38				2.8
20		35				3.0
21		53				2.9
22		67				3.0
23		81				2.8
24		77				3.0
25						
26		56				2.9
27		31				2.5
28		49				3.0
29		62				2.7
30		67				2.7
31		74				2.5
Total		1517				
Average		48				
Minimum		43				

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

FROM : FAX NO. : Feb. 04 2004 01:12PM PS



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: <u>Summertree</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2313</u>	
PWS Owner: <u>Utilities, Inc. of Florida</u>			
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>800-272-1919</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 13</u>		Plant Telephone Number: <u>727-934-9137</u>	
Plant Address: <u>11631 Cocowood</u>		City: <u>Holiday</u>	State: <u>Fl</u> Zip Code: <u>34654</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>219 000</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>C</u>	
Licensed Operators			
Lead/Chief Operator	<u>Stephen Habery</u>	<u>C</u>	<u>8012</u> 40 Hrs.
Other Operators	<u>Robb Crow</u>	<u>C</u>	<u>13150</u> 40 Hrs.
	<u>Chris Lanni</u>	<u>C</u>	<u>13130</u> 40 hrs
	<u>Tom Stafford</u>	<u>C</u>	<u>12750</u> weekends

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

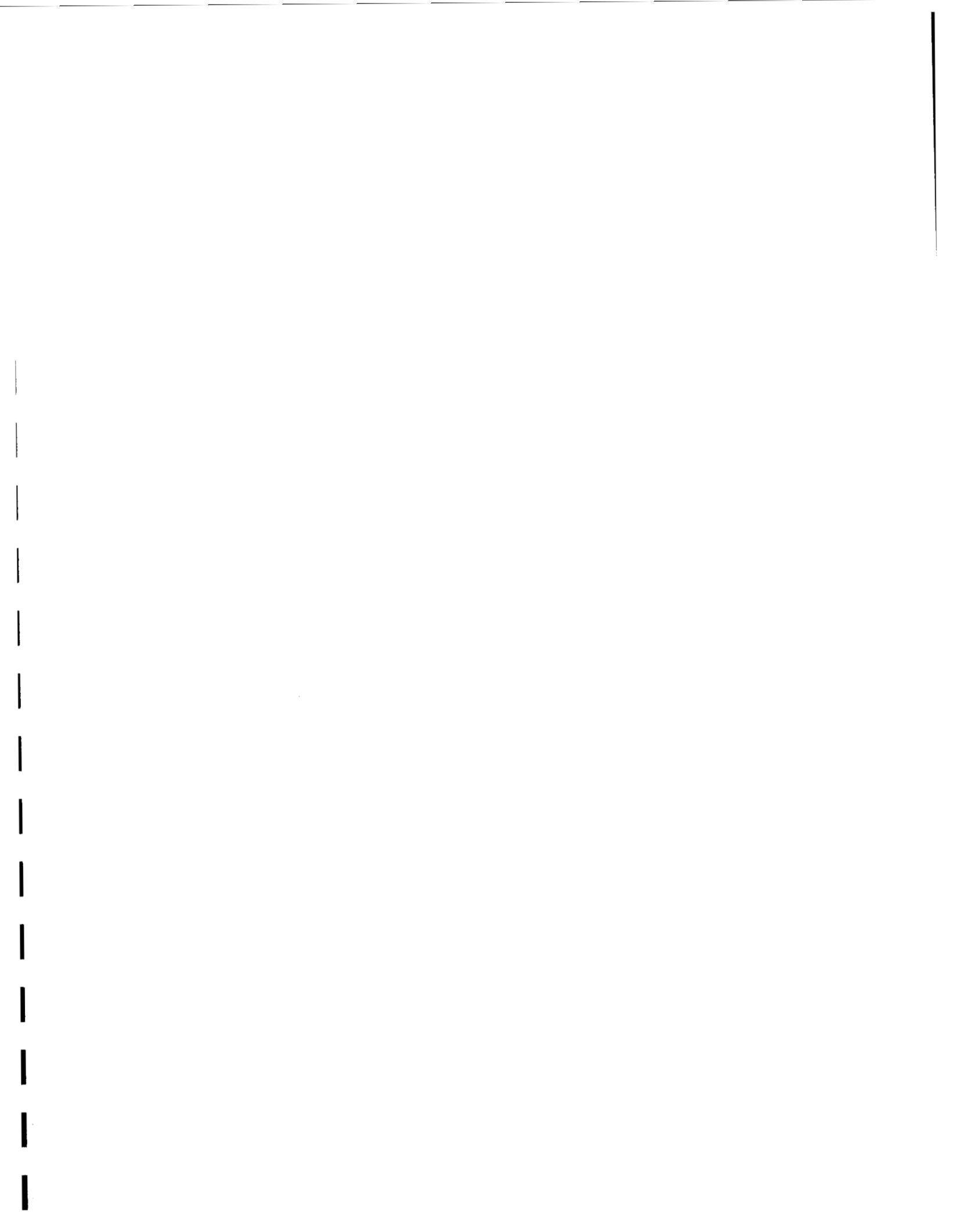
Stephen Habery
 Printed or Typed Name

C8012
 License Number

Feb. 04 2004 01:13PM P10

FAX NO. :

FROM :





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

Fire fighting well

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Summertree, PWS Identification Number: 6511423, PWS Type: Community, Number of Service Connections at End of Month: 925, Total Population Served at End of Month: 2313, 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 17, Plant Telephone Number: 727-934-9137, Plant Address: 11615 Peartree, City: Holiday, State: FL, Zip Code: 34654, Type of Water Treated by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214000

Table with 5 columns: Licensed Operators, Name, License Class, License Number, Days/Shifts Worked. Includes operators Stephen Habery, Robb Crow, Chris Ianni, and Tom Stafford.

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 (Handwritten signature and date 2-2-04)

Stephen Habery Printed or Typed Name

C8012 License Number

FROM : FAX NO. : Feb. 04 2004 12:58PM P12

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

PWS Identification Number: 6511423 | Plant Name: Well 17

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

Class of Contaminant	Concentration (mg/L)	MCL (mg/L)	MCLG (mg/L)		PDE (mg/L)		Risk (per 100,000)	Action
			Health	Environment	Human	Animal		
Total Trihalomethanes (TTHM)	1.6	0.1	0.1	0.1	0.1	0.1	1000	24h
			0.1	0.1	0.1	0.1		
			0.1	0.1	0.1	0.1		
Total Haloacetic Acids (THAA)	1.4	0.1	0.1	0.1	0.1	0.1	1000	24h
			0.1	0.1	0.1	0.1		
			0.1	0.1	0.1	0.1		
Total Haloacetonitriles (THAN)	1.4	0.1	0.1	0.1	0.1	0.1	1000	24h
			0.1	0.1	0.1	0.1		
			0.1	0.1	0.1	0.1		
Total Haloacetyl Amides (THAAcAm)	1.4	0.1	0.1	0.1	0.1	0.1	1000	24h
			0.1	0.1	0.1	0.1		
			0.1	0.1	0.1	0.1		
Total Halobenzonitriles (THBN)	1.4	0.1	0.1	0.1	0.1	0.1	1000	24h
			0.1	0.1	0.1	0.1		
			0.1	0.1	0.1	0.1		

21
64980

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

FROM : FAX NO. : Feb. 04 2004 12:59PM P13

FROM :



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: February 2004									
Community Water System (CWS) Name: Summertree									
Public Water System (PWS) Identification Number: 6511423									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						856000
5									0
22100	42000	126000							190100
4700	30000	89000	1000						108700
15700	32000	111000							164700
26800	98000	212000							336800
22200	88000	155000							265200
8000	89000	152000							259000
5									0
26300	27000	122000							225300
10700	40000	89000							365000
19900	74000	162000							256900
25900	79000	150000							254900
45600	132000	181000							339600
47000	122000	90000							237700
5									0
33100	28000	195000							306100
7700	44000	96000							147700
21100	60000	109000							190100
22800	85000	166000							273800
21100	79000	129000							229100
25700	79000	131000							235700
5									0
16200	56000	152000							224200
9200	32000	85000							132300
28400	64000	122000							214400
9400	34000	78000							121400
3500	36000	50000							121500
15500	53000	122000							193500
5									0
									0
									0
									578490
									178772
									365800

FROM :

FAX NO. :

Mar. 08 2004 10:26AM P18

020
Well 1

FROM :

FAX NO. :

MAR. 08 2004 10:15AM PA

PAGE 018

GARTH A

02/22/2004 23:30 3136261038



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

See page 4 for instructions.

Report due on the Month Year of: Feb 04

A. Public Water System (PWS) Information PWS Identification Number: 6511423

PWS Name: Summertree
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 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: Aftonville 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 Telephone Number: 800-272-1919

Plant Name: Well 1 City: Port Richey State: FL Zip Code: 34654
 Plant Address: North End Of Bayonet Dr.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operator	License Class	License Number	Days of the Month Worked	
Stephen Habery	C	8012	40 hrs	
Robb Crow	C	13150	40 hrs	
Chad Lanai	C	13130	40 hrs	
Tom Stefford	C	12750	Weekends	

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.326(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: 3.3.04 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: 6511423 Plant Name: Well 1

Month: 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 Plant in Operation	Quantity of Finished Water Produced, gal	Peak Flow Rate, mgd	CF Calculations or UV Data to Determine Four-Log Virus Inactivation				Minimum Ct Required, min	Disinfectant Applied, mg/L	Disinfectant Residual, mg/L	Disinfectant Residual at Point of Distribution, mg/L	Remarks or Additional Comments (Equipment Repair or Malfunction, Work that Interfered with Water System Components, etc.)
					Concentration of Disinfectant (Chlorine or Chlorine Dioxide) During Peak Flow, mg/L	Disinfectant Contact Time (T ₉₀) at Peak Flow, minutes	Volume of Water Treated at Peak Flow, mgd	Volume of Water Treated, mgd					
1	X	2.4 AM										2.4	
2	X		221		3.0							2.2	
3	X		47		3.1							2.2	
4	X		157		2.8							2.1	
5	X		268		2.9							1.9	
6	X		223		2.9							2.9	
7	X		80		2.7							2.2	
8	X		3		2.9							2.0	
9	X		263		2.5							2.0	
10	X		107		2.6							2.1	
11	X		199		2.6							2.2	
12	X		259		2.5							2.1	
13	X		456		3.1								
14	X		247		3.0							2.2	
15	X		8		2.9							2.0	
16	X		331		3.1							2.2	
17	X		57		2.9							2.6	
18	X		211		2.8							2.6	
19	X		228		2.8							2.0	
20	X		211		3.0								
21	X		257		2.4							2.0	
22	X		162		2.8							2.1	
23	X		93		2.7							2.2	
24	X		284		2.8							2.6	
25	X		94		2.9							2.2	
26	X		55		3.0							2.0	
27	X		155		2.8								
28	X												
29	X												
30	X												
31	X		7684										
Total			161										
Average			456										
Maximum													

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

Well 2

FROM :

FRAX NO. :

Mar. 08 2004 10:15AM P2

PAGE 06

GARTH A

8136261030

23:30

02/22/2004



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: Feb 04

A. Public Water System (PWS) Information

PWS Name: Summertime PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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: West Side Of Paradise Point Clubhouse City: Port Richey State: Fl Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Licensed 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 Casw</u>	<u>C</u>	<u>13150</u>	<u>40 hrs</u>
	<u>Chris Lanni</u>	<u>C</u>	<u>13130</u>	<u>40 hrs</u>
	<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>weekend</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] 3-2-04 Printed or Typed Name: Stephen Habery License Number: C-8012

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

Plant Name: Well 2

PWS Identification Number: 6511423

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):

Days that Monitoring Station(s) were visited: 2
 Name of person(s) who visited: [illegible]
 Name of PWS: [illegible]

Net Quantity of Water Sampled: X1000
 Date of Sampling: 2/27

Well	Date	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Other (mg/L)	Residual (mg/L)	Notes
1	2-27	2.2					42	
2	2-27	3.0					72	
3	2-27	2.7					28	
4	2-27	2.7					28	
5	2-27	2.7					28	
6	2-27	2.7					28	
7	2-27	2.7					28	
8	2-27	2.7					28	
9	2-27	2.7					28	
10	2-27	2.7					28	
11	2-27	2.7					28	
12	2-27	2.7					28	
13	2-27	2.7					28	
14	2-27	2.7					28	
15	2-27	2.7					28	
16	2-27	2.7					28	
17	2-27	2.7					28	
18	2-27	2.7					28	
19	2-27	2.7					28	
20	2-27	2.7					28	
21	2-27	2.7					28	
22	2-27	2.7					28	
23	2-27	2.7					28	
24	2-27	2.7					28	
25	2-27	2.7					28	
26	2-27	2.7					28	
27	2-27	2.7					28	
28	2-27	2.7					28	
29	2-27	2.7					28	
30	2-27	2.7					28	
31	2-27	2.7					28	
32	2-27	2.7					28	
33	2-27	2.7					28	
34	2-27	2.7					28	
35	2-27	2.7					28	
36	2-27	2.7					28	
37	2-27	2.7					28	
38	2-27	2.7					28	
39	2-27	2.7					28	
40	2-27	2.7					28	
41	2-27	2.7					28	
42	2-27	2.7					28	
43	2-27	2.7					28	
44	2-27	2.7					28	
45	2-27	2.7					28	
46	2-27	2.7					28	
47	2-27	2.7					28	
48	2-27	2.7					28	
49	2-27	2.7					28	
50	2-27	2.7					28	
51	2-27	2.7					28	
52	2-27	2.7					28	
53	2-27	2.7					28	
54	2-27	2.7					28	
55	2-27	2.7					28	
56	2-27	2.7					28	
57	2-27	2.7					28	
58	2-27	2.7					28	
59	2-27	2.7					28	
60	2-27	2.7					28	
61	2-27	2.7					28	
62	2-27	2.7					28	
63	2-27	2.7					28	
64	2-27	2.7					28	
65	2-27	2.7					28	
66	2-27	2.7					28	
67	2-27	2.7					28	
68	2-27	2.7					28	
69	2-27	2.7					28	
70	2-27	2.7					28	
71	2-27	2.7					28	
72	2-27	2.7					28	
73	2-27	2.7					28	
74	2-27	2.7					28	
75	2-27	2.7					28	
76	2-27	2.7					28	
77	2-27	2.7					28	
78	2-27	2.7					28	
79	2-27	2.7					28	
80	2-27	2.7					28	
81	2-27	2.7					28	
82	2-27	2.7					28	
83	2-27	2.7					28	
84	2-27	2.7					28	
85	2-27	2.7					28	
86	2-27	2.7					28	
87	2-27	2.7					28	
88	2-27	2.7					28	
89	2-27	2.7					28	
90	2-27	2.7					28	
91	2-27	2.7					28	
92	2-27	2.7					28	
93	2-27	2.7					28	
94	2-27	2.7					28	
95	2-27	2.7					28	
96	2-27	2.7					28	
97	2-27	2.7					28	
98	2-27	2.7					28	
99	2-27	2.7					28	
100	2-27	2.7					28	

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

Def. Form 52-600 (12/1997)

Mar. 06 2004 10:14AM P1

FAX NO. :

FROM :

GARTH A



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: Community Non-Transient Non-Community

PWS Type: Community Non-Transient Non-Community

Number of Service Connections at End of Month: 925

PWS Owner: Patrick C. Ryan

Contact Person's Telephone Address: 200 Westchesterfield Ave.

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: p.c.ryan@pacificwater.com

Contact Person's Plant Information

Water Treatment Plant Information

Plant Name: Well 13

Plant Address: 11631 Cocowood Dr.

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

Permitted Maximum Day Operating Capacity of Plant (gallons per day): 214,000

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

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

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

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

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

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

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

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

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

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

I, the undersigned, the authorized representative of the 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 62-555.520(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, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

3-5-07

Stephen Hubery

License Number

2-8012

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

PWS Identification Number: 0511423

Plant Name: Well 13

PCB 04

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine 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	Start	End	Operator	Flow	Temp	Chlorine	Chlorine Dioxide	Ozone	UV	Other	Notes
1	7:00	2:00		111	69	3.0					
2	7:00	2:00		111	69	3.0					
3	7:00	2:00		111	69	3.0					
4	7:00	2:00		111	69	3.0					
5	7:00	2:00		111	69	3.0					
6	7:00	2:00		111	69	3.0					
7	7:00	2:00		111	69	3.0					
8	7:00	2:00		111	69	3.0					
9	7:00	2:00		111	69	3.0					
10	7:00	2:00		111	69	3.0					
11	7:00	2:00		111	69	3.0					
12	7:00	2:00		111	69	3.0					
13	7:00	2:00		111	69	3.0					
14	7:00	2:00		111	69	3.0					
15	7:00	2:00		111	69	3.0					
16	7:00	2:00		111	69	3.0					
17	7:00	2:00		111	69	3.0					
18	7:00	2:00		111	69	3.0					
19	7:00	2:00		111	69	3.0					
20	7:00	2:00		111	69	3.0					
21	7:00	2:00		111	69	3.0					
22	7:00	2:00		111	69	3.0					
23	7:00	2:00		111	69	3.0					
24	7:00	2:00		111	69	3.0					
25	7:00	2:00		111	69	3.0					
26	7:00	2:00		111	69	3.0					
27	7:00	2:00		111	69	3.0					
28	7:00	2:00		111	69	3.0					
29	7:00	2:00		111	69	3.0					
30	7:00	2:00		111	69	3.0					
31	7:00	2:00		111	69	3.0					

Days Started/Finished
Operator
Flow
Temp
Chlorine
Chlorine Dioxide
Ozone
UV
Other

Days	Start	End	Operator	Flow	Temp	Chlorine	Chlorine Dioxide	Ozone	UV	Other	Notes
1	7:00	2:00		126	3.1						
2	7:00	2:00		126	3.1						
3	7:00	2:00		126	3.1						
4	7:00	2:00		126	3.1						
5	7:00	2:00		126	3.1						
6	7:00	2:00		126	3.1						
7	7:00	2:00		126	3.1						
8	7:00	2:00		126	3.1						
9	7:00	2:00		126	3.1						
10	7:00	2:00		126	3.1						
11	7:00	2:00		126	3.1						
12	7:00	2:00		126	3.1						
13	7:00	2:00		126	3.1						
14	7:00	2:00		126	3.1						
15	7:00	2:00		126	3.1						
16	7:00	2:00		126	3.1						
17	7:00	2:00		126	3.1						
18	7:00	2:00		126	3.1						
19	7:00	2:00		126	3.1						
20	7:00	2:00		126	3.1						
21	7:00	2:00		126	3.1						
22	7:00	2:00		126	3.1						
23	7:00	2:00		126	3.1						
24	7:00	2:00		126	3.1						
25	7:00	2:00		126	3.1						
26	7:00	2:00		126	3.1						
27	7:00	2:00		126	3.1						
28	7:00	2:00		126	3.1						
29	7:00	2:00		126	3.1						
30	7:00	2:00		126	3.1						
31	7:00	2:00		126	3.1						

31/6/04
10/2/04
2/12/04

* 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

Well 17

Fire Fighting Well

See page 4 for instructions.

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

A. Public Water System (PWS) Information PWS Identification Number: 6511423

PWS Name: Sunmetree
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
FWS 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 Telephone Number: 800-272-1919

Plant Name: Well 17 City: Fort Richey State: FL Zip Code: 34654
Plant Address: 11615 Pearree Dr.
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	<u>Stephen Hebery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
Other Operators	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>40 hrs</u>
	<u>Chair Idani</u>	<u>C</u>	<u>13130</u>	<u>40 hrs</u>
	<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>week ends</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.

3-5-04 Stephen Hebery C-8012
Signature and Date Printed or Typed Name License Number

FROM : FROM NO. : Mar. 06 2004 10:25AM P16

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

PWS Identification Number: 6511423

Plant Name: Well 17

Report Date: 03/01/04

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	Start	End	Operator	Hours	Flow	Temp	Pressure	Chlorine	Chloramines	Chlorine Dioxide	Other
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

2.0

2.3

X

39924

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

DEP Form 62-665 (06/2003)

Page 2

Mar. 08 2004 10:25AM P17

FAX NO. :

FROM :



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: Summit
 PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Consecutive
 PWS Identification Number: 6511421

Number of Service Connections at End of Month: 925
 PWS Owner: Whites Inc. of Florida

Contact Person: Patrick C. Hyde
 Contact Person's Mailing Address: 209 Westchesterfield Ave

Contact Person's Telephone Number: 407 869 1919
 Contact Person's E-Mail Address: p.c.hyde@whites-inc.com

B. Water Treatment Plant Information

Plant Name: Well 1
 Plant Address: North End Of Baywood Dr.

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Sample Location	Sample Date	Sample Type	Sample Volume	Sample Frequency
ROSE C-50	12/20	C	404.1	Weekly
CHART (M4)	13/20	C		
LOUIS STAFFORD	12/20	C		

I, the undersigned water treatment plant operator located in Florida, am the leadshift operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 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 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: Stephan Haberly 4-5-04
 Printed or Typed Name: Stephan Haberly
 License Number: C-802

Apr. 07 2004 10:35AM P1

FAX NO. :

FROM :

6226



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

626

See page 4 for instructions.

Report Period: March 04 PWS Identification Number: 6511423

A. Public Water System (PWS) Information

PWS Name: Seminole
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 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@utilities-usa.com

B. Water Treatment Plant Information

Plant Name: Well 2 Plant Telephone Number: 806-272-1919
 Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34634
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Dry Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License No.	Hours
<u>Stephen Hebeny</u>	<u>C</u>	<u>8012</u>
<u>Robb Coww</u>	<u>C</u>	<u>13150</u>
<u>Chris Teani</u>	<u>C</u>	<u>13130</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>
		<u>40hrs</u>
		<u>weekends</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: 4-5-04 Printed or Typed Name: Stephen Hebeny License Number: C-8012

FROM :

FAX NO. :

Appr. 07 2204 10:37AM P3



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

626

See page 4 for instructions.

March 04

A. Public Water System (PWS) Information

PWS Name: <u>Sumnerree</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2,313</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 Westersfield Ave.</u>		City: <u>Alhambra 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 13</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>11631 Cocowood Dr.</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	
	Operator Name	License Number	License Expiration Date
	<u>Stephen Haberz</u>	<u>8012</u>	<u>40615</u>
	<u>ROBB SNOW</u>	<u>13150</u>	<u>"</u>
	<u>CHRIS LANNI</u>	<u>13180</u>	<u>"</u>
	<u>TOM STEFFANO</u>	<u>12750</u>	<u>10/2004/2005</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: 4-5-04
Printed or Typed Name: Stephen Haberz
License Number: C-8012

FROM :

FAX NO. :

APP. 07 2004 10:39AM PS

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

Plant Name: Well 13

PWS Identification Number: 6511423

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): Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Type of Disinfectant Residual	Residual Concentration (mg/L)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)	Residual Concentration (ppm)
3/1						Free Chlorine	2.1	2.1	103000	2.8	2.8	95000	2.5	2.5	2.2	2.2	2.1
3/2						Free Chlorine	3.0	3.0	83000	3.0	3.0	161000	3.0	3.0	1.7	1.7	2.1
3/3						Free Chlorine	2.7	2.7	132000	2.7	2.7	132000	2.7	2.7	2.1	2.1	2.1
3/4						Free Chlorine	2.8	2.8	97000	2.8	2.8	83000	2.8	2.8	2.3	2.3	2.1
3/5						Free Chlorine	3.0	3.0	114000	3.0	3.0	114000	3.0	3.0	2.4	2.4	2.4
3/6						Free Chlorine	2.2	2.2	56000	2.2	2.2	56000	2.2	2.2	3.1	3.1	2.4
3/7						Free Chlorine	2.2	2.2	64000	2.2	2.2	64000	2.2	2.2	2.3	2.3	2.4
3/8						Free Chlorine	3.6	3.6	105000	3.6	3.6	105000	3.6	3.6	2.3	2.3	2.4
3/9						Free Chlorine	2.0	2.0	87000	2.0	2.0	87000	2.0	2.0	2.0	2.0	2.4
3/10						Free Chlorine	3.0	3.0	87000	3.0	3.0	87000	3.0	3.0	2.0	2.0	2.4
3/11						Free Chlorine	2.8	2.8	120000	2.8	2.8	120000	2.8	2.8	2.0	2.0	2.4
3/12						Free Chlorine	3.0	3.0	179000	3.0	3.0	179000	3.0	3.0	2.1	2.1	2.4
3/13						Free Chlorine	2.8	2.8	47000	2.8	2.8	47000	2.8	2.8	2.0	2.0	2.4
3/14						Free Chlorine	3.1	3.1	132000	3.1	3.1	132000	3.1	3.1	2.0	2.0	2.4
3/15						Free Chlorine	2.9	2.9	179000	2.9	2.9	179000	2.9	2.9	2.0	2.0	2.4
3/16						Free Chlorine	3.1	3.1	47000	3.1	3.1	47000	3.1	3.1	2.0	2.0	2.4
3/17						Free Chlorine	3.0	3.0	114000	3.0	3.0	114000	3.0	3.0	2.0	2.0	2.4
3/18						Free Chlorine	2.8	2.8	56000	2.8	2.8	56000	2.8	2.8	2.0	2.0	2.4
3/19						Free Chlorine	2.8	2.8	64000	2.8	2.8	64000	2.8	2.8	2.0	2.0	2.4
3/20						Free Chlorine	3.0	3.0	114000	3.0	3.0	114000	3.0	3.0	2.0	2.0	2.4
3/21						Free Chlorine	3.0	3.0	145000	3.0	3.0	145000	3.0	3.0	2.0	2.0	2.4
3/22						Free Chlorine	3.0	3.0	120000	3.0	3.0	120000	3.0	3.0	2.0	2.0	2.4
3/23						Free Chlorine	2.8	2.8	120000	2.8	2.8	120000	2.8	2.8	2.0	2.0	2.4
3/24						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
3/25						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
3/26						Free Chlorine	3.0	3.0	179000	3.0	3.0	179000	3.0	3.0	2.0	2.0	2.4
3/27						Free Chlorine	3.0	3.0	179000	3.0	3.0	179000	3.0	3.0	2.0	2.0	2.4
3/28						Free Chlorine	3.0	3.0	179000	3.0	3.0	179000	3.0	3.0	2.0	2.0	2.4
3/29						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
3/30						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
3/31						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/1						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/2						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/3						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/4						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/5						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/6						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/7						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/8						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/9						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/10						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/11						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/12						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/13						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/14						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/15						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/16						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/17						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/18						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/19						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/20						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/21						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/22						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/23						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/24						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/25						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/26						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/27						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/28						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/29						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
4/30						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
5/1						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4
5/2						Free Chlorine	2.8	2.8	179000	2.8	2.8	179000	2.8	2.8	2.0	2.0	2.4

* 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

626
Fine Fighting Well

FROM :
FAX NO. :
App. 07 2004 10:39AM P7

See page 4 for instructions.

Report Month: March 04

A. Public Water System (PWS) Information

PWS Name: Summitree PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 17 Plant Telephone Number: 800-272-1919
Plant Address: 11615 Peartree Dr. City: Fort Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operator	License Number	License Number	Operating Days
<u>Stephen Hubery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Chad C. Lanni</u>	<u>C</u>	<u>13120</u>	<u>"</u>
<u>Don Starbuck</u>	<u>S</u>	<u>12258</u>	<u>weekends</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] 4-5-04 Printed or Typed Name: Stephen Hubery License Number: C-8012

02/22/2004 09:52 09079295TR



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

626

FROM :

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: March 2004							
Community Water System (CWS) Name: Summertree							
Public Water System (PWS) Identification Number: 6511423							
Well 1	Well 2	Well 13	Well 17				
214000	214000	214000	214000				856000
9500	53000	103000					145500
5600	36000	95000	1800				137600
24000	72000	133000					229000
23500	42000	164000					279800
22200	72000	140000					234300
25100	100000	145000					273100
							0
27500	63000	161000					251500
13500	79000	95000					144800
22200	62000	130000					219200
21800	71000	134000					231800
24100	82000	142000					254100
23500	109000	179000					310500
							0
12600	42000	114000					168600
5700	23000	66000					104700
2600	31000	64000					106600
13000	34000	105000					157000
2400	32000	87000					126400
28000	116000	170000					314000
							0
27900	76000	179000					282900
16800	36000	119000					165800
27200	91000	130000					248200
25600	104000	178000					302600
27400	78000	122000					232400
24200	124000	230000					383200
							0
35300	106000	276000					412300
20400	54000	137000					217400
25400	87000	184000					266400
							6205600
							200116
							383200

FRX NO. :

Apr. 07 2004 10:41AM P9

b26



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: April 2004										
Community Water System (CWS) Name: Summertree										
Public Water System (PWS) Identification Number: 6511423										
Well 1	Well 2	Well 13	Well 17							
214000	214000	214000	214000							856000
27200	84000	179000								295200
27400	103000	150000								310400
26500	121000	145000								352500
40200	65000	135000	1000							291900
14700	63000	165000								187700
30600	120000	207000								357600
21700	67000	141000								229700
24300	100000	171000								301300
13600	55000	100000								173600
46600	136000	373000								455600
7100	26000	65000								98100
0500	34000	67000								130500
11300	44000	91000								146300
7300	34000	98000								159300
17800	53000	136000								256800
										0
19300	56000	144000								219300
10400	46000	103000								159400
0	240000	25000								496000
0	334000	0								334000
1700	243000	0								244700
0	305000	0								305000
										0
0	0	237000								237000
0	0	155000								155000
16200	0	247000								263200
2400	30000	80000								119400
46100	411000	160100								617200
										0
										6394200
										2151140
										796000

FROM :

FRX NO. :

May, 06 2004 11:29PM P24



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

026

See page 4 for instructions.

1. General Information for the Month Year of Apr 04

A. Public Water System (PWS) Information

PWS Name: Sumner Inc. PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Licensed Operator	License Class	License Number	Days (or Nights) Worked
<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>Chris Tanni</u>	<u>C</u>	<u>13130</u>	<u>" "</u>
<u>Tom Statterford</u>	<u>C</u>	<u>12750</u>	<u>weekends</u>

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

FROM : FRX NO. : MAY, 06, 2004 11:24PM P16

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

PWS Identification Number: 651423

Plant Name: Well 1

APACT

II. Date of Report: Month Year
 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide Other (Describe):
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Plant	Start	End	Operator	Time	Volume	Concentration	Residual	Notes
1	X	21:45	22:00			3.0			
2	X	07:00	07:50			3.0			
3	X					3.2			
4	X					3.7			
5	X					3.0			
6	X					3.0			
7	X					3.5			
8	X					3.0			
9	X					3.0			
10	X					3.0			
11	X					3.0			
12	X					3.0			
13	X					3.0			
14	X					3.0			
15	X					3.0			
16	X					3.0			
17	X					3.0			
18	X					3.0			
19	X					3.0			
20	X					3.0			
21	X					3.0			
22	X					3.0			
23	X					3.0			
24	X					3.0			
25	X					3.0			
26	X					3.0			
27	X					3.0			
28	X					3.0			
29	X					3.0			
30	X					3.0			
31	X					3.0			
32	X					3.0			
33	X					3.0			
34	X					3.0			
35	X					3.0			
36	X					3.0			
37	X					3.0			
38	X					3.0			
39	X					3.0			
40	X					3.0			
41	X					3.0			
42	X					3.0			
43	X					3.0			
44	X					3.0			
45	X					3.0			
46	X					3.0			
47	X					3.0			
48	X					3.0			
49	X					3.0			
50	X					3.0			
51	X					3.0			
52	X					3.0			
53	X					3.0			
54	X					3.0			
55	X					3.0			
56	X					3.0			
57	X					3.0			
58	X					3.0			
59	X					3.0			
60	X					3.0			
61	X					3.0			
62	X					3.0			
63	X					3.0			
64	X					3.0			
65	X					3.0			
66	X					3.0			
67	X					3.0			
68	X					3.0			
69	X					3.0			
70	X					3.0			
71	X					3.0			
72	X					3.0			
73	X					3.0			
74	X					3.0			
75	X					3.0			
76	X					3.0			
77	X					3.0			
78	X					3.0			
79	X					3.0			
80	X					3.0			
81	X					3.0			
82	X					3.0			
83	X					3.0			
84	X					3.0			
85	X					3.0			
86	X					3.0			
87	X					3.0			
88	X					3.0			
89	X					3.0			
90	X					3.0			
91	X					3.0			
92	X					3.0			
93	X					3.0			
94	X					3.0			
95	X					3.0			
96	X					3.0			
97	X					3.0			
98	X					3.0			
99	X					3.0			
100	X					3.0			

NVTRU ALUM FOR PACO... 2.8

45.00
 14.00
 172.00

* 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

626

See page 4 for instructions.

I. General Information for the Month Year of: Apr 09

A. Public Water System (PWS) Information

PWS Identification Number: 6511423

PWS Name: Summertree

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Licensed Operator	Name	License Class	Plant Class (per subsection 62-699.310(4), F.A.C.): C	
			License Number	Day(s) Worked
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>12150</u>	<u>" "</u>
	<u>Chris Lanni</u>	<u>C</u>	<u>13130</u>	<u>" "</u>
	<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>weekends</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 or the PWS owner's representative, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: S.S. 04 Printed or Typed Name: Stephen Habery License Number: C-8012

02/22/2004 2:31:33 813E2B1030

FROM : FROM NO. : MAY. 06. 2004 11:25:5M P18

FROM :

FAK NO. :

May. 06. 2004 11:26PM P19

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

Plant Name: Well 2

PWS Identification Number: 0511423

Free Chlorine Chlorine Dioxide Oxone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Measure of Achieving Four-Log Virus Inactivation/Removal: **Free Chlorine**
 Type of Disinfectant Residual Maintained in Distribution System: **Free Chlorine**

Days	Plant	Start	End	Time	Free Chlorine	Chlorine Dioxide	Oxone	Combined Chlorine (Chloramines)	UV Radiation	Other	Notes
1					2.4						
2					2.4						
3					2.4						
4					2.4						
5					2.4						
6					2.4						
7					2.4						
8					2.4						
9					2.4						
10					2.4						
11					2.4						
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41					2.4						
42					2.4						
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89					2.4						
90					2.4						
91					2.4						
92					2.4						
93					2.4						
94					2.4						
95					2.4						
96					2.4						
97					2.4						
98					2.4						
99					2.4						
100					2.4						

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



See page 4 for instructions.

General Information for the 3rd Year Apr 04 PWS Identification Number: 6511423

Public Water System (PWS) Information

Community Non-Transient Non-Community Transient Non-Community Consecutive

PWS Name: Summitville Contact Person's Title: Regional Director State: FL Zip Code: 32714

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

Number of Service Connections at End of Month: 925 Contact Person's Title: Regional Director State: FL Zip Code: 32714

PWS Owner: Utilities Inc. of Florida Contact Person's Name: Patrick C. Flynn Contact Person's Phone Number: 800-272-1919 Plant Telephone Number: 800-272-1919 Zip Code: 34654

Contact Person's Mailing Address: 200 Weatherfield Ave. Contact Person's Telephone Number: 407-869-1919 City: Port Richey

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

Contact Person's E-Mail Address: p.c.flynn@utilities-inc.com City: Port Richey

B. Water Treatment Plant Information

Plant Name: Well 13 Raw Ground Water Purchased Finished Water

Plant Address: 11631 Cocowood Dr. Plant Class (per subsection 62-699.310(4), F.A.C.): C

Type of Water Treated by Plant: Raw Ground Plant Capacity (per subsection 62-699.310(4), F.A.C.): V

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (per subsection 62-699.310(4), F.A.C.)	Permitted Maximum Day Operating Capacity of Plant, gallons per day	Plant Class (per subsection 62-699.310(4), F.A.C.)
<u>0</u>	<u>13150</u>	<u>n</u>
<u>0</u>	<u>13130</u>	<u>n</u>
<u>0</u>	<u>17250</u>	<u>n</u>

Plant Operator: Chris Lanai

Plant Operator: Tom Stafford

I, the undersigned, am the head chief operator of the water treatment plant identified in Part I of this report. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-699.310(4), 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 30 days PWS records can retain them, regardless of the date of this report, at a convenient location for at least ten years.

Signature: Chris Lanai Printed or Typed Name: Chris Lanai

Signature: Tom Stafford Printed or Typed Name: Tom Stafford

License Number: 0-8000

Signature and Date

8136261030

23:30

02/22/2004

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

FWS Identification Number: 551425 | Plant Name: Well 13

APR 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: Ultraviolet Radiation Other (Describe): Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines) Chlorine Dioxide

Days	Sampled	or	Valid	by	Operator	(X, L, P)	Remarks	Min 9 months	Max 9 months	Flow (MGD)	Temperature (F)	pH	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)	Ozone (mg/L)
1	X							12000	3.0							
2	X							14000	3.1							
3	X							15500	3.0							
4	X							14500	3.2							
5	X							20700	3.1							
6	X							14100	3.0							
7	X							13000	3.1							
8	X							17100	3.0							
9	X							13000	3.0							
10	X							27300	3.0							
11	X							65000	3.1							
12	X							87000	3.0							
13	X							91000	3.0							
14	X							95000	3.1							
15	X							15000	3.1							
16	X							14400	3.0							
17	X							103000	3.0							
18	X							95000	1.0							
19	X							0	2.4							
20	X							0	1.3							
21	X							0	2.8							
22	X							0	0							
23	X							0	2.8							
24	X							0	0							
25	X							0	2.8							
26	X							0	0							
27	X							0	2.8							
28	X							0	0							
29	X							0	2.8							
30	X							0	0							
31	X							0	2.8							

Hydro-Tac C 30000000
 Sun Backs

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

FROM : FAX NO. : May. 06. 2004 11:27AM P21



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

626

See page 4 for instructions.

I. General Information for the Month Year of Apr 04 PWS Identification Number: 6511423

A. Public Water System (PWS) Information

PWS Name: Summertree Transient Non-Community Consecutive Non-Transient Non-Community

PWS Type: Community

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

PWS Owner: Utilities Inc. of Florida Contact Person's Title: Regional Director State: FL Zip Code: 32714

Contact Person: Patrick C. Flynn City: Altamonte Springs

Contact Person's Mailing Address: 200 Weathersfield Ave. Contact Person's Fax Number: 407.869.6961

Contact Person's Telephone Number: 407.869.1919

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

B. Water Treatment Plant Information

Plant Name: Well 17 City: Port Richey Plant Telephone Number: 800-272-1919 Zip Code: 34654

Plant Address: 11615 Peartree Dr. State: FL

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class	License Number	Days/Shifts
Licensed Operator	C	8012	40 hrs
Lead/Chief Operator	C	13150	" "
Other Operator	C	13130	" "
	C	13760	weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 Hubert License Number: C-800

Printed or Typed Name: Stephen Hubert

GARTH A

8136261030

23:30

07/27/2004

FAX NO.

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

PWS Identification Number: 6511423

Plant Name: Well 17

APR 04

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

Days	Started	Completed	Operator	Hours of Operation	Plant	Flow	Temp	PH	Alkalinity	Hardness	Chlorine	Chlorine Dioxide	Free Chlorine	Combined Chlorine	Ozone	UV	Other
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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26																	
27																	
28																	
29																	
30																	
31																	

1000

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1000

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

Page 2



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: Summertree										
Public Water System (PWS) Identification Number: 6511423										
Plant Name	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 13	Well 17							
214000	214000	214000	214000							856000
19200	38000	100000								157900
10700	100000	229000	1000							550700
28900	29000	22000								121900
45300	46000	144000								255300
56100	50000	125000								281100
50400	51000	162000								288400
41500	50000	122000								27500
										0
15200	40000	128000								183700
8200	33000	92000								133700
41800	41000	132000								215800
55700	50000	122000								282100
48300	51000	159000								254200
48200	61000	182000								292700
										0
14400	40000	117000								171400
9600	34000	24000								112600
35400	41000	126000								202400
58000	51000	129000								286000
46500	53000	160000								259500
52400	22000	202000								331400
										0
21400	44000	109000								180700
16000	36000	05000								140600
39200	44000	140000								223700
62500	62000	220000								355500
64200	66000	209000								339200
82100	55000	200000								320100
										"
10000	30000	281000								401000
										658400
										212700
										355500

FROM :

FAX NO. :

Jur. 02: 2004 01:54:11 P11

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



See page 4 for instructions

1. To get the information for the Month of May 04

A. Public Water System (PWS) Information
 PWS Name: Summitter
 PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Consecutive
 PWS Identification Number: 6511423

Number of Service Connections at End of Month: 925
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Evans
 Contact Person's Mailing Address: 200 Weatherfield Ave.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.evans@utilitiesinc-usa.com

B. Water Treatment Plant Information
 Plant Name: Well 1
 Plant Address: North End Of Bayouel Dr.
 City: Port Richey State: FL Zip Code: 34654
 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, gallons per day: 214,000
 Plant Class (per subsection 62-699.310(4), F.A.C.): P

Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Labelled Operator: Stephen Fishery
 Labelled Operator's Title: Operator

Lead/Chief Operator: Stephen Fishery
 Lead/Chief Operator's Title: Operator

Operator's Name: Steph Fishery
 Operator's Title: Operator

Operator's Name: Steph Fishery
 Operator's Title: Operator

Operator's Name: Steph Fishery
 Operator's Title: Operator

Operator's Name: Steph Fishery
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 Operator's Title: Operator

Operator's Name: Steph Fishery
 Operator's Title: Operator

Operator's Name: Steph Fishery
 Operator's Title: Operator

26

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

PWS Identification Number: 6511423

Plant Name: Well 1

Free Chlorine
 Chlorine Dioxide
 Ozone
 Combined Chlorine (Chloramines)

Ultraviolet Radiation
 Other (Describe):

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

Day of the Month	Days/Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations for Free Chlorine Residual (Residual at Application)										Emergency or Abnormal Operating Conditions/Report to Management Work that Involves Taking Water System Out of Service		
				Free Chlorine Residual (mg/L)	Minimum Free Chlorine Residual (mg/L)	Free Chlorine Demand (mg/L)	Free Chlorine Applied (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)			
1	Y	24615	19400	2.8											1.9	
2	S															
3	Y		110700	2.4											2.2	
4	Y		15900	2.2											2.0	
5	Y		75500	2.4											1.7	
6	Y		56100	2.0											2.2	
7	Y		56400	2.0											2.2	
8	X		41500	2.2											2.1	
9	S															
10	Y		15700	2.8											2.3	
11	Y		8700	3.2											2.4	
12	X		41800	3.0											2.4	
13	Y		55100	3.1											2.3	
14	X		40200	2.2											2.4	
15	Y		49700	2.9											2.0	
16	S															
17	X		14400	2.9											2.3	
18	X		9600	3.0											2.2	
19	Y		85400	2.9											2.4	
20	X		56000	3.1											2.2	
21	X		46700	3.1											2.4	
22	Y		52400	3.0											2.1	
23	S															
24	X		22400	3.1											2.2	
25	X		16800	3.2											2.4	
26	Y		29700	3.0											2.2	
27	Y		62500	3.1											2.3	
28	X		50000	3.0											2.4	
29	X		65700	3.0											2.3	
30	S															
31	Y		70000	3.0											2.1	
Total			1120400													
Average			35819													
Minimum			2500													

* 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

226

See page 4 for instructions.

1. General Information for the Month Year of May 04

A. Public Water System (PWS) Information PWS Identification Number: 6511423

PWS Name: Summertree

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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 Telephone Number: 800-272-1919

Plant Name: Well 2 City: Port Richey State: FL Zip Code: 34654

Plant Address: West Side Of Paradise Point Clubhouse

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Licensed Operator	Name	License Class	License Number	Days (D) Shift(s) Worked
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>13150</u>	<u>"</u>
	<u>Cheryl Lanni</u>	<u>C</u>	<u>13130</u>	<u>"</u>
	<u>Tina Stafford</u>	<u>C</u>	<u>12750</u>	<u>weekends</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 62-555.520(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 Printed or Typed Name License Number: C-8012

FROM : FAX NO. : DATE: 02/2004 01:59PM P17

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

PWS Identification Number: 6511423 | Plant Name: Well 2

III. Daily Data for the Month Year: May 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')	Plant in Operation	Net Volume of Treated Water (Gallons)	Type of Disinfectant Residual Maintained in Distribution System										Efficiency of Abatement (Rating of 1-5) (1 = Best, 5 = Worst)	
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)		
1	X		27400	2.5											2.2
2	X		10000	2.8											2.1
3	X		29000	3.0											2.2
4	X		50000	2.9											2.1
5	X		50000	2.8											2.2
6	X		57000	2.9											2.3
7	X		59000	3.0											2.2
8															
9															
10	X		40000	2.8											2.1
11	X		33000	2.7											1.9
12	X		41000	2.5											2.0
13	X		30000	2.9											2.0
14	X		57000	2.8											2.1
15	X		61000	3.0											2.0
16															
17	X		40000	2.7											2.3
18	X		34000	2.8											2.1
19	X		41000	2.5											2.0
20	X		27000	2.5											2.1
21	X		23000	2.8											2.0
22	X		22000	2.9											1.9
23															
24	X		14000	2.7											2.0
25	X		36000	2.8											2.2
26	X		47000	2.7											2.0
27	X		20000	2.0											2.4
28	X		16000	2.7											2.3
29	X		53000	2.9											2.2
30	X		30000	2.8											2.2
31															
Total			1129000												
Average			36400												
Minimum			22000												

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

FROM : FRM NO. : JUN. 02. 2004 01:58PM P16

PAGE 0/0 DATE TIME



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

626

See page 4 for instructions.

I. General Information for the Month Year of May/04

A. Public Water System (PWS) Information

PWS Name: Summitree PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 13 Plant Telephone Number: 800-272-1919
Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed 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 Crow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
	<u>Chad Lanni</u>	<u>C</u>	<u>13130</u>	<u>"</u>
	<u>Jon Stafford</u>	<u>C</u>	<u>12250</u>	<u>weekend!</u>

II. Certification of Lead Operator and 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 Habery C-8012
Signature and Date Printed or Typed Name License Number

FROM :
FRX NO. :
Jun. 02. 2004 01:15:24 PLS

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

PWS Identification Number: 0511423

Plant Name: Well 13

Date: May 04

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

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

Days	Plant	Start	Stop	Operator	Place	Volume
1	X	2:45	10:00			3.1

Day	Plant	Start	Stop	Operator	Place	Volume	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1	X	2:45	10:00			3.1					
2	X	2:45	10:00			3.1					
3	X	2:45	10:00			3.1					
4	X	2:45	10:00			3.1					
5	X	2:45	10:00			3.1					
6	X	2:45	10:00			3.1					
7	X	2:45	10:00			3.1					
8	X	2:45	10:00			3.1					
9	X	2:45	10:00			3.1					
10	X	2:45	10:00			3.1					
11	X	2:45	10:00			3.1					
12	X	2:45	10:00			3.1					
13	X	2:45	10:00			3.1					
14	X	2:45	10:00			3.1					
15	X	2:45	10:00			3.1					
16	X	2:45	10:00			3.1					
17	X	2:45	10:00			3.1					
18	X	2:45	10:00			3.1					
19	X	2:45	10:00			3.1					
20	X	2:45	10:00			3.1					
21	X	2:45	10:00			3.1					
22	X	2:45	10:00			3.1					
23	X	2:45	10:00			3.1					
24	X	2:45	10:00			3.1					
25	X	2:45	10:00			3.1					
26	X	2:45	10:00			3.1					
27	X	2:45	10:00			3.1					
28	X	2:45	10:00			3.1					
29	X	2:45	10:00			3.1					
30	X	2:45	10:00			3.1					
31	X	2:45	10:00			3.1					
32	X	2:45	10:00			3.1					
33	X	2:45	10:00			3.1					
34	X	2:45	10:00			3.1					
35	X	2:45	10:00			3.1					
36	X	2:45	10:00			3.1					
37	X	2:45	10:00			3.1					
38	X	2:45	10:00			3.1					
39	X	2:45	10:00			3.1					
40	X	2:45	10:00			3.1					
41	X	2:45	10:00			3.1					
42	X	2:45	10:00			3.1					
43	X	2:45	10:00			3.1					
44	X	2:45	10:00			3.1					
45	X	2:45	10:00			3.1					
46	X	2:45	10:00			3.1					
47	X	2:45	10:00			3.1					
48	X	2:45	10:00			3.1					
49	X	2:45	10:00			3.1					
50	X	2:45	10:00			3.1					
51	X	2:45	10:00			3.1					
52	X	2:45	10:00			3.1					
53	X	2:45	10:00			3.1					
54	X	2:45	10:00			3.1					
55	X	2:45	10:00			3.1					
56	X	2:45	10:00			3.1					
57	X	2:45	10:00			3.1					
58	X	2:45	10:00			3.1					
59	X	2:45	10:00			3.1					
60	X	2:45	10:00			3.1					
61	X	2:45	10:00			3.1					
62	X	2:45	10:00			3.1					
63	X	2:45	10:00			3.1					
64	X	2:45	10:00			3.1					
65	X	2:45	10:00			3.1					
66	X	2:45	10:00			3.1					
67	X	2:45	10:00			3.1					
68	X	2:45	10:00			3.1					
69	X	2:45	10:00			3.1					
70	X	2:45	10:00			3.1					
71	X	2:45	10:00			3.1					
72	X	2:45	10:00			3.1					
73	X	2:45	10:00			3.1					
74	X	2:45	10:00			3.1					
75	X	2:45	10:00			3.1					
76	X	2:45	10:00			3.1					
77	X	2:45	10:00			3.1					
78	X	2:45	10:00			3.1					
79	X	2:45	10:00			3.1					
80	X	2:45	10:00			3.1					
81	X	2:45	10:00			3.1					
82	X	2:45	10:00			3.1					
83	X	2:45	10:00			3.1					
84	X	2:45	10:00			3.1					
85	X	2:45	10:00			3.1					
86	X	2:45	10:00			3.1					
87	X	2:45	10:00			3.1					
88	X	2:45	10:00			3.1					
89	X	2:45	10:00			3.1					
90	X	2:45	10:00			3.1					
91	X	2:45	10:00			3.1					
92	X	2:45	10:00			3.1					
93	X	2:45	10:00			3.1					
94	X	2:45	10:00			3.1					
95	X	2:45	10:00			3.1					
96	X	2:45	10:00			3.1					
97	X	2:45	10:00			3.1					
98	X	2:45	10:00			3.1					
99	X	2:45	10:00			3.1					
100	X	2:45	10:00			3.1					

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

FROM : FAX NO. : Jun. 02: 2004 10:11:56PM P14

02/22/2004 2:11:30 E136261030 GAKI H A



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

See page 4 for instructions.

A. General Information for the Month of May 04 **PWS Identification Number:** 6511423

PWS Name: Suriname Community Non-Transient Non-Community Transient Non-Community Consecutive

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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 17 City: Port Richey Plant Telephone Number: 800-272-1919

Plant Address: 11615 Peartree Dr. State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Lead Operator Name	Plant Class (per subsection 62-699.310(4), F.A.C.): C	Days/Weeks
<u>Stephen Hahery</u>	<u>8072</u>	<u>Weekends</u>
<u>Robb Crow</u>	<u>13/50</u>	<u>Weekends</u>
<u>Cherie Lanni</u>	<u>13/50</u>	<u>Weekends</u>
<u>Don Staxford</u>	<u>12/50</u>	<u>Weekends</u>

I, the undersigned water treatment plant operator licensed in Florida, am the 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 appropriate standards referenced in subsection 62-555.000(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 test 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's representative upon request.

Signature: Stephan Weber License Number: 0800

Printed or Typed Name: Stephan Weber

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

PWS Identification Number: 6511423

Plant Name: Well 17

The Data for this Month is for: **MAY 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

Days	Started	or	Voided	by	Operator	Time	of	the	Month
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

1600

2.8

2.2

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

FAX NO. : Jun. 02 2004 01:55PM P12

FROM :

FROM :

626



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

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: June 2004										
Community Water System (CWS) Name: Summer tree										
Public Water System (PWS) Identification Number: 6511423										
Day	Well 1	Well 2	Well 13	Well 17						
1	214000	214000	214000	214000						856000
2	26900	82000	80000							188900
3	56400	55000	170000	1000						285400
4	49300	52000	172000							273300
5	54900	53000	159000							266900
6	73700	75000	222000							370700
7										0
8	76400	96000	246000							418400
9	33000	41000	142000							216000
10	50300	50000	165000							265300
11	37000	52000	162000							253000
12	49500	51000	150000							250500
13	46900	46000	136000							228900
14										0
15	27100	54000	158000							249100
16	2500	26000	68000							98500
17	45200	50000	139000							234200
18	31300	49000	125000							205800
19	42800	56000	170000							273800
20	36500	39000	128000							203500
21										0
22	26000	64000	162000							252000
23	10200	19000	59000							88200
24	39100	44000	123000							206100
25	400	53000	164000							217400
26	47500	56000	155000							258500
27	38000	48000	100000							187000
28										0
29	12300	52000	180000							252300
30	12100	25000	68000							105100
31	35300	34000	128000							194300
TOTAL										6046100
AVERAGE										201536
PERCENT										370700

FROM :

FRM NO. :

Sep. 15 2004 12:29PM P18

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: **Suncoast**
 PWS Type: Community Non-Threatened Non-Community Treatment Non-Community Connections
 PWS Identification Number: **6511423**
 PWS Owner: **Libbes Inc. of Florida**
 Contact Person: **Patrick C. Flynn**
 Contact Person's Mailing Address: **280 Weatherfield Ave**
 Contact Person's Telephone Number: **407 869 1919**
 Contact Person's E-Mail Address: **p.c.flynn@libbesinc.com**
B. Water Treatment Plant Information
 Plant Name: **Well 1**
 Plant Address: **North End Of Bayonet Dr**
 City: **Port Richey** State: **FL** Zip Code: **34654**
 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: **214,000** 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.): **C**

Operator	Start Date	End Date	Hours
Tom Stafford	12/50	12/50	40 hrs
Robb CROW	12/50	12/50	40 hrs

I, the undersigned water treatment plant operator licensed in Florida, as the lead/chief operator of the water treatment plant identified in Part I of 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 60 or other 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 theoretical 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: 7-6-04
 Printed or Typed Name: STEPHEN HOBENY
 License Number: C-8012

SEP. 15 2004 12:24PM P10

FAX NO. :

FROM :



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

See page 4 for instructions.

Report Period (Month and Year) 544e 04

A. Public Water System (PWS) Information

PWS Name: Summerline PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 2 Plant Telephone Number: 800-272-1919
Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	Shift
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12250</u>	<u>weekends</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: 7-6-04 Printed or Typed Name: Stephen Habery License Number: C-8012

02/22/2004 23:30 8135251030

FROM : FROM NO. : SEP. 15 2004 12:25PM P12

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

PWS Identification Number: 6511423

Plant Name: Well 2

Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe): 24x204

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

Day	Time	Residual (mg/L)	pH	Temperature (°C)	Turbidity (NTU)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Combined Chlorine (mg/L)
X		2.2000					2.8		
X		55000					3.0		
X		52000					3.1		
X		53000					2.9		
X		25000					3.0		
S		46000					3.0		
X		46000					3.0		
X		47000					2.9		
X		50000					2.8		
X		48000					2.9		
K		56000					3.0		
X		39000					3.0		
X		64000					3.1		
X		19000					3.0		
X		44000					2.9		
X		53000					2.6		
X		56000					2.5		
X		49000					2.9		
X		52000					2.8		
X		25000					2.5		
X		34000					2.5		
137,000		137,000							
44,000		44,000							
25,000		25,000							

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

FROM :

FAX NO. :

Sep. 15 2004 12:26PM P13

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: Sumner
PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Conscriptive

Number of Service Connections at End of Month: 925
Total Population Served at End of Month: 2,313

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 Fax Number: 407.869.6961
Contact Person's E-Mail Address: p.c.flynn@fldepmc.us.com

Water Treatment Plant Information
Plant Name: Well 13

Plant Address: 11631 Cocowood Dr.
City: Fort Meade
State: FL
Zip Code: 34654

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, Gallons per day: 214,000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator	Signature	Date	Printed or Typed Name	License Number
Stephen Hubery		7-6-04	Stephen Hubery	C-8012
Tom Stafford				
Rob Crow				

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 staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Printed or Typed Name

License Number



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

PWS Identification Number: 6511423 | Plant Name: Well 13

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

Well	Flow (MGD)	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Chloramines (mg/L)	Residual (mg/L)	Flow (MGD)
1	2.4	3.1	3.1			3.1	2.2
2	3.0	3.0	3.0			3.0	2.2
3	2.9	3.1	3.1			3.1	2.2
4	2.8	3.1	3.1			3.1	2.2
5	2.9	3.1	3.1			3.1	2.2
6	3.0	3.1	3.1			3.1	2.2
7	3.0	3.1	3.1			3.1	2.2
8	3.0	3.1	3.1			3.1	2.2
9	3.0	3.1	3.1			3.1	2.2
10	3.0	3.1	3.1			3.1	2.2
11	3.0	3.1	3.1			3.1	2.2
12	3.0	3.1	3.1			3.1	2.2
13	3.0	3.1	3.1			3.1	2.2
14	3.0	3.1	3.1			3.1	2.2
15	3.0	3.1	3.1			3.1	2.2
16	3.0	3.1	3.1			3.1	2.2
17	3.0	3.1	3.1			3.1	2.2
18	3.0	3.1	3.1			3.1	2.2
19	3.0	3.1	3.1			3.1	2.2
20	3.0	3.1	3.1			3.1	2.2
21	3.0	3.1	3.1			3.1	2.2
22	3.0	3.1	3.1			3.1	2.2
23	3.0	3.1	3.1			3.1	2.2
24	3.0	3.1	3.1			3.1	2.2
25	3.0	3.1	3.1			3.1	2.2
26	3.0	3.1	3.1			3.1	2.2
27	3.0	3.1	3.1			3.1	2.2
28	3.0	3.1	3.1			3.1	2.2
29	3.0	3.1	3.1			3.1	2.2
30	3.0	3.1	3.1			3.1	2.2
31	3.0	3.1	3.1			3.1	2.2
32	3.0	3.1	3.1			3.1	2.2
33	3.0	3.1	3.1			3.1	2.2
34	3.0	3.1	3.1			3.1	2.2
35	3.0	3.1	3.1			3.1	2.2
36	3.0	3.1	3.1			3.1	2.2
37	3.0	3.1	3.1			3.1	2.2
38	3.0	3.1	3.1			3.1	2.2
39	3.0	3.1	3.1			3.1	2.2
40	3.0	3.1	3.1			3.1	2.2
41	3.0	3.1	3.1			3.1	2.2
42	3.0	3.1	3.1			3.1	2.2
43	3.0	3.1	3.1			3.1	2.2
44	3.0	3.1	3.1			3.1	2.2
45	3.0	3.1	3.1			3.1	2.2
46	3.0	3.1	3.1			3.1	2.2
47	3.0	3.1	3.1			3.1	2.2
48	3.0	3.1	3.1			3.1	2.2
49	3.0	3.1	3.1			3.1	2.2
50	3.0	3.1	3.1			3.1	2.2
51	3.0	3.1	3.1			3.1	2.2
52	3.0	3.1	3.1			3.1	2.2
53	3.0	3.1	3.1			3.1	2.2
54	3.0	3.1	3.1			3.1	2.2
55	3.0	3.1	3.1			3.1	2.2
56	3.0	3.1	3.1			3.1	2.2
57	3.0	3.1	3.1			3.1	2.2
58	3.0	3.1	3.1			3.1	2.2
59	3.0	3.1	3.1			3.1	2.2
60	3.0	3.1	3.1			3.1	2.2
61	3.0	3.1	3.1			3.1	2.2
62	3.0	3.1	3.1			3.1	2.2
63	3.0	3.1	3.1			3.1	2.2
64	3.0	3.1	3.1			3.1	2.2
65	3.0	3.1	3.1			3.1	2.2
66	3.0	3.1	3.1			3.1	2.2
67	3.0	3.1	3.1			3.1	2.2
68	3.0	3.1	3.1			3.1	2.2
69	3.0	3.1	3.1			3.1	2.2
70	3.0	3.1	3.1			3.1	2.2
71	3.0	3.1	3.1			3.1	2.2
72	3.0	3.1	3.1			3.1	2.2
73	3.0	3.1	3.1			3.1	2.2
74	3.0	3.1	3.1			3.1	2.2
75	3.0	3.1	3.1			3.1	2.2
76	3.0	3.1	3.1			3.1	2.2
77	3.0	3.1	3.1			3.1	2.2
78	3.0	3.1	3.1			3.1	2.2
79	3.0	3.1	3.1			3.1	2.2
80	3.0	3.1	3.1			3.1	2.2
81	3.0	3.1	3.1			3.1	2.2
82	3.0	3.1	3.1			3.1	2.2
83	3.0	3.1	3.1			3.1	2.2
84	3.0	3.1	3.1			3.1	2.2
85	3.0	3.1	3.1			3.1	2.2
86	3.0	3.1	3.1			3.1	2.2
87	3.0	3.1	3.1			3.1	2.2
88	3.0	3.1	3.1			3.1	2.2
89	3.0	3.1	3.1			3.1	2.2
90	3.0	3.1	3.1			3.1	2.2
91	3.0	3.1	3.1			3.1	2.2
92	3.0	3.1	3.1			3.1	2.2
93	3.0	3.1	3.1			3.1	2.2
94	3.0	3.1	3.1			3.1	2.2
95	3.0	3.1	3.1			3.1	2.2
96	3.0	3.1	3.1			3.1	2.2
97	3.0	3.1	3.1			3.1	2.2
98	3.0	3.1	3.1			3.1	2.2
99	3.0	3.1	3.1			3.1	2.2
100	3.0	3.1	3.1			3.1	2.2

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

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: Summit
 PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Competitive
 PWS Operator: Intellec Inc. of Florida
 PWS Address: 200 Weatherfield Ave
 Contact Person: Patrick C. Flynn
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.flynn@intellec-inc.com

B. Water Treatment Plant Information

Plant Name: Well 17
 Plant Address: 11615 Peetree Dr.
 City: Port Richey State: FL Zip Code: 34654
 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, Gallons per day: 214,000
 Plant Class (per subsection 62-699.310(4), F.A.C.): C

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

Plant Category (per subsection 62-699.310(4), F.A.C.)	Plant Class (per subsection 62-699.310(4), F.A.C.)	Plant Name	City	State	Zip Code
C	C	Stephen Bakery	Port Richey	FL	34654
C	C	7599 CROW	Port Richey	FL	34654
C	C	4043	Port Richey	FL	34654
C	C	13150	Port Richey	FL	34654
C	C	12750	Port Richey	FL	34654

I, the undersigned water treatment plant operator licensed in Florida, am the head/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 staffed or visited this plant during the month indicated above: (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, in a convenient location for at least ten years.

Signature and Date: Stephany Bakery 2-6-04
 Printed or Typed Name: Stephany Bakery
 License Number: C-802

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

PWS Identification Number: 6511423

Plant Name: Wd117

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

Sample Date	Sample Time	Sample Location	Sample Type	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Notes
2-2								
2-0								

1000
32900
1000

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

FROM :

FAX NO. : Sep. 15 2004 12:29PM P17



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>July 2004</u>									
Community Water System (CWS) Name: <u>Summertree</u>									
Public Water System (PWS) Identification Number: <u>6511423</u>									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						856000
19300	35000	622000							626300
28900	31000	108000							167900
23600	35000	121000							189600
									0
9200	25000	79000							113200
8500	17000	71000	1000						97500
42900	37000	135000							214900
42700	40000	193000							225200
41000	35000	144000							220000
38900	30000	132000							200900
									0
15900	45000	130000							190900
11800	21000	71000							102900
40500	33000	122000						1.06	455000
41500	39000	113000							223800
43700	21000	150000							214300
83700	83000	100							162700
									0
28900	18000	106000							152900
10400	10000	54000							74400
12600	9000	57000							73600
32400	46000	103000							181400
40400	48000	119000							207400
21400	32000	32000							140400
									0
11500	34000	96000							141500
12000	26000	70000							108800
12100	27000	59000							98100
7200	25000	42000							80700
17600	27000	74000							118600
13000	30000	20000							113000
									4693500
									151403
									676300

FROM :

FAX NO. :

Aug. 06 2004 11:53AM P17

626



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

See page 4 for instructions.

General Information for the Month of July

A. Public Water System (PWS) Information

PWS Name: Summitree PWS Identification Number: 6511421

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Class	License Number	Day(s)/Shift Worked
Stephen Habery	C	8012	Yohis
Robb CAOW	C	13150	"
Tom Stafford	C	12250	weekend

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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: 8-5-04 Printed or Typed Name: Stephen Habery License Number: C-8012

Aug. 06 2004 11:59AM P26
 PAGE 08
 GARTH A
 FAX NO. :
 8136261030
 02/22/2004 23:30
 FROM :

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

PWS Identification Number: 6511423

Plant Name: Well 1

Reporting Period for the Month Year of: July 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 Month	Days Plant Staffed (or Visited) (by Operator)	Hours of Operation	Avg. Chlorine or Disinfectant Residual (mg/L)	Type of Inactivation/Achievement										Remarks (if any) or Comments				
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Dose (mJ/cm ²)	Other (Describe)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)		UV Dose (mJ/cm ²)	Other (Describe)		
1	X	2405	19300	2.9													2.0	
2	X		25900	2.1													1.9	
3	X		23600	2.2													1.4	
4	S																	
5	X		9200	2.6													1.7	
6	X		5500	2.4													2.0	
7	X		42900	2.7													2.1	
8	X		42700	2.8													2.2	
9	X		47000	2.9													2.4	
10	X		38900	3.0													2.1	
11	X		15900	3.1													2.4	
12	X		11600	2.8													2.3	
13	X		40500	3.0													2.4	
14	X		41500	3.2													2.2	
15	X		43300	3.0													2.7	
16	X		82700	3.1													2.2	
17	M																	
18	X		29900	2.8													2.3	
19	X		70400	2.7													2.1	
20	X		13600	2.7													2.3	
21	X		22400	3.0													2.2	
22	X		40400	3.1													2.3	
23	X		21400	3.0													2.0	
24	M																	
25	X		11500	3.0													2.2	
26	X		12800	2.9													2.2	
27	X		12100	2.8													2.4	
28	X		2700	2.9													2.3	
29	X		12600	2.5													2.0	
30	X		13000	2.7													2.1	
31			714500															
			23000															
			53200															

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

PAGE 09

GARTH A

8136261030

02/22/2004 23:30

FROM :

FRX NO. :

Aug. 06 2004 11:58PM P24



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

See page 4 for instructions.

Reporting Information for the Month/Year of: July 04

A. Public Water System (PWS) Information

PWS Name: <u>Summerline</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2,313</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 2</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>West Side Of Paradise Point Clubhouse</u>		City: <u>Port Richey</u>	State: <u>Fl</u> Zip Code: <u>34654</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>214,000</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>C</u>		
Operator Name	License No.	License No.	License No.	License No.
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>7045</u>	<u>7045</u>
<u>Robb S. RW</u>	<u>C</u>	<u>13150</u>	<u>4045</u>	<u>4045</u>
<u>Tom S. RW</u>	<u>C</u>	<u>12250</u>	<u>WEEKEND</u>	<u>WEEKEND</u>

C. 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] 8-5-04 Stephen Habery C-8012
 Signature and Date Printed or Typed Name License Number

GARTH A 8136251030 02/22/2004 23:38

FROM : FAX NO. : Aug. 06 2004 11:57AM P23

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

PWS Identification Number: 6511423

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	Plant	Standard	Actual	Operator	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
1			2500	X		2.3			
2			2500	X		2.3			
3			1200	X		2.2			
4			2000	X		2.5			
5			1000	X		2.5			
6			1000	X		2.5			
7			3500	X		2.2			
8			3000	X		2.4			
9			4500	X		2.8			
10			2100	X		2.5			
11			3000	X		2.6			
12			5900	X		2.5			
13			2450	X		2.0			
14			8300	X		3.0			
15			1800	X		2.5			
16			15000	X		2.0			
17			900	X		2.3			
18			4600	X		2.4			
19			4500	X		2.2			
20			3700	X		2.6			
21			2400	X		2.3			
22			2600	X		2.5			
23			2700	X		2.3			
24			2500	X		2.4			
25			2700	X		2.3			
26			3000	X		2.5			
27			2700	X		2.4			
28			2700	X		2.4			
29			2700	X		2.4			
30			2700	X		2.4			
31			2700	X		2.4			
32			2700	X		2.4			
33			2700	X		2.4			
34			2700	X		2.4			
35			2700	X		2.4			
36			2700	X		2.4			
37			2700	X		2.4			
38			2700	X		2.4			
39			2700	X		2.4			
40			2700	X		2.4			
41			2700	X		2.4			
42			2700	X		2.4			
43			2700	X		2.4			
44			2700	X		2.4			
45			2700	X		2.4			
46			2700	X		2.4			
47			2700	X		2.4			
48			2700	X		2.4			
49			2700	X		2.4			
50			2700	X		2.4			
51			2700	X		2.4			
52			2700	X		2.4			
53			2700	X		2.4			
54			2700	X		2.4			
55			2700	X		2.4			
56			2700	X		2.4			
57			2700	X		2.4			
58			2700	X		2.4			
59			2700	X		2.4			
60			2700	X		2.4			
61			2700	X		2.4			
62			2700	X		2.4			
63			2700	X		2.4			
64			2700	X		2.4			
65			2700	X		2.4			
66			2700	X		2.4			
67			2700	X		2.4			
68			2700	X		2.4			
69			2700	X		2.4			
70			2700	X		2.4			
71			2700	X		2.4			
72			2700	X		2.4			
73			2700	X		2.4			
74			2700	X		2.4			
75			2700	X		2.4			
76			2700	X		2.4			
77			2700	X		2.4			
78			2700	X		2.4			
79			2700	X		2.4			
80			2700	X		2.4			
81			2700	X		2.4			
82			2700	X		2.4			
83			2700	X		2.4			
84			2700	X		2.4			
85			2700	X		2.4			
86			2700	X		2.4			
87			2700	X		2.4			
88			2700	X		2.4			
89			2700	X		2.4			
90			2700	X		2.4			
91			2700	X		2.4			
92			2700	X		2.4			
93			2700	X		2.4			
94			2700	X		2.4			
95			2700	X		2.4			
96			2700	X		2.4			
97			2700	X		2.4			
98			2700	X		2.4			
99			2700	X		2.4			
100			2700	X		2.4			

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

DER Form 62-605 (00/01/00/00/00/00)

FROM : FAX NO. : Aug. 06 2004 11:56AM P22



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

See page 4 for instructions.

1. General Information: Month: July 04

A. Public Water System (PWS) Information

PWS Name: Summitree PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 13 Plant Telephone Number: 800-272-1919
Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Number	Days Operated
Stephen Hebery	C 8012	40 hrs
Robb Crow	C 13150	"
Tom Skelton	C 12250	week ends

II. 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.

8-5-04 Signature and Date Stephen Hebery Printed or Typed Name C-8012 License Number

FROM :
 FRX NO. :
 AUG. 06 2004 11:54AM P19



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

See page 4 for instructions.

I. General Information for the Month Year of July 04

A. Public Water System (PWS) Information

PWS Name: Summertree PWS Identification Number: 6511423
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 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 17 Plant Telephone Number: 800-272-1919
 Plant Address: 11615 Peartree Dr. City: Port Richey State: FL Zip Code: 34654
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License No.	Shift	Day(s) Worked
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Chow</u>	<u>C</u>	<u>13150</u>	<u>"</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12250</u>	<u>weekends</u>

II. 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.

8-5-04 Signature and Date Stephen Habery Printed or Typed Name C-8012 License Number

PAGE 10
 GARTH A
 02/22/2004 23:30 8136261030

FROM :

FAX NO. :

AUG. 06 2004 11:54AM P.18

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

PWS Identification Number: 6511423

Plant Name: Well 17

Report Period: July 04

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	Plant	Start	End	Operator	Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

X

less

1.3

1.00	1.00
329.00	329.00
1.00	1.00

* 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: August 2004									
Community Water System (CWS) Name: Summertree									
Public Water System (PWS) Identification Number: 6511423									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						856000
10600	43000	97000							150600
7200	25000	61000							93200
6100	19000	46000							71100
6600	13000	36000							55600
13700	21000	66000							100700
10000	29000	56000							95000
10500	37000	90000	1000						138500
8200	31000	78000							117200
5400	13000	40000							58400
19300	31000	67000							117300
6700	22000	56000							84700
12400	30000	53000							105400
14600	43000	105000							162600
15000	32000	71000							118000
7600	21000	56000							84600
45200	54000	121000							220200
30800	32000	74000							136800
39800	50000	111000							200800
15100	47000	122000							184100
13400	35000	54000							102400
35000	32000	98000							165000
36600	44000	107000							187600
26200	38000	96000							160200
39900	50000	118000							207900
6200	44000	102000							152200
100	30000	54000							84100
									3349200
									108038
									2202

UTILITIES INC

FAX NO. :

4078696961

09/08/2003 12:39

FROM :

626



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: August 2004

A. Public Water System (PWS) Information

PWS Name: Summertree PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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 I Plant Telephone Number: 800-272-1919

Plant Address: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
Other Operator	<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
	<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>Weekends</u>

1. 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] 9-2-04 Stephen Habery C-8012

Signature and Date Printed or Typed Name License Number

SEP. 03 2004 09:04AM P.15 PAGE 08

GARTH A

FAX NO. :

8136261030

02/22/2004 23:30

FROM :

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

PWS Identification Number: 6511423

Plant Name: Well 1

Reporting Date (to the Month): 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):

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

Day	Type of Disinfectant Residual	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
1	X	3.1			2.2
2	X	3.0			2.0
3	X	3.0			1.8
4	X	3.0			2.3
5	X	3.0			2.3
6	X	3.0			2.4
7	X	3.0			2.0
8	X	2.8			2.3
9	X	2.7			2.2
10	X	2.7			2.2
11	X	2.5			2.4
12	X	2.5			2.4
13	X	2.5			2.4
14	X	2.4			2.1
15	X	2.4			2.0
16	X	2.4			2.2
17	X	2.3			1.7
18	X	2.3			2.0
19	X	2.3			2.0
20	X	2.3			2.0
21	X	2.3			2.0
22	X	2.3			2.0
23	X	2.3			2.0
24	X	2.3			2.0
25	X	2.3			2.0
26	X	2.3			2.0
27	X	2.3			2.0
28	X	2.3			2.0
29	X	2.3			2.0
30	X	2.3			2.0
31	X	2.3			2.0

Day	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
1	10600							
2	7200							
3	6100							
4	6600							
5	13700							
6	10200							
7	10500							
8	8200							
9	5400							
10	19300							
11	6700							
12	12400							
13	14600							
14	15000							
15	7600							
16	45300							
17	30800							
18	39800							
19	15100							
20	15400							
21	35000							
22	36600							
23	26200							
24	39900							
25	6200							
26	1000							
27	442500							
28	142000							
29	452000							
30	452000							
31	452000							

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

SEP. 03 2004 09:06AM_P17

GARTH A

FAX NO. :

FROM : 02/22/2004 23:30 8136261030



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: Summertree PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Class	License Number	Days/Hours Worked
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>W "</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>Weekends</u>

II. Certification of 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] 9-2-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012



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: <u>August 2004</u>				
A. Public Water System (PWS) Information				
PWS Name: <u>Summitree</u> PWS Identification Number: <u>6511423</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>925</u> Total Population Served at End of Month: <u>2,313</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>407.869.1919</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 13</u> Plant Telephone Number: <u>800-272-1919</u>				
Plant Address: <u>11631 Cocowood Dr.</u> City: <u>Port Richey</u> State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>				
Licensed Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	<u>Stephen Halsey</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
Other Operator	<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>11</u>
	<u>TOM STAFFORD</u>	<u>L</u>	<u>12750</u>	<u>weekends</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.

_____ 9-2-04 _____ STEPHEN HALSEY _____ C-8012
 Signature and Date Printed or Typed Name License Number

Sep. 03 2004 09:07AM P19
 PAGE 04

GARTH A

FAX NO. :

8135261030

FROM :
 02/22/2004 23:30

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

Plant Name: Well 13

PWS Identification Number: 6511423

August 2004

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

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

Day	Time	Operator	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
1	7:00	X		3.1									
2	6:50	X		3.0									
3	4:00	X		3.2									
4	3:00	X		3.0									
5	4:00	X		2.5									
6	7:80	X		3.0									
7	4:00	X		2.9									
8	4:00	X		2.7									
9	6:00	X		3.0									
10	7:00	X		2.7									
11	5:00	X		3.0									
12	12:00	X		2.8									
13	7:40	X		3.2									
14	11:00	X		2.8									
15	1:00	X		3.2									
16	1:00	X		3.0									
17	7:00	X		3.0									
18	7:00	X		3.0									
19	5:00	X		2.8									
20	11:00	X		3.2									
21	12:00	X		2.8									
22	7:00	X		3.0									
23	7:00	X		3.0									
24	7:00	X		3.0									
25	7:00	X		3.0									
26	7:00	X		3.0									
27	7:00	X		3.0									
28	7:00	X		3.0									
29	7:00	X		3.0									
30	7:00	X		3.0									
31	7:00	X		3.0									

* Refer to the instructions for this report to determine which points 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/Year of August 2004

A. Public Water System (PWS) Information

PWS Name: <u>Summertree</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2,313</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>407.869.1919</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 17</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>11615 Peartree Dr.</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	

Operator Name	License Class	License Number	Day(s) Worked
Lead/Chief Operator: <u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40hrs</u>
Other Operator: <u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>	<u>weekends</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] 9-2-04 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM : 02/22/2004 23:30
 FAX NO. : GARTH A
 Sep. 03 2004 09:09AM P.21
 PAGE: 10
 9136261030



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

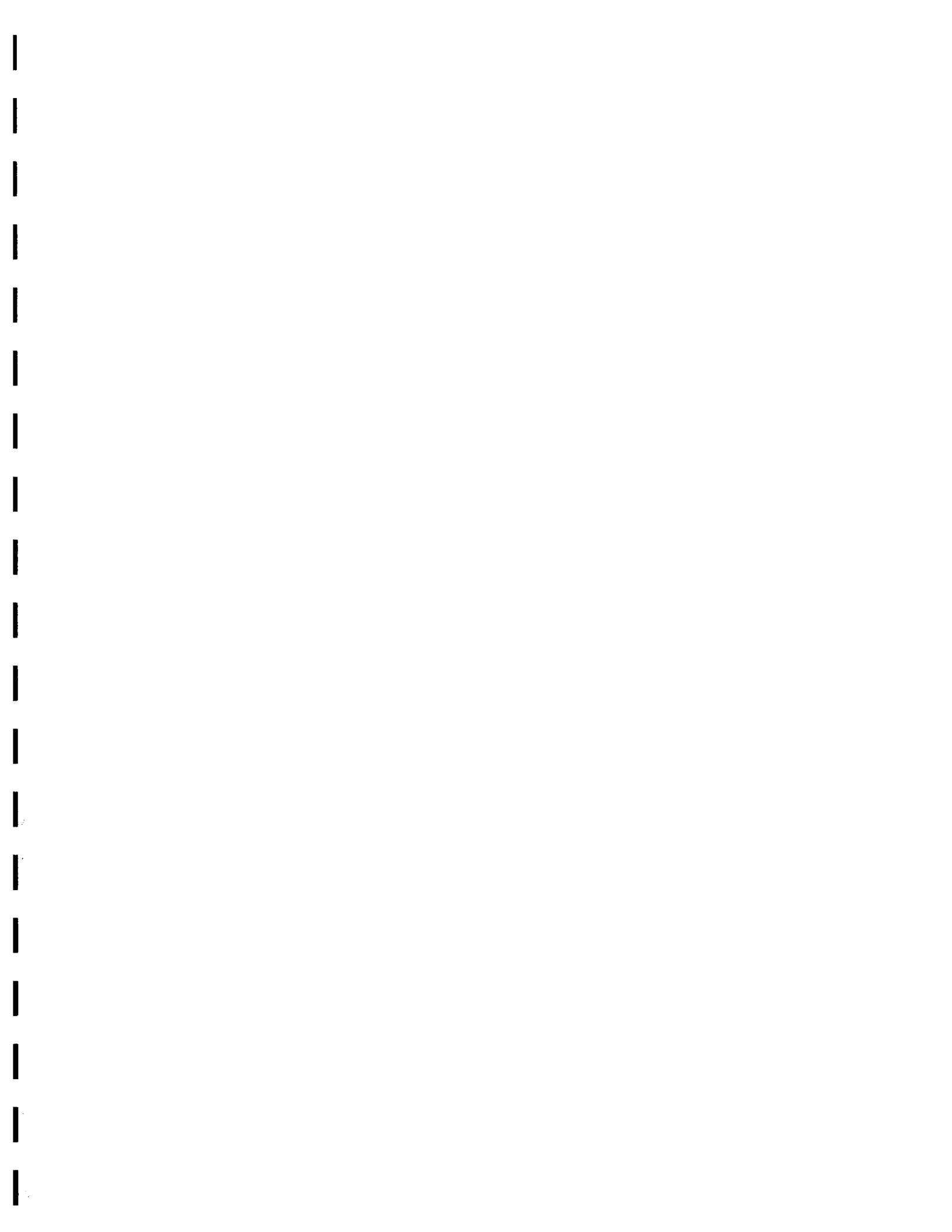
FROM :

FAX NO. :

Oct. 04 2004 01:00PM P10

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: SEPT 2004									
Community Water System (CWS) Name: Summertree									
Public Water System (PWS) Identification Number: 6511423									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						856000
32200	38000	93000	1000						164200
5600	53000	109000							167600
22400	42000	95000							168400
27100	52000	116000							195100
									0
30900	46000	74000							150900
15400	28000	112000							155400
41400	48000	112000							201400
6000	24000	50000							80000
6000	21000	55000							82000
12900	24000	61000							97900
									0
16800	41000	93000							150800
10800	28000	72000							110800
9600	16000	51000							76600
12600	24000	47000							83600
6700	20000	58000							84900
16900	34000	78000							128900
									0
11600	32000	93000							136600
16100	29000	63000							108100
28300	38000	83000							149300
39500	50000	123000							212500
30600	39000	105000							174600
40000	55000	112000							207000
									0
22900	31000	107000							160900
13400	16000	63000							92400
9200	25000	59000							93200
12800	24000	50000							86800
									0
									3519900
									117330
									212500



626.

PAGE 88



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

FILE COPY

See page 4 for instructions.

Report Period: SEPTEMBER 2004

A. Public Water System (PWS) Information PWS Identification Number: 6511423

PWS Name: Summitone
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 Telephone Number: 800-272-1919

Plant Name: Well 1 City: Port Richey State: FL Zip Code: 34654
Plant Address: North End Of Bayport Dr.
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Plant Category (per subsection 62-699.310(4), F.A.C.):	Operator Name	License Number	Hours
Other Operator	Stephen Haskory	C	8012
	ROBB CRAW	C	13150
	TOM STAFFORD	C	12750
			40 hrs
			" "
			Weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 HASKORY C-8012
Signature and Date Printed or Typed Name License Number

GARTH A

8136261830

02/22/2004 23:30

FROM :

FAX NO. :

Oct. 04 2004 12:55PM P2

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

PWS Identification Number: 6511423

Plant Name: Well 1

SEPTEMBER 2004

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

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

Type of Disinfection Residual Maintained in Distribution System:

Days	Plant	Sampled	Operator	Residual (mg/L)
1				3.0
2				3.0
3				3.0
4				3.0
5				3.0
6				3.0
7				3.0
8				3.0
9				3.0
10				3.0
11				3.0
12				3.0
13				3.0
14				3.0
15				3.0
16				3.0
17				3.0
18				3.0
19				3.0
20				3.0
21				3.0
22				3.0
23				3.0
24				3.0
25				3.0
26				3.0
27				3.0
28				3.0
29				3.0
30				3.0
31				3.0

Days	Plant	Sampled	Operator	Residual (mg/L)	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1				3.0					
2				3.0					
3				3.0					
4				3.0					
5				3.0					
6				3.0					
7				3.0					
8				3.0					
9				3.0					
10				3.0					
11				3.0					
12				3.0					
13				3.0					
14				3.0					
15				3.0					
16				3.0					
17				3.0					
18				3.0					
19				3.0					
20				3.0					
21				3.0					
22				3.0					
23				3.0					
24				3.0					
25				3.0					
26				3.0					
27				3.0					
28				3.0					
29				3.0					
30				3.0					
31				3.0					

* 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.

Report Period: SEPTEMBER 2004 PWS Identification Number: 6511423

A. Public Water System (PWS) Information

PWS Name: Summertime
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 2 Plant Telephone Number: 800-272-1919
Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator	License No.	Hours	Days
Lead 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>13150</u>	<u>" "</u>
Other Operator: <u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>	<u>Weekends</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: 10-4-04 Printed or Typed Name: STEPHEN HABERY License Number: C-8012

PAGE 00

GARTH A

8136261030

23:38

02/22/2004

FROM :

FRAX NO. :

Oct. 04 2004 12:56PM P4



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

See page 4 for instructions.

I. General Information SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: <u>Summerline</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2,313</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>407.869.1919</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 13</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>11631 Cocowood Dr.</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	

Operator Name	License Number	Hours Worked
Lead Operator: <u>Stephen Habery</u>	<u>C</u>	<u>8012</u>
Other Operators: <u>ROBB CROW</u>	<u>C</u>	<u>13150</u>
<u>TOM STAFFORD</u>	<u>C</u>	<u>12750</u>

II. Certification of 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

10-4-04
 Printed or Typed Name

STEPHEN HABERY
 License Number

C-8012
 License Number

FROM : FAX NO. : Oct. 04 2004 12:58PM PS

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

PWS Identification Number: 6511423

Plant Name: Well 13

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

Sample Date	Sample Time	Sample Location	Sample Type	Sample Depth	Sample Volume	Sample Method	Sample Container	Sample Label	Sample ID	Sample Status
12/000	2.8									X
109000	2.0									X
98000	3.1									X
116000	3.5									X
74000	2.7									X
112000	2.8									X
112000	2.8									X
112000	3.0									X
50000	3.1									X
55000	3.0									X
61000	3.0									X
93000	2.7									X
72000	2.8									X
51000	3.0									X
47000	3.0									X
38000	3.2									X
78000	3.0									X
49000	2.7									X
63000	3.5									X
83000	3.5									X
83000	3.5									X
129000	3.5									X
105000	3.5									X
112000	3.1									X
112000	3.5									X
157000	3.5									X
63000	3.5									X
57000	3.5									X
50000	3.5									X
257000	3.5									X
11000	3.5									X
123000	3.5									X

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

Per Form 62005-000(3/94)minn



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

FROM :

FRX NO. :

Oct. 04 2004 12:59PM PB

See page 4 for instructions.

1. General Information for the Month Year of SEPTEMBER 2004

A. Public Water System (PWS) Information

PWS Name: Summertime PWS Identification Number: 6511423
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 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 17 Plant Telephone Number: 800-272-1919
 Plant Address: 11615 Pearree Dr. City: Port Richey State: FL Zip Code: 34654
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator	License No.	Hours	Notes
Stephen Habery	C	8012	40 hrs
ROBB CROW	C	13150	" "
TOM STAFFORD	C	12750	weekends

C. Certification by Lead 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.

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

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

PWS Identification Number: 6511423

Plant Name: Well 17

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 (Chloramine) Chlorine Dioxide

Sample ID	Date	Time	Sample Type	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Chloramines (mg/L)	pH	Temperature (°C)	Operator
100	09/01	08:00	1.0								
100	09/02	08:00	1.0								
100	09/03	08:00	1.0								
100	09/04	08:00	1.0								
100	09/05	08:00	1.0								
100	09/06	08:00	1.0								
100	09/07	08:00	1.0								
100	09/08	08:00	1.0								
100	09/09	08:00	1.0								
100	09/10	08:00	1.0								
100	09/11	08:00	1.0								
100	09/12	08:00	1.0								
100	09/13	08:00	1.0								
100	09/14	08:00	1.0								
100	09/15	08:00	1.0								
100	09/16	08:00	1.0								
100	09/17	08:00	1.0								
100	09/18	08:00	1.0								
100	09/19	08:00	1.0								
100	09/20	08:00	1.0								
100	09/21	08:00	1.0								
100	09/22	08:00	1.0								
100	09/23	08:00	1.0								
100	09/24	08:00	1.0								
100	09/25	08:00	1.0								
100	09/26	08:00	1.0								
100	09/27	08:00	1.0								
100	09/28	08:00	1.0								
100	09/29	08:00	1.0								
100	09/30	08:00	1.0								

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

DEP Form 625-002 (2/01/00)

Page 2

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



See page 2 for instructions.

Date of Report: Water Production for the Month of June 2004
 Community Water System (CWS) Name: Sumnerree
 Public Water System (PWS) Identification Number: 6511423

	Well 1	Well 2	Well 13	Well 17					
13200	25000	55000							
16900	20000	48000							
22900	51000	121000 (1000)							
12500	7000	52000							
30800	45000	122000							
39400	49000	121000							
32900	54000	133000							
37100	42000	100000							
700	22000	114000							
4400	9000	40000							
33100	44000	101000							
30700	41000	102000							
34500	43000	124000							
11400	34000	230000							
18000	46000	100000							
15000	28000	61000							
15000	31000	75000							
12000	26000	52000							
9100	26000	32000							
28000	25000	54000							
18900	63000	146000							
50400	50000	138000							
54000	55000	152000							
59200	60000	160000							
50200	54000	132000							
53900	61000	126000							
53900	61000	126000							
242900	214000	214000							
856000									

© 2004

DATE OF REPORT

Page 1

4,337,800
 136,994

626



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: Summertree PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 280 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: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Number	License Class	License Expiration Date
<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>40 hrs</u>
<u>Jack Adams</u>	<u>C</u>	<u>13018</u>	<u>40 hrs</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>weekends</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: NOV 3 Printed or Typed Name: Stephen Habery License Number: C-8012

Nov. 09 2004 12:32PM P6
 PAGE 08
 GARTH A
 FAX NO. :
 8136261030
 9/21/2004 2:31:30
 FROM :



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

See page 4 for instructions.

Reporting Period (Month/Year) BCT 04

A. Public Water System (PWS) Information

PWS Name: Summitone PWS Identification Number: 6511473
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 280 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: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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>C</u>		
Operator Name	License No.	License Class	License Expiration Date	Hours Worked
<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>Jack Adkins</u>	<u>C</u>	<u>13019</u>	<u>"</u>	
<u>Tom Hoffer</u>	<u>C</u>	<u>12750</u>	<u>Weekends</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 3 Signature and Date Stephen Habery Printed or Typed Name C-8012 License Number

Nov. 09 2004 12:33PM PB

FAX NO. :

FROM :

047 447 4004

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

PWS Identification Number: 6511423

Plant Name: Wal2

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

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

Day	Plant	Sample	Time	Location	Residual (mg/L)	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
1	X				57.000				
2	X				170.00				
3	X				450.00				
4	X				490.00				
5	X				540.00				
6	X				540.00				
7	X				420.00				
8	X				27.00				
9	X				2.0				
10	X				2.0				
11	X				40.00				
12	X				47.00				
13	X				3.0				
14	X				41.00				
15	X				42.00				
16	X				34.00				
17	X				46.00				
18	X				280.00				
19	X				31.00				
20	X				280.00				
21	X				25.00				
22	X				25.00				
23	X				25.00				
24	X				25.00				
25	X				25.00				
26	X				25.00				
27	X				25.00				
28	X				25.00				
29	X				25.00				
30	X				25.00				
31	X				25.00				
32	X				25.00				
33	X				25.00				
34	X				25.00				
35	X				25.00				
36	X				25.00				
37	X				25.00				
38	X				25.00				
39	X				25.00				
40	X				25.00				
41	X				25.00				
42	X				25.00				
43	X				25.00				
44	X				25.00				
45	X				25.00				
46	X				25.00				
47	X				25.00				
48	X				25.00				
49	X				25.00				
50	X				25.00				
51	X				25.00				
52	X				25.00				
53	X				25.00				
54	X				25.00				
55	X				25.00				
56	X				25.00				
57	X				25.00				
58	X				25.00				
59	X				25.00				
60	X				25.00				
61	X				25.00				
62	X				25.00				
63	X				25.00				
64	X				25.00				
65	X				25.00				
66	X				25.00				
67	X				25.00				
68	X				25.00				
69	X				25.00				
70	X				25.00				
71	X				25.00				
72	X				25.00				
73	X				25.00				
74	X				25.00				
75	X				25.00				
76	X				25.00				
77	X				25.00				
78	X				25.00				
79	X				25.00				
80	X				25.00				
81	X				25.00				
82	X				25.00				
83	X				25.00				
84	X				25.00				
85	X				25.00				
86	X				25.00				
87	X				25.00				
88	X				25.00				
89	X				25.00				
90	X				25.00				
91	X				25.00				
92	X				25.00				
93	X				25.00				
94	X				25.00				
95	X				25.00				
96	X				25.00				
97	X				25.00				
98	X				25.00				
99	X				25.00				
100	X				25.00				

* 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.

A. Public Water System (PWS) Information

PWS Name: Sumner
 PWS Type: Community Non-Treated Non-Community Treated Non-Community Consecutive
 Number of Service Connections at End of Month: 925
 PWS Owner: Britton 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 E-Mail Address: p.c.flynn@britton-us.com

B. Water Treatment Plant Information

Plant Name: Well 13
 Plant Address: 11631 Cooperwood Dr
 City: Fort Rucker State: FL
 Plant Telephone Number: 800-272-1919
 Contact Person's Title: Regional Director
 City: Altamonte Springs State: FL
 Contact Person's Telephone Number: 407 869 6961
 Contact Person's Fax Number: 407 869 6961

Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-699.310(4) F.A.C.): V
 Plant Class (per subsection 62-699.310(4) F.A.C.): C

System History	Year	Days	Volume	Volume
8012	420 hrs	13150	13019	12250
8013	420 hrs	13150	13019	12250
8014	420 hrs	13150	13019	12250
8015	420 hrs	13150	13019	12250
8016	420 hrs	13150	13019	12250
8017	420 hrs	13150	13019	12250
8018	420 hrs	13150	13019	12250
8019	420 hrs	13150	13019	12250
8020	420 hrs	13150	13019	12250

I, the undersigned water treatment plant operator licensed 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 certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 3
 Printed or Typed Name: STEPHEN HUBERT
 License Number: C-8012

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

PWS Identification Number: 6511423

Plant Name: WGL 13

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

Day	Time	Flow (MGD)	Temp (°F)	pH	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Total Chlorine (mg/L)	Total Chlorine (mg/L)
1								
2					2.3	121000		
3					3.0	52000		
4					3.0	112000		
5					3.2	121000		
6					3.2	121000		
7					3.0	102000		
8					3.0	124000		
9					3.0	124000		
10					3.0	73000		
11					3.0	100000		
12					3.0	114000		
13					3.4	9000		
14					3.4	114000		
15					3.2	61000		
16					3.2	100000		
17					3.4	14000		
18					3.5	137000		
19					3.2	157000		
20					3.2	160000		
21					3.2	127000		
22					3.3	127000		
23					3.4	126000		
24					3.4	126000		
25					3.4	126000		
26					3.4	126000		
27					3.4	126000		
28					3.4	126000		
29					3.4	126000		
30					3.4	126000		
31					3.4	126000		
32					3.4	126000		
33					3.4	126000		
34					3.4	126000		
35					3.4	126000		
36					3.4	126000		
37					3.4	126000		
38					3.4	126000		
39					3.4	126000		
40					3.4	126000		
41					3.4	126000		
42					3.4	126000		
43					3.4	126000		
44					3.4	126000		
45					3.4	126000		
46					3.4	126000		
47					3.4	126000		
48					3.4	126000		
49					3.4	126000		
50					3.4	126000		
51					3.4	126000		
52					3.4	126000		
53					3.4	126000		
54					3.4	126000		
55					3.4	126000		
56					3.4	126000		
57					3.4	126000		
58					3.4	126000		
59					3.4	126000		
60					3.4	126000		
61					3.4	126000		
62					3.4	126000		
63					3.4	126000		
64					3.4	126000		
65					3.4	126000		
66					3.4	126000		
67					3.4	126000		
68					3.4	126000		
69					3.4	126000		
70					3.4	126000		
71					3.4	126000		
72					3.4	126000		
73					3.4	126000		
74					3.4	126000		
75					3.4	126000		
76					3.4	126000		
77					3.4	126000		
78					3.4	126000		
79					3.4	126000		
80					3.4	126000		
81					3.4	126000		
82					3.4	126000		
83					3.4	126000		
84					3.4	126000		
85					3.4	126000		
86					3.4	126000		
87					3.4	126000		
88					3.4	126000		
89					3.4	126000		
90					3.4	126000		
91					3.4	126000		
92					3.4	126000		
93					3.4	126000		
94					3.4	126000		
95					3.4	126000		
96					3.4	126000		
97					3.4	126000		
98					3.4	126000		
99					3.4	126000		
100					3.4	126000		

* 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

Fire fighting well

See page 4 for instructions.

Reporting Month: OCT 04

A. Public Water System (PWS) Information

PWS Name: <u>Summitone</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2,313</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>407.869.1919</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 17</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>11615 Peartree Dr.</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	

Operator Name	License Class	License Number	Hours Worked
<u>Stephen Hebery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>40 hrs</u>
<u>Jack Adkins</u>	<u>C</u>	<u>13019</u>	<u>40 hrs</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12250</u>	<u>week ends</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] Printed or Typed Name: Stephen Hebery License Number: C-8012

CRKIM A

0400201000

2004

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FAX NO. :

FROM :

Line lighting well

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

PWS Identification Number: 6511423 Plant Name: Well 17

OCT 07

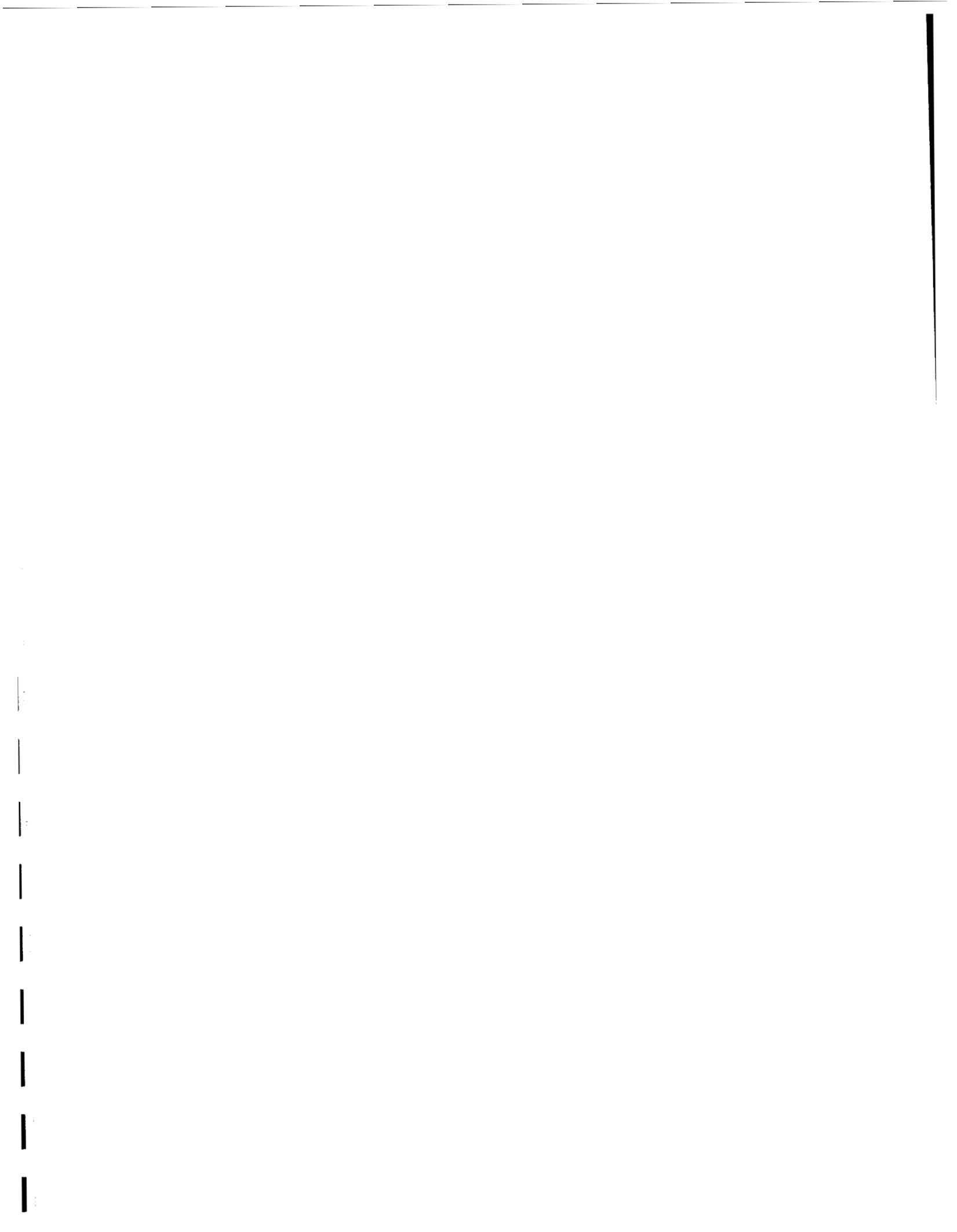
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Days Plant Staffed since last Visited (City or County Office)	Total Volume of Water Treated (MG)	Total Volume of Water Disinfected (MG)	Disinfectant Applied (mg/L)	Total Chlorine Demand (mg/L)	Residual Chlorine (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Total Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Total Chlorine Residual (mg/L)	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Total Chlorine Residual (mg/L)	
																				Free Chlorine Residual (mg/L)
2	2.9	1000	2.0											2.0						

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

FROM : 02/22/2004 23:30 8136261030 FAX NO. : GARTH A PAGE 11 Nov. 09 2004 12:36PM P13





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>April 2004</u>										
Community Water System (CWS) Name: <u>Summertree</u>										
Public Water System (PWS) Identification Number: <u>6511423</u>										
	Well 1	Well 2	Well 13	Well 17						
	214000	214000	214000	214000						856000
	39700	52000	139000							230700
	37300	34000	109000	1900						181300
	20900	54000	151000							275900
	62800	56000	200000							319800
	129900	104000	267000							504900
	55100	59000	141000							255100
	81600	66000	154000							276600
	28900	33000	97000							158500
	40600	47000	117000							204600
	46400	49000	114000							209400
	64100	70000	158000							292100
	46000	49000	116000							211000
	48900	64000	154000							264900
	20500	28000	59000							107500
	70300	66000	167000							297300
	43000	45000	132000							220000
	42500	49000	118000							209500
	77200	66000	180000							323200
	40000	56000	125000							221000
	25700	34000	82000							141700
	54800	59000	126000							249800
	58600	47000	122000							227600
	39000	42000	118000							204000
	57000	52000	107000							210000
	26900	56000	146000							228900
	94300	8	11000							150300
										0
										6175600
										205853
										504900

Dec. 02 2004 01:47PM P16

FAX NO. :

FROM :

Dec. 02 2004 01:42PM PB PAGE 03

GARTH A

FAX NO. :

8136251030

02/22/2004 23:30

FROM :



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

FILE COPY

See page 4 for instructions.

1. General Information: For Month Year of: Nov 04

A. Public Water System (PWS) Information

PWS Name: Summerlee PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Class	License Number	Days/Shifts Worked
<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>Jack Adams</u>	<u>C</u>	<u>13019</u>	<u>"</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>Weekends</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.

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

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

PWS Identification Number: 6511423

Plant Name: Well 1

11. Date Data for this Month Year: Nov 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")	Hour Plant in Operation	Net Quantity of Finished Water Produced (gallons)	Calculation of UV Dose: 167 Dose Units for Four-Log Virus Inactivation of Application										Minimum UV Dose Required (mJ/cm ²)	Frequency of Abnormal Operations (Conditions, Range of Maintenance Work that Impacts Drinking Water System Components, Type of Operation)	
				Peak Flow (gpm)	Flow Residual Concentration (M Before or After Disinfection)	Disinfection Contact Time (min)	Flow Residual Concentration (M) at Point of Distribution	Flow Residual Concentration (M) at Point of Distribution	Flow Residual Concentration (M) at Point of Distribution	Flow Residual Concentration (M) at Point of Distribution	Flow Residual Concentration (M) at Point of Distribution	Flow Residual Concentration (M) at Point of Distribution	Flow Residual Concentration (M) at Point of Distribution			Flow Residual Concentration (M) at Point of Distribution
1	X	24	39700		3.0										2.4	
2	X		37300		2.0										1.0	
3	X		20900		3.0										1.5	
4	X		63800		2.5										1.0	
5	X		128900		2.0										1.0	
6	X		55700		2.0										1.0	
7	X		51600		3.0										1.2	
8	X		28500		2.5										1.0	
9	X		40600		2.5										1.0	
10	X		48400		2.5										1.0	
11	X		64100		3.5										1.5	
12	X		46000		3.5										2.2	
13	X		46900		2.0										2.0	
14	X		30500		3.0										1.7	
15	X		70300		3.0										1.5	
16	X		48000		3.5										2.0	
17	X		402500		2.5										1.5	
18	X		77200		2.7										1.6	
19	X		40000		2.4										1.3	
20	X		35700		2.0										1.8	
21	X		54800		2.0										1.2	
22	X		58600		2.4										1.0	
23	X		39000		3.2										1.9	
24	X		57000		2.5										2.2	
25	X		26900		3.5										2.5	
26	X		74300		3.3										2.5	
27																
28																
29																
30																
31																
			1363600	1,363,800												
			45400													
			128900													

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

FROM : 02/22/2004 23:30 FAX NO. : GARTH A Dec. 02 2004 01:42PM P9 PAGE 09

Dec. 02 2004 01:43PM P10 FAXE 00

FAX NO. : GARTH A

FROM : 02/22/2004 23:30 8136261030



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

See page 4 for instructions.

General Information for the Month Year of: NOV 04 PWS Identification Number: 6511423

A. Public Water System (PWS) Information

PWS Name: Summitwater
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
PWS Owner: Utilities Inc. of Florida Contact Person's Title: Regional Director
Contact Person: Patrick C. Flynn City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Mailing Address: 200 Weathersfield Ave. 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 2 City: Port Richey Plant Telephone Number: 800-272-1919
Plant Address: West Side Of Paradise Point Clubhouse State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000 Plant Class (per subsection 62-699.310(4), F.A.C.): C
Plant Category (per subsection 62-699.310(4), F.A.C.): V

Operator Name	License Class	License Number	Day(s) Shift(s) Worked
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>
<u>Robb CSW</u>	<u>C</u>	<u>13050</u>	<u>40 hrs</u>
<u>JECK ADKINS</u>	<u>C</u>	<u>13019</u>	<u>40 hrs</u>
<u>Tom Stafford</u>	<u>C</u>	<u>12750</u>	<u>weekend</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.

Signature and Date: 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: 6511423

Plant Name: Well 2

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

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

Type of Disinfectant Residual Maintained in Distribution System:

Days	Plant	Start	End	Time	Residual	Notes
1	X	2.5	2.5	2.5	52.000	
2	X	2.0	2.0	2.0	34.000	
3	X	3.5	3.5	3.5	54.000	
4	X	3.1	3.1	3.1	56.000	
5	X	3.0	3.0	3.0	109.000	
6	X	3.2	3.2	3.2	59.000	
7	X	3.0	3.0	3.0	66.000	
8	X	3.2	3.2	3.2	38.000	
9	X	3.1	3.1	3.1	47.000	
10	X	2.5	2.5	2.5	49.000	
11	X	2.5	2.5	2.5	20.000	
12	X	2.7	2.7	2.7	49.000	
13	X	3.0	3.0	3.0	64.000	
14	X	3.0	3.0	3.0	78.000	
15	X	3.0	3.0	3.0	66.000	
16	X	3.0	3.0	3.0	45.000	
17	X	2.0	2.0	2.0	49.000	
18	X	3.0	3.0	3.0	66.000	
19	X	2.0	2.0	2.0	66.000	
20	X	3.5	3.5	3.5	56.000	
21	X	2.0	2.0	2.0	24.000	
22	X	1.5	1.5	1.5	59.000	
23	X	2.0	2.0	2.0	38.000	
24	X	2.0	2.0	2.0	47.000	
25	X	2.0	2.0	2.0	52.000	
26	X	2.0	2.0	2.0	52.000	
27	X	2.0	2.0	2.0	52.000	
28	X	2.0	2.0	2.0	52.000	
29	X	2.0	2.0	2.0	52.000	
30	X	2.0	2.0	2.0	52.000	
31	X	2.0	2.0	2.0	52.000	

* 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.

Report is for the Month Year of NOV 04

A. Public Water System (PWS) Information PWS Identification Number: 6511423

PWS Name: Summertree
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 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 Telephone Number: 800-272-1919

Plant Name: Well 13 City: Port Richey State: FL Zip Code: 34654
 Plant Address: 11631 Cocowood Dr.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V	License Class	License Number	Days/Week(s) Worked
Stephen Habery	C	8012	40hrs
Robb Crow	C	12150	" "
Jackie Adkins	C	12019	" "
Tom Stafford	C	12750	weekends

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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.

12/11/04 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
Fire fighting well

See page 4 for instructions.

1. General Information for the Month Year of NOV 07

A. Public Water System (PWS) Information

PWS Name: Sumatras PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2313

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 17 Plant Telephone Number: 800-272-1919

Plant Address: 1615 Pearree Dr. City: Fort Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Class (per subsection 62-599.310(4), F.A.C.): C

Operator's Name	Plant Class (per subsection 62-599.310(4), F.A.C.): V	Plant Class (per subsection 62-599.310(4), F.A.C.): C
<u>Stephen Hubery</u>	<u>8012</u>	<u>4061</u>
<u>Bob Crow</u>	<u>13750</u>	<u>13019</u>
<u>Jack Adams</u>	<u>13019</u>	<u>12750</u>
<u>Tom Stanford</u>	<u>12750</u>	<u>Weekends</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: Stephen Hubery / 12-1-07 License Number: C-8012

Printed or Typed Name: Stephen Hubery

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

PWS Identification Number: 6511423

Plant Name: Well 17

Fire FIGHT'45 WCLL

III. DATE: 12/22/04

Nov 09

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	Start	End	Operator	Flow (MGD)	Temp (°F)	pH	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Other (mg/L)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
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22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

2.445 2.8 2.0

Day	Start	End	Operator	Flow (MGD)	Temp (°F)	pH	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Other (mg/L)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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28											
29											
30											
31											

100 32974 100

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

DEP Form 62-666 (9/03) (M) (Rev. 03/03)



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

See page 2 for instructions.

Summertree 625

FROM :

FAX NO. :

Jan. 05 2005 09:43AM P11

Daily Finished-Water Production for the Month/Year: Dec 2004									
Community Water System (CWS) Name: Summertree									
Public Water System (PWS) Identification Number: 6511423									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						256000
11400	62000	110000	2000						235900
69500	56000	168000							293700
52800	65000	136000							256800
52600	53000	126000							231600
									0
30300	58000	140000							228300
11100	28000	23000							112100
57200	48000	102000							207200
74300	62000	92000							228300
71800	55000	181000							307800
75600	51000	82000							208600
									0
46000	50000	45000							141000
31100	25000	23000							139100
65800	97000	8							122800
122800	98000	50000							269800
275000	46000	53000							178800
24300	54000	95000							223300
									0
45200	32000	103000							180200
27100	20000	54000							101100
65400	39000	54000							159400
81800	58000	122000							261800
67600	59000	109000							255600
72900	53000	91000							269000
									0
55100	38000	111000							204100
26100	24000	58000							104100
82100	55000	93000							230100
61700	61000	111000							253700
85600	55000	132000							272600
									5619700
									181200
									307800

FILE COPY

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

Five Fighting well Summerlee 6251626



See page 4 for instructions.

rec 04

A. Public Water System (PWS) Information

PWS Name: *Summerlee* PWS Identification Number: *6511423*
 PWS Type: **Community** **Non-Community** **Transient Non-Community** **Consolidative**
 Number of Service Connections at End of Month: *925* Total Population Served at End of Month: *2,313*
 PWS Owner: *Utilitia Inc. of Florida*
 Contact Person: *Patrick C. Hizon*
 Contact Person's Mailing Address: *202 Westberfield Ave.*
 Contact Person's Telephone Number: *407.369.1919*
 Contact Person's E-Mail Address: *p.c.hizon@utilitainc.com*

B. Water Treatment Plant Information

Plant Name: *Well 17*
 Plant Address: *11615 Pasture Dr.*
 Type of Water Treated by Plant: **Raw Ground Water** **Purchased Finished Water**
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: *214,000*
 Plant Category (see subsection 62-699.110(4), F.A.C.): *V*

Stephan Hbery	8031	404-3 weedeels
<i>8556 1A0W</i>	<i>13750</i>	<i>11</i>
<i>2ack 29(S)h</i>	<i>13019</i>	<i>11</i>

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's Standard 60 or other 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 this PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

7-4-05
 Signature and Date: *Stephen Hbery* Printed or Typed Name
 License Number: *C-8018*

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

PWS Identification Number: 6511423		Plant Name: Well 1	
Means of Achieving Rear-Log Virus Inactivation/Removal:		Plant Name: PCC 04	
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe): <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	
Type of Disinfection Regimen Maintained in Distribution System:			
1	2.4M5	61900	3.1
2	69200	3.0	1.0
3	51800	3.5	1.5
4	52800	3.0	1.5
5	30300	3.5	2.0
6	11100	3.7	1.7
7	60700	2.5	1.8
8	25200	3.4	1.2
9	21000	3.2	1.0
10	27500	3.5	1.2
11	46000	3.0	2.5
12	31100	2.9	1.4
13	65800	3.0	2.0
14	12300	2.9	1.0
15	77800	3.5	1.5
16	54300	3.5	1.7
17	47200	3.5	1.5
18	72700	3.5	1.5
19	66000	3.7	1.5
20	51800	3.0	1.4
21	32600	3.1	1.2
22	72900	3.0	1.0
23	55700	2.0	1.5
24	26100	3.0	1.5
25	82700	3.8	1.3
26	57900	3.0	1.0
27	85600	3.3	1.5
TOTAL	1,689,000		
	54100		
	23,800		

* 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: 6511423 Plant Name: Well 1

IV. Spillings of Polymers Containing Acrylamide, Polymer Containing Epichlorohydrin and Iron or Manganese Sequestrants in Use December 2004

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? [X] 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? [X] 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? [X] No [] Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

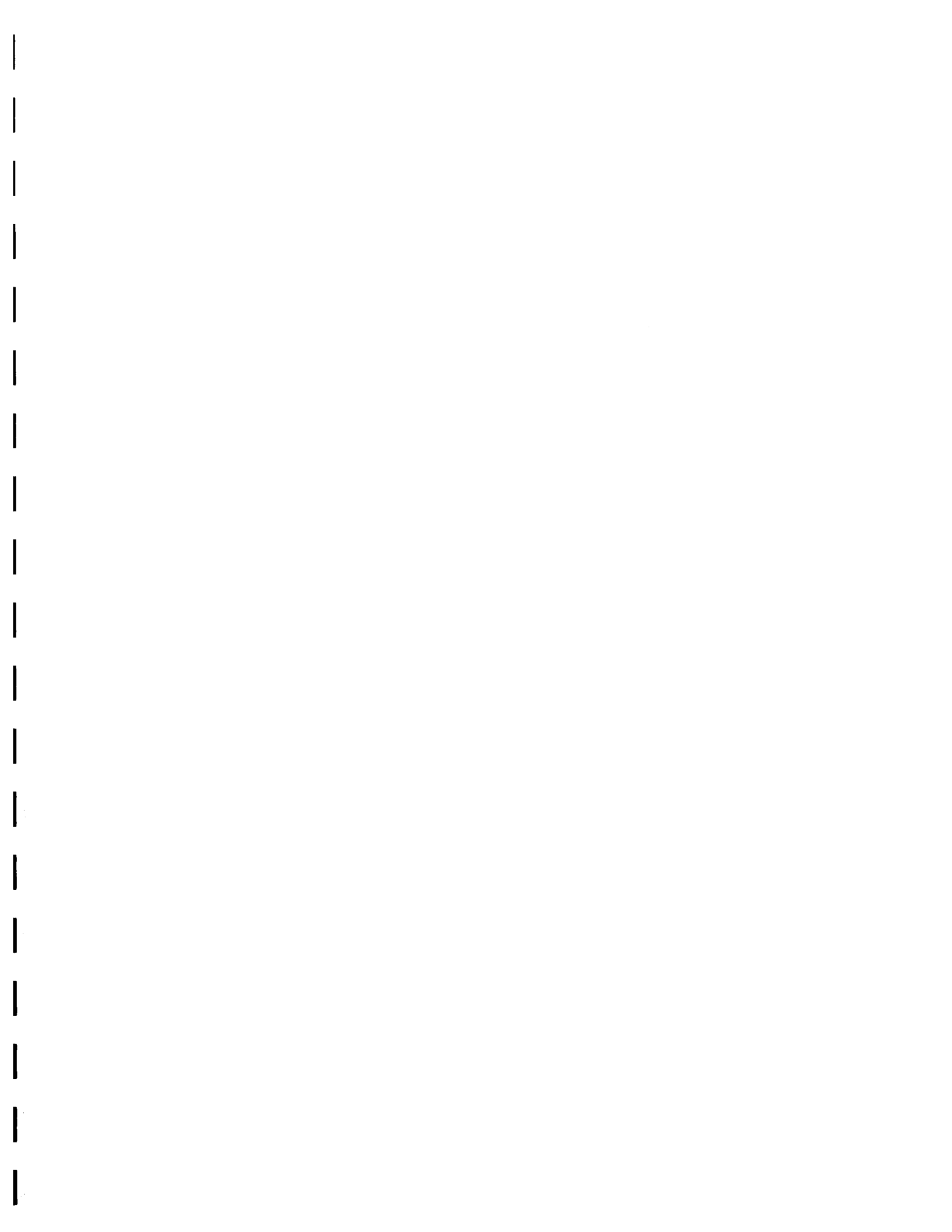
Type of Sequestrant (polyphosphate or sodium silicate):

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.





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

See page 4 for instructions.

PSC 04

A. Public Water Systems (PWS) Information

PWS Name: Seawater PWS Identification Number: 6511423

PWS Type: Community Non-Community Non-Community Other

Number of Service Connections at End of Month: 975 Total Population Served at End of Month: 2,313

PWS Operator: DeJeter Inc. of Florida

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

Contact Person's Mailing Address: 200 Watersfield 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

B. Water Treatment Plant Information

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

Plant Address: West Side Of Paradise Point Clubhouse City: Port Neches State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant: 214,000 gallons per day.

Plant Category (see subsections 62-699.310(4), F.A.C.): V

Operator Name	Signature	Plant Class (see subsections 62-699.310(4), F.A.C.): C
<u>Robb C. Row</u>	<u>[Signature]</u>	<u>9012</u>
<u>Jack Ackles</u>	<u>[Signature]</u>	<u>13150</u>
		<u>13014</u>

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 subsect 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 Hubery 1-4-05 License Number: C-8002

Printed or Typed Name

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

PWS Identification Number: 6511423

Plant Name: Well 2

25 04

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

Ultraviolet Radiation Other (Describe):

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

Sample No.	Flow (gpm)	Free Chlorine (mg/L)	Combined Chlorines (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Temperature (°F)	pH	Total Hardness (mg/L)	Total Solids (mg/L)	Calcium Hardness (mg/L)	Magnesium Hardness (mg/L)	Free Chlorine (mg/L)	Combined Chlorines (mg/L)	Chlorine Dioxide (mg/L)
1	2000	3.5										1.2		
2	1600	2.5										1.0		
3	6000	2.5										2.2		
4	5300	2.5										2.5		
5	5800	3.5										2.5		
6	2800	3.5										2.2		
7	4800	3.0										1.7		
8	6200	3.0										2.9		
9	5500	3.5										1.5		
10	5700	3.5										1.7		
11	5000	3.5										2.2		
12	3500	3.5										2.6		
13	6200	3.5										1.9		
14	7200	3.5										1.8		
15	6000	3.5										1.8		
16	5400	3.5										3.0		
17	3200	2.5										1.5		
18	2800	2.5										3.5		
19	3900	2.5										2.2		
20	5500	3.5										2.0		
21	5200	3.5										1.7		
22	3500	3.5										1.6		
23	3200	2.5										1.0		
24	2800	3.0										2.0		
25	6500	3.0										1.9		
26	6100	3.0										1.5		
27	5200	2.0										1.0		
28	13200													
29	14900													
30	4700													

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

DEP Form 10-03 (01/01/03)

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

PWS Identification Number: 6511423 Plant Name: Well 2

Statement of Lead PWS or Certifying Agency: Acrylamide Polymer Containing Epichlorohydrin and Iron or Manganese Sequestrant for the Year: December 2004

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

Polymer Dose, ppm = Acrylamide Level, %¹ =

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

Polymer Dose, ppm = Epichlorohydrin Level, %¹ =

C. Is any iron or manganese sequestrant used at the water treatment plant? [X] 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 =

¹ 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. ² Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

FROM :

FRX NO. :

Jan. 05 2005 09:47AM P18



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

See page 4 for instructions.

Report Period: Dec 09

A. PUBLIC UTILITY SYSTEM (PWS) INFORMATION

PWS Name: Supernine PWS Identification Number: 6511473
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 PWS Owner: Utilicom 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@utilicom-fla.com

B. Water Treatment Plant Information

Plant Name: Well 13 Plant Telephone Number: 800-272-1919
 Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	Year	Hours	Notes
<u>Stephen Hebery</u>	<u>2012</u>	<u>40 hr</u>	<u>was read</u>
<u>Ross (NOW)</u>	<u>13/10</u>	<u>1</u>	<u>"</u>
<u>Jack Garkis</u>	<u>12/19</u>	<u>1</u>	<u>"</u>

C. Certification of Information

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 two years.

Signature and Date: [Signature] 1-4-05 Printed or Typed Name: Stephen Hebery License Number: C-8012

01/07/2005 10:06 8136261030

0917070707 0917070707

FROM : FAX NO. : JAN. 05 2005 09:46AM P.17

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

PWS Identification Number: 6511423

Plant Name: Well 13

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 = 2.904
 Acrylamide Level, % = 0.000

B. Is any iron or manganese sequestrant 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 = 0.000
 Epichlorohydrin Level, % = 0.000

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): polyphosphate
 Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂: 0.000
 (If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ = 0.000)

* 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.

Jan. 05 2005 09:44AM P.13

FAX NO. :

FROM :

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

PWS Identification Number: 6511623

Plant Name: WELL 17

Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

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

Date	Time	Sample Location	Sample Type	Flow (MGD)	Temperature (°F)	pH	Total Hardness (mg/L)	Total Solids (mg/L)	Calcium Hardness (mg/L)	Magnesium Hardness (mg/L)	Free Chlorine (mg/L)				Chlorine Dioxide (mg/L)				Ozone (mg/L)				Total Chlorine (mg/L)	Total Chlorine Demand (mg/L)	Total Chlorine Residual (mg/L)	
											0.003	0.002	0.001	0.000	0.003	0.002	0.001	0.000	0.003	0.002	0.001	0.000				
<p>* Refer to the instructions for this report to determine which plants must provide this information.</p>																										

Page 2

DEF Form 6250002/04/00/0000

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

PWS Identification Number: 6511423 Plant Name: Well 17

IX. Summary of Use of Water Containing Acrylamide Polymer, containing Epichlorohydrin, and Iron or Manganese Sequestrant (see Part IV) December 2004

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? [X] 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? [X] 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? [X] 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 :

FAX NO. :

Jan. 05 2005 09:43AM P12

FILE COPY 626



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

See page 2 for instructions.

Public Water System (PWS) Identification Number: 6311423									
Community Water System (CWS) Name: Sunnertree									
Month: Jan 05									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						356000
82200	78000	127000							230200
52800	29000	81000	2000						0
36100	22000	54000							164800
82800	61000	112000							102100
88100	46000	154000							255800
54100	41000	130000							253400
53100	51000	60000							225100
									166100
									0
47200	78000	253000							338200
20400	80000	52000							90400
55800	49000	158000							262600
66000	46000	149000							261000
47000	11000	239000							254700
20100	13000	187000							220100
									0
38400	24000	61000							133400
25000	26000	86000							137000
9100	19000	65000							93100
16200	28000	57000							97200
12300	21000	64000							97300
7800	23000	58000							88800
									0
28600	42000	144000							212600
13500	23000	87000							126500
30700	36000	96000							162700
59300	42000	132000							233300
43400	47000	157000							247700
22000	38000	101000							159000
									0
47600	42000	186000							231600
									443400
									159124
									262600

FROM :

02/08/2005 12:04

8136261030

FAX NO. :

GARTH A

Feb. 04 2005 (8:24AM) P4

PAGE 09

FROM :

FAX NO. :

Feb. 04 2005 08:30AM P12

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

626

FILE COPY



See page 4 for instructions

A. Full Water System (FWS) Information
PWS Name: [REDACTED]
PWS Type: Community Non-Community Treatment Non-Community Community
Number of Service Connections at End of Month: 925
PWS Owner: [REDACTED]
PWS Operator: [REDACTED]
Contact Person's Title: Regional Director
Contact Person's Name: [REDACTED]
Contact Person's Address: 200 Westchesterfield Ave
Contact Person's Telephone Number: 407 869 1919
Contact Person's Fax Number: 407 869 6961
B. Water Treatment Plant Information
Plant Name: W1
Plant Address: North End of Bayona Dr
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Plant Capacity (per substation 62-699 310(A) P.A.C.): V
Plant Capacity (per substation 62-699 310(A) P.A.C.): C
Plant Capacity (per substation 62-699 310(A) P.A.C.): C

Sampling Station	Sampling Method	Sampling Frequency	Sampling Date	Sampling Time	Sampling Location	Sampling Point	Sampling Point	Sampling Point
NA 55 (Flow)	C	13/50	13019	11	40 hrs in collection			
705 (Addition)	C	13019		11				

I, the undersigned water treatment plant operator licensed in Florida, am 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 certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(A) 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 the plant during the month indicated above: (1) records of amounts of chemicals used and treatment 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, request with copies as they require, or as measurements themselves are in doubt and require.

Signature and Date: Stephen Haber 2-3-05
 Printed or Typed Name: Stephen Haber
 License Number: C-8012

FROM :

FRX NO. :

Feb. 04 2005 08:29AM P11

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

FRX Modification Number: 621142

Plant Name: Well 1

Means of Achieving Post-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) Ozone Other (Describe):

Date	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Temperature (°C)	pH
2/1	8.2	3.0					1.5
2/2	7.5	3.5					1.2
2/3	8.2	3.5					1.0
2/4	8.2	3.4					1.3
2/5	8.2	3.2					1.0
2/6	8.2	3.5					2.3
2/7	8.2	3.7					2.3
2/8	8.2	3.8					2.5
2/9	8.2	3.5					1.2
2/10	8.2	3.2					1.5
2/11	8.2	3.0					1.2
2/12	8.2	3.2					2.2
2/13	8.2	3.2					1.8
2/14	8.2	3.0					2.0
2/15	8.2	3.5					1.9
2/16	8.2	2.7					2.0
2/17	8.2	3.8					1.0
2/18	8.2	3.0					3.0
2/19	8.2	3.0					2.9
2/20	8.2	3.0					2.1
2/21	8.2	3.2					2.0
2/22	8.2	3.2					2.1
2/23	8.2	3.2					2.0
2/24	8.2	3.2					1.2
2/25	8.2	3.2					1.0
2/26	8.2	3.2					1.0
2/27	8.2	3.2					1.0
2/28	8.2	3.2					1.0
2/29	8.2	3.2					1.0
2/30	8.2	3.2					1.0
2/31	8.2	3.2					1.0

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

FROM :

FRX NO. :

Feb. 04 2005 08:29AM P10

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



See page 4 for instructions.

PWS Name: [Redacted] PWS System (PWS) Information: [Redacted] CWA 05

PWS Type: Community Non-Treatment Non-Community Community Community Community
Number of Service Connections at End of Month: 925
PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Potts
Contact Person's Mailing Address: 200 Westwoodfield Ave
Contact Person's Telephone Number: 407 869 1919
Contact Person's E-mail Address: p.c.potts@fldep.com

Plant Name: Well 2
Plant Address: West Side Of Pines Point Clubhouse
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Plant ID Number: 400-272-1919
Plant Telephone Number: 400-272-1919
City: Fort Myers
State: FL
ZIP Code: 34654

Plant Category (For subsection 62-699.310(4) FAC-1 V
Permitted Maximum Day Operation Capacity of Plant, Gallons per day: 214,000

Sampling Point	Sampling Date	Sampling Method	Sampling Frequency	Sampling Location	Sampling Point
ROB STW	1/31/05	C	13750	40 hrs WCE Rmds	ROB STW
DOCK AGRN	1/31/05	C	13619		DOCK AGRN

I, the undersigned water treatment plant operator located in Florida, am the local/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 referenced in subsection 62-555.320(3) FAC. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited the plant during the month indicated above: (1) amount of amount 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 convenient location for at least ten years.

Signature and Date: Stephen Haberly 2-3-05
Printed or Typed Name: Stephen Haberly
License Number: C-8212

FROM : FAX NO. : Feb. 04 2005 08:28AM P9

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

Plant Name/Well	Plant No.	Flow (MGD)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Other (Describe)	Type of Treatment	Flow (MGD)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Other (Describe)	Type of Treatment
Plant No. 1	1.0	1.2	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 2	1.2	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 3	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 4	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 5	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 6	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 7	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 8	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 9	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 10	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 11	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 12	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 13	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 14	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 15	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 16	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 17	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 18	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 19	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 20	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 21	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 22	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 23	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 24	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 25	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 26	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 27	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 28	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 29	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 30	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 31	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 32	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 33	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 34	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 35	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 36	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 37	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 38	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 39	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 40	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 41	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 42	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 43	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 44	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 45	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 46	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 47	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 48	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 49	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0
Plant No. 50	1.5	1.5	1.5	1.0	0.5		2.0	2.0	2.0	2.0	2.0	2.0	2.0

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

DEF PWS REPORT

Feb. 04 2005 08:28AM PB

FROM : FFX NO. :

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: Garth A

PWS Type: Community Non-Community Other

Number of Service Connections at End of Month: 925

PWS District: Indian River

Contact Person: Garth A

Contact Person's Mailing Address: 200 Washington Ave

City: Alumaca Springs State: M ZIP Code: 32714

Contact Person's Fax Number: 407 869 6961

B. Water Treatment Plant Information

Plant Name: Well 13

Plant Address: 11621 Cooperwood Dr.

City: Fort Meade State: M ZIP Code: 34654

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

Plant Capacity (per subsection 62-699.310(4) F.A.C.): 214,000

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

Sample Number	Sample Date	Sample Type	Sample Location
8066 (PWS)	1/27/05	5	Sample Station
7346 (PWS)	1/27/05	5	Sample Station
7347 (PWS)	1/27/05	5	Sample Station
7348 (PWS)	1/27/05	5	Sample Station
7349 (PWS)	1/27/05	5	Sample Station
7350 (PWS)	1/27/05	5	Sample Station
7351 (PWS)	1/27/05	5	Sample Station
7352 (PWS)	1/27/05	5	Sample Station
7353 (PWS)	1/27/05	5	Sample Station
7354 (PWS)	1/27/05	5	Sample Station
7355 (PWS)	1/27/05	5	Sample Station
7356 (PWS)	1/27/05	5	Sample Station
7357 (PWS)	1/27/05	5	Sample Station
7358 (PWS)	1/27/05	5	Sample Station
7359 (PWS)	1/27/05	5	Sample Station
7360 (PWS)	1/27/05	5	Sample Station
7361 (PWS)	1/27/05	5	Sample Station
7362 (PWS)	1/27/05	5	Sample Station
7363 (PWS)	1/27/05	5	Sample Station
7364 (PWS)	1/27/05	5	Sample Station
7365 (PWS)	1/27/05	5	Sample Station
7366 (PWS)	1/27/05	5	Sample Station
7367 (PWS)	1/27/05	5	Sample Station
7368 (PWS)	1/27/05	5	Sample Station
7369 (PWS)	1/27/05	5	Sample Station
7370 (PWS)	1/27/05	5	Sample Station
7371 (PWS)	1/27/05	5	Sample Station
7372 (PWS)	1/27/05	5	Sample Station
7373 (PWS)	1/27/05	5	Sample Station
7374 (PWS)	1/27/05	5	Sample Station
7375 (PWS)	1/27/05	5	Sample Station
7376 (PWS)	1/27/05	5	Sample Station
7377 (PWS)	1/27/05	5	Sample Station
7378 (PWS)	1/27/05	5	Sample Station
7379 (PWS)	1/27/05	5	Sample Station
7380 (PWS)	1/27/05	5	Sample Station
7381 (PWS)	1/27/05	5	Sample Station
7382 (PWS)	1/27/05	5	Sample Station
7383 (PWS)	1/27/05	5	Sample Station
7384 (PWS)	1/27/05	5	Sample Station
7385 (PWS)	1/27/05	5	Sample Station
7386 (PWS)	1/27/05	5	Sample Station
7387 (PWS)	1/27/05	5	Sample Station
7388 (PWS)	1/27/05	5	Sample Station
7389 (PWS)	1/27/05	5	Sample Station
7390 (PWS)	1/27/05	5	Sample Station
7391 (PWS)	1/27/05	5	Sample Station
7392 (PWS)	1/27/05	5	Sample Station
7393 (PWS)	1/27/05	5	Sample Station
7394 (PWS)	1/27/05	5	Sample Station
7395 (PWS)	1/27/05	5	Sample Station
7396 (PWS)	1/27/05	5	Sample Station
7397 (PWS)	1/27/05	5	Sample Station
7398 (PWS)	1/27/05	5	Sample Station
7399 (PWS)	1/27/05	5	Sample Station
7400 (PWS)	1/27/05	5	Sample Station

C. Licensee Information

Licensee Name: Stephen Haber

License Number: 2-8012

I, the undersigned water treatment plant operator licensed in Florida, am the licensee operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 as the PWS owner can verify them, together with copies of this report, at a convenient location for at least one year.

Printed or Typed Name: Stephen Haber

Signature and Date: [Signature] 2-3-05

License Number: 2-8012

Feb. 04 2005 18:26AM P6

FAX NO. :

FROM :

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: Wald 17
 PWS State: FL
 PWS Number: 24405

B. Water Treatment Plant Information

Plant Name: Wald 17
 Plant Address: 17615 Perrine Dr.
 City: Fort Myers State: FL ZIP Code: 34654
 Plant Capacity: 200 MGD
 Plant Operator: [Redacted]
 Plant Operator License Number: 21400
 Plant Operator License State: FL

C. PWS Contact Information

Plant Telephone Number: 809-772-1919
 Plant Fax Number: 809-772-1919
 PWS Identification Number: 6511423

D. PWS Operator Information

Operator Name: [Redacted]
 Operator License Number: 407-869-6961
 Operator License State: FL
 Operator Title: [Redacted]

E. PWS Performance Data

Month	Volume Treated (MGD)	Volume Not Treated (MGD)	Total Population Served at End of Month
1/01/05	13750	0	13019
2/01/05	13750	0	13019

I, the undersigned water treatment plant operator licensed in Florida, am the head/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 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 three additional operations records to the PWS owner or the PWS owner's representative, together with copies of this report, at a convenient location for at least one year.

Signature and Date: 2-3-05
 Printed or Typed Name: STEPHEN HARRY
 License Number: 8012

02/08/2005 12:04 8136261030

PAGE 10

GARTH A

Feb. 04 2005 08:25AM PS

FAX NO. :

FROM :

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER											
PWS Identification Number: 6511421											
Plant Name: WALL											
Reports of Altering Four Log Virus Inactivation/Removal: <u>296.05</u>											
<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 Disinfection Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide											
2.62	X	1.08	2.0								
2005 2004											

* Refer to the instructions for this report to determine which points must provide this information.
 PWS Form 6-0806040246

02/22/2004 2:31:38 8136261030

GARTH A

PAGE 11

FILE COPY

626

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



See page 4 for instructions.

Feb 05

A. PWS Name: ... License Number: 6511421

PWS Name, Service Area, PWS Type, Number of Service Connections at End of Month: 925, Total Population Served at End of Month: 2,313, Contact Person: Patrick C. Ryan, Regional Director, City: Altamonte Springs, State: FL, Zip Code: 32714

B. Water Treatment Plant Information, Plant Name: Well 1, City: Port Richey, State: FL, Zip Code: 34634, Plant Telephone Number: 800-272-1919

Plant Address: North End Of Bayonet Dr, Type of Water Treated by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Table with columns for Plant Category, Operator Name, License Number, and Plant Class. Includes operators Robb Crow and Jack Adams.

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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: 3-3-05, Printed or Typed Name: Stephen Habery, License Number: C-8012

PAGE 08, Mar. 07 2005 10:05AM P12, GARTH A, FAX NO. : 8136261038, FROM : 82/22/2004 23:30

FROM :

FAX NO. :

Mar. 07 2005 10:03AM P10



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: Community New System Not Constructed Transfer of Ownership Consolidation
 PWS Type: Community Non-Community Non-Community Transfer of Ownership Consolidation
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Ryan Contact Person Title: Regional Director
 Contact Person's Mailing Address: 200 Westcottfield 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: pc.ryan@flutiles.com
 Under Treatment Plant Information
 Plant Name: Well 2 Plant Telephone Number: 800-372-1919
 Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operator Capacity of Plant, gallons per day: 214,000

Plant Category (see subsection 62-499.310(4) F.A.C.)	Plant Name	Plant Operator	Plant Operator's Title	Plant Operator's Mailing Address	Plant Operator's Telephone Number	Plant Operator's Fax Number	Plant Operator's E-Mail Address
62-499.310(4) F.A.C. V	Public Utility	Bob Crowl	Operator	13150	407.869.1919	407.869.6961	pc.ryan@flutiles.com
62-499.310(4) F.A.C. Y	Public Utility	Jack Adkins	Operator	13019	407.869.1919	407.869.6961	pc.ryan@flutiles.com

I, the undersigned water treatment plant operator licensed in Florida, am the qualified operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-585.300(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 or the PWS owner's own representative, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 3.7.05
 Printed or Typed Name: Stephena Habery
 License Number: C-8012

DPW Form 02-000-0000-0000

FROM :

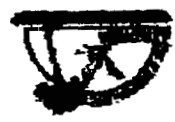
0130401030

FRX NO. :

GARTH A

Mar. 07 2005 10:02AM PB

PAGE 04



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

See page 4 for instructions.

PWS Identification Number: 6511421

PWS Name: Community Non-Treatment Non-Community Treatment Non-Community Conspicuous

Number of Service Connections at End of Month: 925

PWS Owner: I. B. Jones Inc. of Florida

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 200 Westcottfield Ave.

Contact Person's Telephone Number: 407.858.1919

Contact Person's E-Mail Address: p.c.ryan@ibjonesinc.com

Water Treatment Plant Information

Plant Name: Well 13

Plant Address: 11631 Coopers Dr.

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

Permitted Maximum Day Operating Capacity of Plant (gallons per day): 214,000

Plant Class for Subsection 62-699.310(4) FAC 6V

Sample Station	Sample Date	Sample Volume	Sample Type
Kobb Creek	13750	13019	C
Wells 40415	40415		

I, the undersigned water treatment plant operator located in Florida, on the land/lot/operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-655.320(3), F.A.C. I also certify that the following additional operator records for this plant were prepared each day that a licensed operator 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 operator records to the PWS owner so the PWS owner can verify them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: 3-8-05
 Printed or Typed Name: STEPHEN HABERY
 License Number: C-8012

FROM :

VAI 441 4407 401 90 010041030

FRX NO. :

GHK111 A

Mar. 07 2005 10:01AM P7

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

PWS Identification Number: 6511423

Plant Name: Well B

Means of Achieving Four Log Virus Inactivation: Free Chlorine Chlorine Dioxide Ozono Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

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

Date	Time	Type of Distribution Residual Measured	Concentration	Minimum	Maximum	Unit	Description	Total Chlorine	
								Free Chlorine	Chlorine Dioxide
3/7	1:10	X	1.9						
3/7	2:00	X	3.5						
3/7	3:00	X	3.5						
3/7	4:00	X	2.0						
3/7	5:00	X	1.5						
3/7	6:00	X	1.4						
3/7	7:00	X	1.9						
3/7	8:00	X	3.2						
3/7	9:00	X	3.2						
3/7	10:00	X	3.2						
3/7	11:00	X	3.2						
3/7	12:00	X	3.5						
3/7	1:00	X	3.5						
3/7	2:00	X	3.5						
3/7	3:00	X	3.5						
3/7	4:00	X	2.5						
3/7	5:00	X	3.5						
3/7	6:00	X	3.5						
3/7	7:00	X	2.9						
3/7	8:00	X	1.5						
3/7	9:00	X	1.6						
3/7	10:00	X	1.8						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						
3/7	1:00	X	2.5						
3/7	2:00	X	2.5						
3/7	3:00	X	2.5						
3/7	4:00	X	2.5						
3/7	5:00	X	2.5						
3/7	6:00	X	2.5						
3/7	7:00	X	2.5						
3/7	8:00	X	2.5						
3/7	9:00	X	2.5						
3/7	10:00	X	2.5						
3/7	11:00	X	2.5						
3/7	12:00	X	2.5						

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

626

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

Pine fighting well



See page 4 for instructions.

February

A. Public Water System (PWS) Information

PWS Name: Sarasota | PWS License Number: 0011963

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

Number of Service Connections at End of Month: 925 | Total Population Served at End of Month: 2,313

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 200 Wausonsfield 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-inc.com

B. Water Treatment Plant Information

Plant Name: Well 17 | Plant Telephone Number: 800-272-1919

Plant Address: 11615 Peartree Dr. | City: Fort Richey | State: FL | Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (see subsection 62-699.310(4), F.A.C.): V	Plant Class (see subsection 62-699.310(4), F.A.C.): C
<u>Stephen Hobery</u>	<u>8012</u>
<u>Rob D. Stov</u>	<u>13050</u>
<u>TACKS ADKINS</u>	<u>13019</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 staffed or visited this plant during the month indicated above: (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.

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

03/07/2005 14:14 8136261030 FROM : 02/22/2014 23:30 9136261030 FAX NO. : GARTH A GARTH A PAGE 02 Mar. 07 2005 10:01AM P6 PAGE 10

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

the nitrogen was

PWS Identification Number: 6511423

Plant Name: WJ117

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 to Disinfect on System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Well	Date	Flow (MGD)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Temperature (°F)	pH	Total Hardness (mg/L)	Total Solids (mg/L)	Iron (mg/L)	Manganese (mg/L)	Nitrate (mg/L)	Nitrite (mg/L)	Nitrogen (mg/L)	Ammonia (mg/L)	Other
1	03/07/2005	1.8	1.3														
2	03/07/2005	1.8	1.3														
3	03/07/2005	1.8	1.3														
4	03/07/2005	1.8	1.3														
5	03/07/2005	1.8	1.3														
6	03/07/2005	1.8	1.3														
7	03/07/2005	1.8	1.3														
8	03/07/2005	1.8	1.3														
9	03/07/2005	1.8	1.3														
10	03/07/2005	1.8	1.3														
11	03/07/2005	1.8	1.3														
12	03/07/2005	1.8	1.3														
13	03/07/2005	1.8	1.3														
14	03/07/2005	1.8	1.3														
15	03/07/2005	1.8	1.3														
16	03/07/2005	1.8	1.3														
17	03/07/2005	1.8	1.3														
18	03/07/2005	1.8	1.3														
19	03/07/2005	1.8	1.3														
20	03/07/2005	1.8	1.3														
21	03/07/2005	1.8	1.3														
22	03/07/2005	1.8	1.3														
23	03/07/2005	1.8	1.3														
24	03/07/2005	1.8	1.3														
25	03/07/2005	1.8	1.3														
26	03/07/2005	1.8	1.3														
27	03/07/2005	1.8	1.3														
28	03/07/2005	1.8	1.3														
29	03/07/2005	1.8	1.3														
30	03/07/2005	1.8	1.3														

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

OR PWS Management

FROM :

02/22/2004 2:31:38 9136261030

PPX NO. :

GARTH A

Mar, 07 2005 10:00PM PS



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

See page 4 for instructions.

March 05

A. Public Water System (PWS) Information

PWS Name: <u>Summitone</u>		PWS Identification Number: <u>6614051</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Triennial Non-Community <input type="checkbox"/> Triennial Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>925</u>		Total Population Served at End of Month: <u>2,313</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>407.869.6951</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utilities-inc.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Well 1</u>		Plant Telephone Number: <u>800-372-1919</u>	
Plant Address: <u>North End Of Bayonet Dr.</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	
Station Name	Category	Class	License No.
<u>R056's new</u>	<u>C</u>	<u>0012</u>	<u>WEPKBCU 40115</u>
<u>TRUKE 201/5141</u>	<u>C</u>	<u>13156</u>	<u>1</u>
		<u>13014</u>	<u>1</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 62-655.320(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.

4-4-05 Signature and Date Stephen Hubeny Printed or Typed Name C-8012 License Number

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

PWS Identification Number: 6511423 Plant Name: Well 1
 Means of Achieving Post-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorines (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Sample No.	Date	Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorines (Chloramines)	Chlorine Dioxide
1	04/01/05	08:00	1.9				1.0
2	04/01/05	12:00	2.0				1.0
3	04/01/05	17:00	2.5				1.5
4	04/01/05	20:00	3.5				2.2
5	04/01/05	23:00	3.0				2.2
6	04/02/05	07:00	2.4				2.0
7	04/02/05	10:00	2.6				2.1
8	04/02/05	13:00	1.9				1.2
9	04/02/05	16:00	1.8				1.8
10	04/02/05	19:00	1.2				0.7
11	04/02/05	22:00	1.8				1.1
12	04/03/05	07:00	2.2				1.7
13	04/03/05	10:00	1.5				1.2
14	04/03/05	13:00	1.5				1.3
15	04/03/05	16:00	3.0				2.0
16	04/03/05	19:00	2.0				1.5
17	04/03/05	22:00	3.2				1.3
18	04/04/05	07:00	1.3				1.0
19	04/04/05	10:00	1.3				1.0
20	04/04/05	13:00	2.0				1.5
21	04/04/05	16:00	1.8				1.2
22	04/04/05	19:00	1.5				1.1
23	04/04/05	22:00	1.5				1.2
24	04/05/05	07:00	1.7				1.3
25	04/05/05	10:00	1.6				0.9
26	04/05/05	13:00	1.5				1.0
27	04/05/05	16:00	1.2				0.9
28	04/05/05	19:00	1.2				0.9
29	04/05/05	22:00	1.2				0.9
30	04/05/05	01:00	1.2				0.9
31	04/05/05	04:00	1.2				0.9
32	04/05/05	07:00	1.2				0.9

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

04/04/2005 13:36 GARTH A 8136261030 FROM :
 02/22/2004 23:38 GARTH A 8136261030 FRX NO. :
 Apr. 04 2005 11:52AM P27 PAGE 07
 02/22/2004 23:38 GARTH A 8136261030 PAGE 09



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

See page 4 for instructions.

Month: March 05

A. Public Water System (PWS) Information

FWS Name: Sumner PWS Identification Number: 6511423

FWS Type: Community Non-Transient Non-Community Transient Non-Community Community

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

FWS 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@utilfla.com

B. Water Treatment Plant Information

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

Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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>C</u>	
Operator Name	License No.	Start Date	End Date
<u>Stephen Haber</u>	<u>C</u>	<u>2011</u>	<u>40 hrs</u>
<u>Robb Crow</u>	<u>C</u>	<u>13150</u>	<u>..</u>
<u>Patrick 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 rate; 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 Haber 4-4-05 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.

Month: March 05

A. Public Water System (PWS) Information

PWS Name: Summitone PWS Identification Number: 6311423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Connection
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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.com

B. Water Treatment Plant Information

Plant Name: Well B3 Plant Telephone Number: 800-272-1919
Plant Address: 11531 Cocowood Dr. City: Fort Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): Y Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License No.	Hours Worked
<u>Stephen Hebeny</u>	<u>C</u>	<u>8012</u>
<u>Rash Crow</u>	<u>C</u>	<u>13150</u>
<u>Eric Adams</u>	<u>C</u>	<u>13019</u>

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 staffed or visited this plant during the month indicated above: (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 Hebeny 4-4-05 Printed or Typed Name: Stephen Hebeny License Number: C-8012

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

PWS Identification Number: 681423

Plant Name: W-11

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

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

Sample No.	Date	Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)
1	04/04/2005	13:36	2.9				2.9			
2			2.9				2.9			
3			2.9				2.9			
4			2.9				2.9			
5			2.9				2.9			
6			2.9				2.9			
7			2.9				2.9			
8			2.9				2.9			
9			2.9				2.9			
10			2.9				2.9			
11			2.9				2.9			
12			2.9				2.9			
13			2.9				2.9			
14			2.9				2.9			
15			2.9				2.9			
16			2.9				2.9			
17			2.9				2.9			
18			2.9				2.9			
19			2.9				2.9			
20			2.9				2.9			
21			2.9				2.9			
22			2.9				2.9			
23			2.9				2.9			
24			2.9				2.9			
25			2.9				2.9			
26			2.9				2.9			
27			2.9				2.9			
28			2.9				2.9			
29			2.9				2.9			
30			2.9				2.9			
31			2.9				2.9			
32			2.9				2.9			
33			2.9				2.9			
34			2.9				2.9			
35			2.9				2.9			
36			2.9				2.9			
37			2.9				2.9			
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41			2.9				2.9			
42			2.9				2.9			
43			2.9				2.9			
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69			2.9				2.9			
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73			2.9				2.9			
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90			2.9				2.9			
91			2.9				2.9			
92			2.9				2.9			
93			2.9				2.9			
94			2.9				2.9			
95			2.9				2.9			
96			2.9				2.9			
97			2.9				2.9			
98			2.9				2.9			
99			2.9				2.9			
100			2.9				2.9			

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

Five Fighting

See page 4 for instructions.

I. General Information

Public Water System (PWS) Information
 PWS Name: March 05
 PWS Name: March 05
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925
 Total Population Served at End of Month: 2,313
 PWS Owner: 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: 407.869.1219
 Contact Person's Fax Number: 407.869.6361
 Contact Person's Email Address: p.c.flynn@utilities-usa.com

B. Water Treatment Plant Information

Plant Name: Well 17
 Plant Address: 11615 Pearce Dr. City: Port Richey State: FL Zip Code: 34654
 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: gallons per day: 214,000
 Plant Class (per subsection 62-599.310(4), F.A.C.): C
 Plant Category (per subsection 62-599.310(4), F.A.C.): V
 Operator Name: Stephen Hebery
 Operator License Number: 40445
 Operator License Expiration Date: 12/31/05
 Operator License Issued Date: 12/31/04
 Operator License Status: Active

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operation 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 operation 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: Stephen Hebery License Number: 40445
 Printed or Typed Name: Stephen Hebery License Number: 40445

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

PWS Identification Number: 6511423

Plant Name: Wall 17

Month: 05

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

Other (Describe):

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	Time	Location	Parameter	Reading		Unit	Status
				Value	Limit		
05/01/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/01/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/01/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/01/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/02/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/02/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/02/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/02/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/03/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/03/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/03/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/03/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/04/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/04/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/04/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/04/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/05/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/05/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/05/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/05/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/06/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/06/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/06/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/06/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/07/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/07/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/07/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/07/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/08/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/08/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/08/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/08/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/09/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/09/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/09/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/09/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/10/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/10/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/10/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/10/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/11/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/11/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/11/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/11/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/12/04	08:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/12/04	12:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X
05/12/04	16:00	Well 17	Free Chlorine	2.2	2.0	mg/L	X
05/12/04	20:00	Well 17	Free Chlorine	2.3	2.0	mg/L	X

* 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

FILE COPY

FROM :

FAX NO. :

May. 03 2005 12:06PM P11

See page 2 for instructions.

626

Daily Finished Water Production for the Month Year of: APR 05							
Community Water System (CWS) Name: Sammertree							
Public Water System (PWS) Identification Number: 6311425							
Well 1	Well 2	Well 13	Well 17				
214000	214000	214000	214000				956000
45400	42000	130000					217400
38700	30000	24000					142700
55000	52000	250000	3000				360000
2500	2000	146000					150500
46200	29000	164000					252700
45200	44000	135000					224200
43500	38000	170000					251500
57400	55000	147000					259400
43800	60000	185000					288800
49000	42000	157000	3000				251000
61800	50000	161000					272900
46400	46000	133000					245400
49000	41000	165000					255000
64100	53000	161000					278700
75300	62000	238000					375300
46500	54000	135000					235500
66100	55000	193000					314100
52400	53000	162000					272400
65000	51000	173000					289000
52200	50000	150000					252200
152600	100000	279000					636000
74800	59000	195000	3000				331800
48500	41000	145000					234500
77200	57000	170000					298700
71800	52000	180000					308800
77400	55000	185000					317400
							2310500
							243600
							312400



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: Summitone PWS Identification Number: 6511692

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2313

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Ryan 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.ryan@utilitiesinc.com

B. Water Treatment Plant Information

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

Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Number	Expiration Date	Notes
<u>Stephen Hobery</u>	<u>C</u>	<u>2012</u>	<u>40 hrs wce records</u>
<u>ROBB CFOW</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 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 C-8012
 Signature and Date Printed or Typed Name License Number

FROM :

FAX NO. :

May. 03 2005 12:11PM P17

FROM :

FAX NO. :

May. 03 2005 12:11PM P18

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

PWS Identification Number: 0311433

Plant Name: Wd 1

Ultraviolet Radiation Free Chlorine Free Chlorine
 Measure of Adverse For-Log Virus Inactivation/Removal * Other (Describe):
 Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide Chlorine Dioxide
 Combined Chlorine (Chloramines) Ozone Combined Chlorine (Chloramines)

Type of Disinfection Residual Maintained in Distribution System:

Plant	Flow	Min	Max	Operator
1	1.0	1.3		
2	1.0	1.3		
3	1.0	1.3		
4	1.0	1.3		
5	1.0	1.3		
6	1.0	1.3		
7	1.0	1.3		
8	1.0	1.3		
9	1.0	1.3		
10	1.0	1.3		
11	1.0	1.3		
12	1.0	1.3		
13	1.0	1.3		
14	1.0	1.3		
15	1.0	1.3		
16	1.0	1.3		
17	1.0	1.3		
18	1.0	1.3		
19	1.0	1.3		
20	1.0	1.3		
21	1.0	1.3		
22	1.0	1.3		
23	1.0	1.3		
24	1.0	1.3		
25	1.0	1.3		
26	1.0	1.3		
27	1.0	1.3		
28	1.0	1.3		
29	1.0	1.3		
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92	1.0	1.3		
93	1.0	1.3		
94	1.0	1.3		
95	1.0	1.3		
96	1.0	1.3		
97	1.0	1.3		
98	1.0	1.3		
99	1.0	1.3		
100	1.0	1.3		

* 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. Raw Water System (PWS) Information
 PWS Name: [Redacted]
 PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Community
 Number of Service Connections at End of Month: 925
 PWS Owner: United Inv. of Florida
 Contact Person: Patrick C. Ryan
 Contact Person's Mailing Address: 200 W. Henderson Blvd.
 Contact Person's Telephone Number: 407.869.1919
 Contact Person's E-Mail Address: p.c.ryan@unitedinv.com
 Water Treatment Plant Information
 Plant Name: Well 13
 Plant Address: 11631 Cooperswood Dr.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, Gallons per day: 214,000
 Plant Class (per subsection 62-699.310(4) F.A.C.): [Redacted]
 Plant Category (per subsection 62-699.310(4) F.A.C.): [Redacted]

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	Type of Water Treated by Plant	Permitted Maximum Day Operating Capacity of Plant, Gallons per day
2012	C	Stephan Bakery	13150 W. [Redacted]	<input checked="" type="checkbox"/> Raw Ground Water	214,000
13/19	C	Bob's Donuts	13150 W. [Redacted]	<input checked="" type="checkbox"/> Raw Ground Water	214,000
13/19	C	Bob's Donuts	13150 W. [Redacted]	<input checked="" type="checkbox"/> Raw Ground Water	214,000

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	Type of Water Treated by Plant	Permitted Maximum Day Operating Capacity of Plant, Gallons per day
2012	C	Stephan Bakery	13150 W. [Redacted]	<input checked="" type="checkbox"/> Raw Ground Water	214,000
13/19	C	Bob's Donuts	13150 W. [Redacted]	<input checked="" type="checkbox"/> Raw Ground Water	214,000
13/19	C	Bob's Donuts	13150 W. [Redacted]	<input checked="" type="checkbox"/> Raw Ground Water	214,000

I, the undersigned water treatment plant operator located in Florida, and the lead chief 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 wasted this plant during the month indicated above: (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.

Printed or Typed Name: Stephan Bakery
 License Number: C-8012
 Signature and Date: [Signature] 5-3-05

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

PWS Identification Number: 6511423

Plant Name: Well 2

APR 05

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

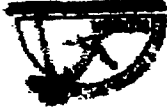
UV Irradiation Reduction: Other (Describe): Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Sample Date	Sample Time	Sample ID	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	UV Irradiation	Other (Describe)	Remarks
4/28/05	2:15	42000	3.0						
4/28/05	3:0	52000	3.0						
4/28/05	3:3	52000	3.0						
4/28/05	4:0	52000	3.0						
4/28/05	4:3	52000	3.0						
4/28/05	5:0	52000	3.0						
4/28/05	5:3	52000	3.0						
4/28/05	6:0	52000	3.0						
4/28/05	6:3	52000	3.0						
4/28/05	7:0	52000	3.0						
4/28/05	7:3	52000	3.0						
4/28/05	8:0	52000	3.0						
4/28/05	8:3	52000	3.0						
4/28/05	9:0	52000	3.0						
4/28/05	9:3	52000	3.0						
4/28/05	10:0	52000	3.0						
4/28/05	10:3	52000	3.0						
4/28/05	11:0	52000	3.0						
4/28/05	11:3	52000	3.0						
4/28/05	12:0	52000	3.0						
4/28/05	12:3	52000	3.0						
4/28/05	1:0	52000	3.0						
4/28/05	1:3	52000	3.0						
4/28/05	2:0	52000	3.0						
4/28/05	2:3	52000	3.0						
4/28/05	3:0	52000	3.0						
4/28/05	3:3	52000	3.0						
4/28/05	4:0	52000	3.0						
4/28/05	4:3	52000	3.0						
4/28/05	5:0	52000	3.0						
4/28/05	5:3	52000	3.0						
4/28/05	6:0	52000	3.0						
4/28/05	6:3	52000	3.0						
4/28/05	7:0	52000	3.0						
4/28/05	7:3	52000	3.0						
4/28/05	8:0	52000	3.0						
4/28/05	8:3	52000	3.0						
4/28/05	9:0	52000	3.0						
4/28/05	9:3	52000	3.0						
4/28/05	10:0	52000	3.0						
4/28/05	10:3	52000	3.0						
4/28/05	11:0	52000	3.0						
4/28/05	11:3	52000	3.0						
4/28/05	12:0	52000	3.0						
4/28/05	12:3	52000	3.0						

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

DEF FROM SOURCE 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: Sumner Community Non-Treatment Non-Community Treatment Non-Community Community
 PWS Type: Community
 PWS Owner: Indian Inc. of Florida
 Contact Person: Patrick C. Elum
 Contact Person's Mailing Address: 201 Westwind Ave
 Contact Person's Telephone Number: 407 869 1919
 Contact Person's E-Mail Address: pc.elum@indianinc.com

B. Water Treatment Plant Information

Plant Name: Well 17
 Plant Address: 1615 Purse Dr.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Capacity (per subsection 62-699.310(4) F.A.C.): A
 Plant Class (per subsection 62-699.310(4) F.A.C.): C

Sample Date	Sample Type	Flow (gpd)	Flow (mgd)	Flow (cfs)
5/12/05	C	13,150	0.1315	0.003
5/13/05	C	13,150	0.1315	0.003
5/14/05	C	13,150	0.1315	0.003
5/15/05	C	13,150	0.1315	0.003
5/16/05	C	13,150	0.1315	0.003
5/17/05	C	13,150	0.1315	0.003
5/18/05	C	13,150	0.1315	0.003
5/19/05	C	13,150	0.1315	0.003
5/20/05	C	13,150	0.1315	0.003
5/21/05	C	13,150	0.1315	0.003
5/22/05	C	13,150	0.1315	0.003
5/23/05	C	13,150	0.1315	0.003
5/24/05	C	13,150	0.1315	0.003
5/25/05	C	13,150	0.1315	0.003
5/26/05	C	13,150	0.1315	0.003
5/27/05	C	13,150	0.1315	0.003
5/28/05	C	13,150	0.1315	0.003
5/29/05	C	13,150	0.1315	0.003
5/30/05	C	13,150	0.1315	0.003
5/31/05	C	13,150	0.1315	0.003

I, the undersigned water treatment plant operator licensed in Florida, am the authorized operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), 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 to the PWS owner on each day, together with copies of this report, at a convenient location for at least ten years.

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

FROM : FAX NO. : MAY. 03 2005 12:08PM P13

FROM :

FAX NO. :

May. 03 2005 12:08PM P14

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

PWS Identification Number: 6511423

Plant Name: Well 11

APR 05

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

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

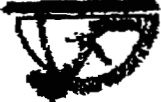
Line	Sample	Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide
1	130000	2.8					
2	130000	2.8					
3	24000	2.5					
4	25000	2.9					
5	14600	3.0					
6	16800	1.9					
7	13500	3.2					
8	12000	2.5					
9	14200	2.3					
10	18500	2.0					
11	15700	3.4					
12	16100	3.5					
13	15200	2.9					
14	16500	2.8					
15	16100	2.9					
16	15500	2.8					
17	17300	2.9					
18	16200	2.9					
19	17300	3.0					
20	15000	3.5					
21	27900	2.9					
22	27900	3.0					
23	29000	2.2					
24	29000	2.9					
25	14500	2.4					
26	17000	3.5					
27	18000	1.5					
28	18500	2.5					
29	18500	2.5					
30	19500	2.5					

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

For form instructions

Page 2

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: Sumter
 PWS Type: Community Non-Community Tribal Non-Tribal
 Number of Service Connections at End of Month: 925
 PWS Owner: Palmetto Inc. of Florida

Contact Person: Patrick C. Pynn
 Contact Person's Title: Regional Director
 City: Altamonte Springs State: FL Zip Code: 32714
 Contact Person's Fax Number: 407.869.0961

Contact Person's E-Mail Address: na.bryant@fldep.state.fl.us
 Contact Person's Telephone Number: 407.869.1919

B. Water Treatment Plant Information
 Plant Name: Well 1
 Plant Address: North End Of Bayonet Dr.
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Dry Operating Capacity of Plant: 214,000 gallons per day.

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

Sampling Station	Date	Result	Remarks
465b (raw)	12/10	C	
Jackie Adams	12/14	C	
465b (wastewater)	12/10	C	

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, I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 to the PWS owner on request, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: S. J. 3-05
 Printed or Typed Name: STEPHEN HEBERY
 License Number: 18012

FROM : May, 03 2005 12:12PM P19 FAX NO. :

FROM :

FAX NO. :

May, 03 2005 12:07PM P12

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

PWS Identification Number: 6511423

Plant Name: WPA117

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

Ultraviolet Radiation Other (Describe):

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

Date	Time	Location	Parameter	Value	Unit	Remarks
5/3/05	07:00	WPA117	Free Chlorine	3.000	mg/L	
5/3/05	08:00	WPA117	Free Chlorine	2.2	mg/L	
5/3/05	11:00	WPA117	Free Chlorine	1.8	mg/L	
5/3/05	13:00	WPA117	Free Chlorine	3.000	mg/L	
5/3/05	15:00	WPA117	Free Chlorine	2.5	mg/L	
5/3/05	18:00	WPA117	Free Chlorine	2.0	mg/L	

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

02/22/2004 23:38 8136261030

GARTH A

8136261030

05/05/2005 12:18

626



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 <u>May 05</u>									
Community Water System (CWS) Name: <u>Summertree</u>									
Public Water System (PWS) Identification Number: <u>6511423</u>									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						836000
125900	104000	332000							0
59400	52000	148000	1000						566900
61000	64000	164000							279400
15200	23000	58000							274000
12700	17000	23000							96200
55000	50000	136000							102700
									232800
96000	79000	304000							0
56900	37000	120000	2000						479000
60200	27000	149000							233900
45200	43000	144000							236200
48200	46000	164000							232200
43200	39000	101000							258200
									183200
163200	116000	444000							0
25000	56000	192000	2000						723700
20500	52000	188000							330000
65200	49000	166000							315500
58200	47000	153000							280700
58400	46000	152000							258900
									261400
126600	95000	334000							0
60400	49000	156000	2000						558600
23800	56000	205000							267400
69100	49000	179000							334800
62900	49000	172000							292700
73200	52000	183000							289000
									279200
152200	108000	346000							0
66400	52000	192000							586200
									316400
									8274500
									266900
									334800

FROM : 06/07/2005 10:24 8136261030
 FAX NO. :
 GARTH A
 Jun. 06 2005 09:14AM P2
 PAGE 09



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

See page 4 for instructions.

Report Date: May 05

A. Public Water System (PWS) Information

PWS Name: Sarasota PWS Identification Number: 6511923
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Connection
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,312
 PWS Owner: Utilitia Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Westwoodfield 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@utilitia.com

B. Water Treatment Plant Information

Plant Name: Well 1 Plant Telephone Number: 800-272-1919
 Plant Address: North End Of Baronet Dr. City: Port Richey State: FL Zip Code: 34634
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-609.310(4) F.A.C.): V Plant Class (per subsection 62-609.310(4) F.A.C.): C

Operator Name	License No.	Hours Worked	Weekends
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>48 hrs weekends</u>
<u>Robbrow</u>	<u>C</u>	<u>13050</u>	<u>" "</u>
<u>SUCK 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 62-355.320(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 FWS owner so the FWS owner can retain them, together with copies of this report, at a convenient location for at least one year.

Signature and Date: [Signature] 6-3-05 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM :

FAX NO. :

Jun. 06 2005 03:19AM F9

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

PWS Identification Number	Plant Name	Well	Means of Achieving Four-Log Virus Inactivation/Removal:		Type of Disinfection Residual Maintained in Distribution System:		Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dose (mg/l)
			<input checked="" type="checkbox"/> Ultraviolet Radiation	<input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Free Chlorine						
21465			1.5									1.8
	25900		2.0									1.2
	33400		1.7									1.7
	62000		2.0									1.2
	72100		2.2									1.3
	12700		2.3									1.7
	57800											1.2
	06100		1.5									1.7
	58400		2.0									2.0
	60200		2.2									2.0
	45200		2.0									1.8
	48100		2.0									1.7
	48200		2.0									1.5
	162700		2.0									1.2
	25000		1.6									1.2
	20900		1.3									1.9
	65700		2.2									1.4
	58900		1.3									1.0
	57400		3.0									1.4
	126600		1.9									1.2
	60400		2.0									1.2
	23800		2.1									1.5
	69100		2.2									0.9
	63900		2.6									1.2
	23200		2.7									1.7
	65400		2.8									1.6
	182700											
	58700											
	25000											

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

FROM :

FRX NO. :

Jun. 06 2005 09:16AM PB

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: St. Johns Water Supply
PWS Type: Community Non-Treatment Non-Community Treatment Non-Community Community
Number of Service Connections at End of Month: 925
Total Population Served at End of Month: 2313
PWS Owner: Trinity Inc. of Florida
Contact Person: Frank C. Flynn
Contact Person's Mailing Address: 200 Westchesterfield Ave
Contact Person's Telephone Number: 407 569 1919
Contact Person's E-mail Address: P.C.Flynn@trinity-inc.com
PWS Name: WAL 2
Plant Address: West Side Of Douglas Point Causeway
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Plant Capacity (per subsection 62-099.310(4) FAC): 21,000
Plant Class (per subsection 62-099.310(4) FAC): A

B. Water Treatment Plant Information

Plant Name: Wal 2
Plant Telephone Number: 800-272-1919 ZIP Code: 34654
City: Fort Pierce State: FL

C. Chemicals

Plant Telephone Number: 800-272-1919 ZIP Code: 34654
City: Fort Pierce State: FL

Operator Name	Operator Address	Operator Phone	Operator Email
<u>ROBY ERW</u>	<u>2515 Adams</u>	<u>7370</u>	<u>erw@wal2.com</u>
<u>Wendy</u>	<u>Wendy</u>	<u>13019</u>	<u>wendy@wal2.com</u>

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), FAC. 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, operations 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: Stephien Habery 6-6-05
Printed or Typed Name: Stephien Habery
License Number: C-8012

FROM :

FAX NO. :

Jun. 06 2005 03:16AM P5

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

PWS Identification Number: 6511423

Plant Name: Wald 11

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

Ultraviolet Radiation Other (Describe):

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

Date	Volume (Gallons)	Chlorine (lbs)	Free Chlorine (mg/L)	Combined Chlorines (mg/L)	Chlorine Dioxide (mg/L)
6/1	332000	2.2	1.5		
6/2	165000	3.3	2.2		
6/3	103000	3.5	2.4		
6/4	58000	2.0	1.5		
6/5	79000	1.3	1.9		
6/6	136000	2.4	1.0		
6/7	304000	1.5	3.2		
6/8	120000	3.0	2.5		
6/9	149000	1.5	2.2		
6/10	144000	3.1	2.4		
6/11	764000	3.0	2.2		
6/12	101000	3.0			
6/13	444000	2.0	1.7		
6/14	192000	2.5	1.0		
6/15	188000	2.7	1.9		
6/16	166000	3.5	2.0		
6/17	153000	3.5	1.7		
6/18	157000	3.3	2.0		
6/19	334000	2.2	1.7		
6/20	250000	2.0	1.8		
6/21	205000	3.8	1.5		
6/22	179000	3.6	1.4		
6/23	124000	3.2	1.8		
6/24	124000	2.5	1.9		
6/25	350000	2.5	1.9		
6/26	197000	2.5			
6/27	496500				
6/28	160000				
6/29	205000				
6/30	205000				

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

FROM :

FAX NO. :

Jun. 06 2005 09:15AM P4

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



See page 4 for instructions.

MAY 05

A. Public Water System (PWS) Information

PWS Name: Summitone PWS Identification Number: 6511473

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

Number of Service Connections at End of Month: 923 Total Population Served at End of Month: 2,313

PWS Owner: Milliken Inc. of Florida

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

Contact Person's Mailing Address: 280 Watersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-868-1219 Contact Person's Fax Number: 407-869-6061

B. Water Treatment Plant Information

Plant Name: Well 17 Plant Telephone Number: 800-272-1919

Plant Address: 11615 Pegasus Dr. State: FL Zip Code: 32654

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

Plant's Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Capacity (see subsection 69-299.310(4), F.A.C.): V

Operator	Plant Class (see subsection 69-299.310(4), F.A.C.)	Hours	W/C	Keck	Ch
<u>Bob Adams</u>	<u>803</u>	<u>13:50</u>	<u>11</u>	<u>1</u>	<u>1</u>
<u>John Adams</u>	<u>13019</u>	<u>11</u>	<u>4</u>	<u>1</u>	<u>1</u>

I, this undersigned water treatment plant operator licensed in Florida, am the head of operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 69-355.328(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 if the PWS owner can obtain them, request with copies of this report, at a reasonable location for at least two years.

Signature and Date: Stephen Heben 6-6-05 License Number: 65012

Jun. 06 2005 03:15AM P3

FAX NO. :

FROM :

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

PWS Identification Number: 651433

Plant Name: Wd1

17

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

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

Plant Name	Plant No.	Plant Address	Plant City	Plant State	Plant Zip	Plant Phone	Plant Fax	Plant E-Mail	Plant Website
Wd1									

Date	Time	Flow (MGD)	Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Free Chlorine (mg/L)
06/01/05	00:00	2.40	2.0								
06/01/05	01:00	2.40	2.0								
06/01/05	02:00	2.40	2.0								
06/01/05	03:00	2.40	2.0								
06/01/05	04:00	2.40	2.0								
06/01/05	05:00	2.40	2.0								
06/01/05	06:00	2.40	2.0								
06/01/05	07:00	2.40	2.0								
06/01/05	08:00	2.40	2.0								
06/01/05	09:00	2.40	2.0								
06/01/05	10:00	2.40	2.0								
06/01/05	11:00	2.40	2.0								
06/01/05	12:00	2.40	2.0								
06/01/05	13:00	2.40	2.0								
06/01/05	14:00	2.40	2.0								
06/01/05	15:00	2.40	2.0								
06/01/05	16:00	2.40	2.0								
06/01/05	17:00	2.40	2.0								
06/01/05	18:00	2.40	2.0								
06/01/05	19:00	2.40	2.0								
06/01/05	20:00	2.40	2.0								
06/01/05	21:00	2.40	2.0								
06/01/05	22:00	2.40	2.0								
06/01/05	23:00	2.40	2.0								
06/02/05	00:00	2.40	2.0								
06/02/05	01:00	2.40	2.0								
06/02/05	02:00	2.40	2.0								
06/02/05	03:00	2.40	2.0								
06/02/05	04:00	2.40	2.0								
06/02/05	05:00	2.40	2.0								
06/02/05	06:00	2.40	2.0								
06/02/05	07:00	2.40	2.0								
06/02/05	08:00	2.40	2.0								
06/02/05	09:00	2.40	2.0								
06/02/05	10:00	2.40	2.0								
06/02/05	11:00	2.40	2.0								
06/02/05	12:00	2.40	2.0								
06/02/05	13:00	2.40	2.0								
06/02/05	14:00	2.40	2.0								
06/02/05	15:00	2.40	2.0								
06/02/05	16:00	2.40	2.0								
06/02/05	17:00	2.40	2.0								
06/02/05	18:00	2.40	2.0								
06/02/05	19:00	2.40	2.0								
06/02/05	20:00	2.40	2.0								
06/02/05	21:00	2.40	2.0								
06/02/05	22:00	2.40	2.0								
06/02/05	23:00	2.40	2.0								
06/03/05	00:00	2.40	2.0								
06/03/05	01:00	2.40	2.0								
06/03/05	02:00	2.40	2.0								
06/03/05	03:00	2.40	2.0								
06/03/05	04:00	2.40	2.0								
06/03/05	05:00	2.40	2.0								
06/03/05	06:00	2.40	2.0								
06/03/05	07:00	2.40	2.0								
06/03/05	08:00	2.40	2.0								
06/03/05	09:00	2.40	2.0								
06/03/05	10:00	2.40	2.0								
06/03/05	11:00	2.40	2.0								
06/03/05	12:00	2.40	2.0								
06/03/05	13:00	2.40	2.0								
06/03/05	14:00	2.40	2.0								
06/03/05	15:00	2.40	2.0								
06/03/05	16:00	2.40	2.0								
06/03/05	17:00	2.40	2.0								
06/03/05	18:00	2.40	2.0								
06/03/05	19:00	2.40	2.0								
06/03/05	20:00	2.40	2.0								
06/03/05	21:00	2.40	2.0								
06/03/05	22:00	2.40	2.0								
06/03/05	23:00	2.40	2.0								

* 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

626

FILE COPY

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: <u>June 2005</u>									
Community Water System (CWS) Name: <u>Summertree</u>									
Public Water System (PWS) Identification Number: <u>6511423</u>									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						856000
61800	56000	65600	2000						284800
21600	18000	66000							105600
70500	52000	163000							285500
56700	50000	87000							193700
									0
131300	101000	404000	1000						677300
20000	52000	163000	2000						287000
54200	53000	152000							259200
67300	47000	166000							280200
8200	14000	52000							74200
21200	25000	71000							117200
									0
16400	27000	153000	2000						178400
29900	25000	94000	2000						150900
11000	19000	52000							82100
8600	17000	62000							87600
56500	37000	155000							248500
50500	41000	112000							203500
									0
39100	51000	175000							265100
70100	53000	171000							294100
45600	39000	122000							205600
36200	27000	105000							168200
12800	12000	53000							82800
11500	18000	42000							69500
									0
19100	29000	112000							165100
24800	21000	83000							130800
15100	21000	68000							107100
15000	20000	68000							103000
									0
									5064500
									168816
									794100

Jul. 07 2005 12:24PM P11

FAX NO. :

FROM :

Page 1

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



See page 4 for instructions

A. Public System (PWS) Information

PWS Name: Sunshine Community Non-Transient Non-Community Transient Non-Community Community

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

Number of Service Connections at End of Month: 925

Total Population Served at End of Month: 2317

PWS Owner: Utilities Inc. of Florida

Contact Person: Patrick C. Evans

Contact Person's Mailing Address: 289 Weatherfield Ave

Contact Person's Telephone Number: 407 869 1919

Contact Person's Email Address: p.c.evans@utilities-inc.com

Water Treatment Plant Information

Plant Name: Wt 2

Plant Address: West Side Of Paradise Point Clubhouse

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

Permitted Maximum Day Operating Capacity of Plant: 214,000 gallons per day

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

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

Sample Date	Sample Location	Sample Type	Sample Volume	Sample ID	Sample Description
12/01/05	SOLE AQUIFER	C	13750	13019	40 hrs INECCOMPT

I, the undersigned water treatment plant operator licensed 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 certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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, as a condition of this license for at least ten years.

Signature and Date: 7-5-05
 Printed or Typed Name: Stephen Habeny
 License Number: C-802

Der Form 62-699.310(4)

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

PWS Identification Number: 6511423

Plant Name: Well 1

II. Data Reported for Month of: June 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

Date	Days Plant Staffed	Plant Visited by Operator (Name)	Free Chlorine		Combined Chlorine (Chloramines)		Chlorine Dioxide		
			mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	
6/1	Y		2.4	613.00				2.3	1.7
6/2	Y			216.00				2.5	2.0
6/3	Y			1070.00				2.2	1.5
6/4	Y			367.00				2.7	2.0
6/5	Y			1313.00				2.4	1.6
6/6	Y			700.00				2.6	1.4
6/7	Y			542.00				2.5	2.0
6/8	Y			672.00				1.8	1.2
6/9	Y			82.00				3.0	2.8
6/10	Y			217.00				3.2	2.2
6/11	Y			169.00				2.6	1.8
6/12	Y			299.00				1.8	1.0
6/13	Y			111.00				2.4	1.6
6/14	Y			86.00				2.5	2.0
6/15	Y			565.00				2.2	1.7
6/16	Y			305.00				1.7	1.0
6/17	Y			391.00				2.2	1.5
6/18	Y			201.00				1.7	1.4
6/19	Y			456.00				2.0	1.7
6/20	Y			362.00				2.0	1.6
6/21	Y			128.00				2.0	1.6
6/22	Y			115.00				2.9	2.2
6/23	Y			191.00				2.4	2.0
6/24	Y			242.00				2.4	1.9
6/25	Y			151.00				2.2	1.3
6/26	Y			150.00				2.5	2.0
6/27				102.500					
6/28				371.00					
6/29				203.00					

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

Jul. 07 2005 12:23PM P18 PAGE 04

GARTH A

FAX NO. :

8135261030

02/22/2004 23:30

FROM :

07/08/2005

12:43

8135261030

GARTH A

PAGE 09



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

See page 4 for instructions.

1. County Information for the Month of JUNE 05

A. Public Water System (PWS) Information

PWS Name: Summertree PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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@utilityinc.com

B. Water Treatment Plant Information

Plant Name: Well 13 Plant Telephone Number: 800-272-1919
Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (per subsection 62-699.310(4), P.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Operator Name	License No.	License No.	Days Off (per Week)
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs weekends</u>
<u>ROBB CRAW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>JACK ADAMS</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 by a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) in 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] 7-5-05 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM : 02/22/2004 23:30
 FAX NO. :
 GARTH A
 Jul. 07 2005 12:27PM P15
 8136261030

07/08/2005 12:43
 8136261030
 GARTH A
 PAGE 06

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

PWS Identification Number: 6511423 Plant Name: Well 2

June 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

DATE	TIME	CHLORINE DOSE (MG/L)	FREE CHLORINE (MG/L)	COMBINED CHLORINE (MG/L)	CHLORINE DIOXIDE (MG/L)
6/1	24hrs	56000	2.2		1.4
6/1		18000	2.6		1.6
6/1		52000	3.1		1.8
6/1		50000	2.9		2.2
6/2		18000			1.4
6/2		52000	2.9		1.6
6/2		53000	2.1		1.4
6/2		42000	1.8		0.9
6/2		14000	1.7		0.9
6/2		25000	1.1		0.7
6/3		27000	2.0		1.9
6/3		25000	2.4		1.7
6/3		19000	2.2		1.5
6/3		17000	2.1		1.3
6/3		37000	2.4		1.8
6/3		41000	2.7		
6/4		51000	1.9		1.6
6/4		53000	2.5		1.9
6/4		38000	2.4		1.8
6/4		27000	2.2		1.7
6/4		17000	2.1		1.6
6/4		16000	2.4		1.9
6/5		21000	2.3		2.0
6/5		21000	2.5		1.8
6/5		21000	2.1		1.5
6/5		20000	2.2		1.7
6/5		927000			
6/5		59000			
6/5		53000			

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

Jul. 07 2005 12:28PM P16
PAGE 07

FAX NO. : GARTH A

82/22/2004 23:38 8136261030

07/08/2005 12:43

8136261030

GARTH A

PAGE 07

Jul. 07 2005 12:30PM P19
PAGE 06

FAX NO. :
GARTH A

FROM :
02/22/2004 23:38
8136261038



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

See page 4 for instructions.

June 05

A. Public Water System (PWS) Information PWS Identification Number: 6511423

PWS Name: Suncoast
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
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 Telephone Number: 800-272-1919

Plant Name: Well 1 City: Port Richey State: FL Zip Code: 34654
Plant Address: North End Of Bayonet Dr.
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-499.310(4), F.A.C.): V Plant Class (per subsection 62-499.310(4), F.A.C.): C

Name	Initials	Phone	Days	Weekends
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs</u>	<u>weekends</u>
<u>Robb Crow</u>	<u>C</u>	<u>13130</u>	<u>"</u>	<u>"</u>
<u>Jack Adams</u>	<u>C</u>	<u>13019</u>	<u>"</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.

2-5-05 Stephen Habery C-8012
Signature and Date Printed or Typed Name License Number

07/08/2005 12:43 8136261038 GARTH A PAGE 10

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

PWS Identification Number: 6511423 Plant Name: Well 13

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

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine

Types of Disinfectant Residual Maintained in Distribution System: Free Chlorine

Table with columns for Date, Time, and various chemical measurements (Free Chlorine, Chlorine Dioxide, Ozone, Combined Chlorine, Chlorine Dioxide). Rows contain numerical data for each measurement.

* 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
Five Fighlins Well



See page 4 for instructions

A Public Water System (PWS) Information

PWS Name: Suncoast Community Non-Treatment Non-Community Treatment Non-Community Community

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

Number of Section Connections at End of Month: 925

PWS District: Indian Inc. of Florida

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 200 W. Weatherford Ave.

Contact Person's Telephone Number: 407 869 1919

Contact Person's E-Mail Address: n.c.ryan@suncoastcommunity.com

B. Water Treatment Plant Information

Plant Name: Well 17

Plant Address: 1615 Ponce de Leon

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

Permitted Maximum Daily Operating Capacity of Plant, Gallons per day: 214,000

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

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

Plant Class	Permitted Maximum Daily Operating Capacity of Plant, Gallons per day	Plant Class (per subsection 62-699.310(4), F.A.C.)
<u>C</u>	<u>13,500</u>	<u>49 hrs W.C./month</u>
<u>C</u>	<u>13,500</u>	<u>"</u>
<u>C</u>	<u>13,019</u>	<u>"</u>

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

City: Fort Rucker State: FL Zip Code: 34654

Plant Telephone Number: 800-272-1919 Zip Code: 34654

Contact Person's Title: Regional Director State: FL Zip Code: 32714

Contact Person's Fax Number: 407 869 6961

Total Population Served at End of Month: 2,313

PWS Identification Number: 6511423

I, the undersigned water treatment plant operator licensed in Florida, am the healthiest operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this PWS have been maintained and are available for review: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate records of maintenance 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, as a convenient location for at least one year.

Plant Name	City	State	Zip Code	Plant Telephone Number	Contact Person's Name	Contact Person's Title	Contact Person's Mailing Address	Contact Person's Telephone Number	Contact Person's E-Mail Address
<u>Well 17</u>	<u>Fort Rucker</u>	<u>FL</u>	<u>34654</u>	<u>800-272-1919</u>	<u>Patrick C. Ryan</u>	<u>Regional Director</u>	<u>200 W. Weatherford Ave.</u>	<u>407 869 1919</u>	<u>n.c.ryan@suncoastcommunity.com</u>

Signature and Date
Stephen Habery 7-5-05

Printed or Typed Name
Stephen Habery

License Number
C-8012

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

Line 19419.01

PWS Identification Number: 601143 Plant Name: Well 17

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

Type of Distribution System: Unfiltered Radiation Other (Describe): Filtered Other (Describe):

Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Flow (MGD)	Temperature (°F)	pH	Alkalinity (mg/L)	Hardness (mg/L)	Conductivity (µmhos/cm)	Color (PCU)	Turbidity (NTU)	Total Solids (mg/L)	Iron (mg/L)	Manganese (mg/L)	Other (mg/L)
07:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
08:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
09:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
10:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
11:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
12:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
13:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
14:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
15:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
16:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
17:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
18:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
19:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
20:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
21:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
22:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			
23:00	1.5				1.5	55	7.5	150	150	150	10	0.5	150			

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

FROM : 82/22/2004 23:30 8135251030

FAX NO. : 609.426.1000

JUL 07 2005 12:25PM P12



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

FILE COPY

47

626.

See page 2 for instructions.

Daily Finished-Water Production for the Month Year of: <u>July 05</u>									
Community Water System (CWS) Name: <u>Summerree</u>									
Public Water System (PWS) Identification Number: <u>6511423</u>									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						656000
19600	22000	46000							137600
37000	42000	92000							171000
20600	30000	117000							0
16000	17000	88000							167600
42200	33000	133000							116000
48800	34000	123000	3000						208200
12700	24000	89000							208800
34500	36000	107000							130700
26300	34000	126000	3000						182500
21100	21000	108000							0
16400	21000	66000							189300
16900	19000	66000							150100
18200	16000	84000							103400
13900	22000	55000							95900
19600	30000	120000	3000						118200
21600	15000	72000							90900
42800	36000	145000							0
66000	19000	133000							172600
38900	21000	106000							108600
54500	33000	29000							223800
38400	24000	185000	4000						223800
22100	11000	89000							0
20200	13000	59000							251400
53900	27000	134000							122100
41200	24000	110000							92200
13200	21000	86000							214900
									175200
									120200
									0
									4112900
									132600
									223800



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

See page 4 for instructions.

Report Period (month or 12 months): July 05

A. Public Water System (PWS) Information

PWS Name: Summitone PWS Identification Number: 0311473

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License No.	License Expiration Date	License Status	License Type
<u>Stephen Haber</u>	<u>C</u>	<u>9/12</u>	<u>45hrs</u>	<u>weekend</u>
<u>Robb Crow</u>	<u>C</u>	<u>13/50</u>	<u>40hrs</u>	<u>"</u>
<u>Tracie Adkins</u>	<u>C</u>	<u>13/19</u>	<u>"</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: 8-2-05 Printed or Typed Name: Stephen Haber License Number: C-8012

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

PWS Identification Number: 6311423 Plant Name: Well 1

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

7/14/05

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

Sample Date	Sample Time	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Chlorine Dioxide (mg/L)
X	2440	196.00	2.2				1.7
X	3200	320.00	2.0				1.8
X	20500	205.00	2.4				2.3
X	16000	160.00	2.4				1.7
X	12100	121.00	2.8				1.5
X	43300	433.00	1.9				1.3
X	12200	122.00	2.0				1.5
X	39500	395.00	2.2				1.8
X	26200	262.00	2.7				1.8
X	21000	210.00	1.8				1.5
X	64000	640.00	2.1				1.6
X	16900	169.00	2.5				1.7
X	18200	182.00	1.8				1.5
X	15900	159.00	1.8				1.5
X	19600	196.00	1.8				1.4
X	21600	216.00	2.0				1.5
X	42800	428.00	1.2				1.5
X	66000	660.00	1.4				1.3
X	35900	359.00	2.2				1.5
X	54800	548.00	2.8				2.4
X	38400	384.00	2.5				1.9
X	22100	221.00	2.1				1.7
X	20200	202.00	2.7				1.8
X	35900	359.00	1.8				1.5
X	41200	412.00	1.9				1.4
X	13200	132.00	2.0				1.5
X	20000	200.00					
X	25400	254.00					
X	14800	148.00					

* 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

U I F

See page 4 for instructions.

July 05

A. Public Water System (PWS) Information

PWS Name: Sunshine PWS Identification Number: 6511423

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

Number of Services Connections at End of Month: 925 Total Population Served at End of Month: 2,311

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 200 Westersfield 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 E-Mail Address: p.c.elvan@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: Well 13 Plant Telephone Number: 800-272-1919

Plant Address: 11631 Crooked Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,060

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

Plant Class (per subsection 62-699.310(4), F.A.C.)	Number of Plants	Number of PWSs	Number of PWSs (FACs)
<u>C</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>G</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>C</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>G</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>C</u>	<u>1</u>	<u>1</u>	<u>1</u>
<u>G</u>	<u>1</u>	<u>1</u>	<u>1</u>

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

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

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

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

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

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

Plant Class (per subsection 62-699.310(4), F.A.C.): 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 62-555.320(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.

7-2-05
Stephen Habery Printed or Typed Name
 C-8012 License Number

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

PWS Identification Number: 6311423

Plant Name: WA13

7/15/05

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

UVaviolet Radiation: Other (Describe):

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

Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
07:00	2.5			
08:00	2.5			
09:00	2.5			
10:00	2.5			
11:00	2.5			
12:00	2.5			
13:00	2.5			
14:00	2.5			
15:00	2.5			
16:00	2.5			
17:00	2.5			
18:00	2.5			
19:00	2.5			
20:00	2.5			
21:00	2.5			
22:00	2.5			
23:00	2.5			
24:00	2.5			

Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
00:00	2.5			
01:00	2.5			
02:00	2.5			
03:00	2.5			
04:00	2.5			
05:00	2.5			
06:00	2.5			
07:00	2.5			
08:00	2.5			
09:00	2.5			
10:00	2.5			
11:00	2.5			
12:00	2.5			
13:00	2.5			
14:00	2.5			
15:00	2.5			
16:00	2.5			
17:00	2.5			
18:00	2.5			
19:00	2.5			
20:00	2.5			
21:00	2.5			
22:00	2.5			
23:00	2.5			
24:00	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. **Public Water System (PWS) Information** July 05

A. Public Water System (PWS) Information

PWS Name: Suncoast PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

PWS Owner: Utilities Inc. of Florida

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

Contact Person's Mailing Address: 200 Westensfield 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@utilinc-usa.com

B. Water Treatment Plant Information

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

Plant Address: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Number	Shift	Days	Notes
Stephen Habery	C	8012	4-6-05	Weekend
Robb Crow	C	13050	"	"
Jack Adkins	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: 8-2-05 Printed or Typed Name: Stephen Habery License Number: C-8012

GARTH A

GARTH A

FAX NO. :

08/08/2005 09:02 8136261030

FROM : 07/27/2004 2:31:30 8136261030

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

UAP

PWS Identification Number: 651423 Plant Name: Well 13

Means of Achieving Row-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

Date	Time	Location	Sample Type	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (Chloramines) (mg/L)	Other (mg/L)	Residual (mg/L)	Notes
08/08/2005	09:02			2.0					117000	
				2.8					83000	
				2.9					153000	
				2.9					123000	
				2.2					89000	
				2.5					102000	
				2.7					126000	
				2.5					108000	
				3.0					66000	
				2.6					87000	
				2.9					55000	
				2.9					120000	
				2.9					22000	
				2.2					141000	
				2.5					133000	
				2.6					106000	
				2.8					84000	
				2.0					185000	
				2.4					52000	
				1.9					59000	
				2.6					132000	
				2.0					110000	
				2.7					86000	
				2.0					267000	
				2.0					141000	
				2.0					267000	
				1.7					141000	
				1.2					141000	

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

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

PWS Identification Number: 6511423

Plant Name: Wd17

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

Ultraviolet Radiation Other (Describe):

Type of Treatment: Partially Treated in Distribution System Free Chlorine Combined Chlorine (Chloramine) Chlorine Dioxide

Station	Date	Time	Temp	pH	Total Chlorine	Free Chlorine	Chlorine Dioxide	Combined Chlorine (Chloramine)	Other	Remarks
25/17	08/08/2005	09:02	21.2	7.8	3000	2.2				X
					3000	2.0				X
					3000	2.2				X
					4000	2.4				X
					13000					

* Refer to the test methods 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

626

FILE COPY

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: <u>Aug 05</u>									
Community Water System (CWS) Name: <u>Summerree</u>									
Public Water System (PWS) Identification Number: <u>6511423</u>									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						856000
61900	93000	157000	3000						254900
28400	21000	98000							147400
25200	31000	112000							168200
88600	37000	152000							272600
58300	31000	143000							232300
64200	40000	145000							249200
									0
36000	27000	114000							217000
37600	26000	142000							205600
22700	22000	62000	3000						109700
50200	27000	126000							203200
41900	26000	135000							202900
52500	30000	131000							218500
									0
29200	21000	134000							184200
21800	9000	105000							135800
60800	37000	123000	3000						223800
58700	32000	143000							233700
20900	39000	104000							163900
32500	29000	102000							168500
									0
24700	25000	134000							183700
25300	26000	102000							153300
2900	9000	62000							38900
25800	48000	133000							206800
18400	23000	98000							139400
21600	24000	100000							145600
									0
24500	28000	119000							171500
36000	33000	127000							196000
25600	46000	137000							208600
									508200
									164000
									272600

FROM :

FRAX NO. :

SEP. 07 2005 08:04AM P9



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

See page 4 for instructions.

Aug 05

A. Public Water System (PWS) Information

PWS Name: Seawater PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License No.	License Expiration Date	License Status
Stephen Habery	C	8012	40 hrs weekends
Robb erow	C	13150	" "
JACK ADRIAN	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 or the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

9-1-05
 Signature and Date

Stephen Habery
 Printed or Typed Name

C-8012
 License Number

FROM : 09/08/2005 10:52 8136261030
 FAX NO. :
 GARTH A
 Sep. 07 2005 08:09AM P17
 PAGE 02

FROM :

FAX NO. :

SEP. 07 2005 06:09AM P.15

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

PWS Identification Number: 6517423

Plant Name: Well 1

Aug 05

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

Day	Time	Volume	Flow	Temp	Pressure	Chlorine	Chlorine Dioxide	Combined Chlorine	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Free Chlorine	Chlorine Dioxide	Ozone	
X	24	61900	2.0																	
X	1	28400	1.7																	
X	2	25200	1.5																	
X	3	8600	1.2																	
X	4	22700	1.2																	
X	5	22700	3.0																	
X	6	50200	1.8																	
X	7	41900	2.4																	
X	8	57500	2.2																	
X	9	29200	3.2																	
X	10	21500	3.0																	
X	11	66500	1.8																	
X	12	58200	2.2																	
X	13	20900	2.5																	
X	14	22500	2.0																	
X	15	24200	2.4																	
X	16	23300	1.5																	
X	17	24800	2.0																	
X	18	25800	2.5																	
X	19	18400	2.2																	
X	20	41600	2.3																	
X	21	24500	2.2																	
X	22	26000	2.2																	
X	23	25600	2.2																	
X	24	496200	2.2																	
X	25	32100	1.7																	
X	26	35600	1.7																	

* Data to be furnished for this report in duplicate which should provide this information.

SEP Form 02-005-2002 Rev 01/01



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

See page 4 for instructions.

4 Aug 05

A. Public Water System (PWS) Information

PWS Name: <u>Sumnerline</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2313</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@utilities-nc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Well 2</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>West Side Of Paradise Point Clubhouse</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	
Operator Name	License Number	Operator Name	License Number
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>40 hrs WEEKEND</u>
<u>ROBB CRAW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>Jack Adams</u>	<u>C</u>	<u>13019</u>	<u>" "</u>

I, the undersigned water treatment plant operator licensed in Florida, as the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 assess them, recognize their value as a component of this report, as a component of their records for at least ten years.

Signature and Date: [Signature] 7-1-05 Printed or Typed Name: Stephen Habery License Number: C-8012

FROM : 09/08/2005 10:52 8135261030
 FAX NO. :
 Sep. 07 2005 03:09PM P115
 PAGE 16
 GARTH A

FROM :

FX NO. :

Sep. 07 2005 08:07AM F14

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

PWS Identification Number: 631463

Plant Name: Wt 2

A 129 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

Table with multiple columns for disinfection parameters and rows of numerical data. Includes a large shaded area on the left side.

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

PERFORM DISINFECTION



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

See page 4 for instructions.

Report Period: Aug 05

A. Public Water System (PWS) Information

PWS Name: Altamonte PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
PWS Owner: Utilities Inc. of Florida
Contact Person: Patrick C. Flynn 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.flynn@utilities-inc.com

B. Water Treatment Plant Information

Plant Name: Well 13 Plant Telephone Number: 800-272-1919
Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License No.	Hours	Notes
<u>Stephen Helber</u>	<u>C</u>	<u>8012</u>	<u>40 hrs weekend</u>
<u>ROBB CROW</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>JECK ADKINS</u>	<u>C</u>	<u>13619</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.

9-1-05 STEPHEN HELBER C-8012
Signature and Date Printed or Typed Name License Number

FROM : FROM NO. : SEP. 07 2005 09:17AM P.13

GARTH A

USARIM A

81.56781850

23:30

42227177

09/08/2005 10:52 8136261030

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

PWS Identification Number: 601432
 Plant Name: WVI 13
 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	Time	Temp	pH	Free Chlorine	Total Chlorine	Chlorine Dioxide	Combined Chlorine	Chloramines	Chlorine Dioxide	Free Chlorine	Total Chlorine	Chlorine Dioxide	Combined Chlorine	Chloramines	Chlorine Dioxide
1	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
1	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
2	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
3	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
4	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
5	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
6	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	06:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	08:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	10:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	12:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	14:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	16:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	18:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	20:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1
7	22:00	65.0	7.8	2.0	2.1	2.0	0.1	0.1	0.1	2.0	2.1	2.0	0.1	0.1	0.1

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

Page 2

FROM: Sep. 07 2005 08:05AM P12 FAX NO.: 02/22/2004 23:30 9136251030 GARTH A GARTH A 8136251030 09/08/2005 10:52

PAGE 07

PAGE 05

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: Augusta PWS Identification Number: 6511493
PWS Type: Community Non-Transient Non-Community Transient Non-Community Connected
Number of Service Connections at End of Month: 995 Total Population Served at End of Month: 2,313
PWS Owner: Jefferson Inc. of Florida
Contact Person: Patrick C. Ryan Contact Person's Title: Regional Director
Contact Person's Mailing Address: 201 Waterford Ave. City: Augusta Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 907.869.1919 Contact Person's Fax Number: 907.869.6961

B. Water Treatment Plant Information

Plant Name: Well 17 Plant Telephone Number: 900-772-1919
Plant Address: 1615 Pentate Dr. State: FL Zip Code: 31624
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant: 214,000
Plant Capacity (see subsection 62-699.310(4) F.A.C.): V
Plant Capacity (see subsection 62-699.310(4) F.A.C.): C
Operator: Bob Adams
Operator: Jack Adams
Operator: 49 hrs week
Operator: 1370
Operator: 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 certify 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 operation 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 operation 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.

9-7-05
Stephen Habek
Signature and Date
Printed or Typed Name
License Number: C-8012

FROM :

FAX NO. :

Sep. 07 2005 08:05AM P10

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

PWS Identification Number: 631193

Plant Name: W4117

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

Ultraviolet Radiation Other (Describe):

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

Day	Time	Temp	pH	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	UV Radiation	Other
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

3000
240 per day
3,200 gpd

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

Oct. 05 2005 01:04PM P19

FAX NO. :

FROM :



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

See page 2 for instructions.

FILE COPY

UIF COPY

b2b

SEPT 05

Community Water System (CWS) Name: Summitree
Public Water System (PWS) Identification Number: 6511423

Well 1	Well 2	Well 13	Well 17						
214000	214000	514000	214000						556000
34900	40000	123000							197900
16900	15000	84000							115400
900	14000	37000							51900
16600	33000	154000							0
8700	9000	51000	3000						203600
37000	48000	181000							71900
32000	41000	119000							266000
25200	23000	106000							192000
32100	41000	138000							157000
42400	24000	121000							211000
40500	35000	149000	3000						0
31900	56000	138000							182400
32600	45000	198000							228000
30000	46000	165000							225900
37900	41000	144000							278600
									291000
									222900
									0
									252200
46200	37000	174000							336400
50400	65000	218000	3000						316300
50300	60000	206000							239000
38000	42000	159000							197900*
34900	39000	124000							265500
42500	57000	172000							0
									262700
55200	64000	243000							192200
23200	37000	141000							311700
50200	62000	199000							215800
37400	40000	170000							176400
20400	30000	126000							0
									5728700
									190900
									336400

One of send to K. P. ... NO 13
One to keep with lubricated
as to keep the water pump
numbers correct.

This is
our
copy
UIF



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

REP DEP

See page 2 for instructions.

Oct. 05 2005 01:03PM P16

FAX NO. :

FROM :

Monthly Finished Water Production for the Month/Year of: SEPT 05									
Community Water System (CWS) Name: Summertree									
Public Water System (PWS) Identification Number: 6511423									
Well 1	Well 2	Well 13	Well 17						
214000	214000	514000	119000						856000
34900	40000	123000							197900
16900	15000	84000							115900
900	14000	37000							57900
16600	33000	154000							203600
8900	9000	51000							68900
72000	48000	181000							266000
32000	41000	119000							192000
25200	23000	106000							154200
32100	41000	138000							211100
42400	24000	121000							187400
48500	35000	149000							224500
31900	56000	138000							225900
37600	45000	192000							278600
30000	46000	165000							241000
37900	41000	144000							222900
46200	37000	174000							257200
50400	65000	218000							333400
50300	60000	206000							316300
58000	42000	119000							239000
34900	39000	124000							197900
42500	57000	172000							265500
55200	69000	243000							362200
23200	33000	147000							197200
58200	62000	199000							317000
37600	40000	140000							215600
20400	38000	126000							176400
									5719700
									190600
									333400

This Is Rep Copy



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 Name: Sumnerston PWS Identification Number: 6511423
 PWS Type: Community Non-Treated Non-Community Treated Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 PWS Owner: Utilities Inc. of Florida
 Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
 Contact Person's Mailing Address: 200 Westersfield 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.com

B. Water Treatment Plant Information

Plant Name: Well 13 - 17 Plant Telephone Number: 800-272-1919
 Plant Address: 11631 Cocowood Dr. City: Pert Richey State: FL Zip Code: 34654
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	Days Worked	Days Off
Stephen Heberz	C	8012	4	0
ROBB STOW	C	13150	1	1
JACK ADKINS	C	13019	1	0

C. Certification

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

10-4-05 Signature and Date Stephen Heberz Printed or Typed Name C-8012 License Number

FROM :

FAX NO. :

Oct. 05 2005 01:05PM P22

04/64/2004 4:31:30 01302451030

SMITH A

PAGE 04



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

WJF

See page 4 for instructions

A Public Water System (PWS) Information

PWS Name: Community Non-Community Transient Non-Community Other

Number of Service Connections at End of Month: 925

PWS District: Florida Dept. of Health Florida Dept. of Environmental Protection

Contact Person: Patrick C. Ryan

Contact Person's Mailing Address: 209 Woodcrest Blvd Ave

Contact Person's Telephone Number: 407 869 1919

Contact Person's Email Address: p.c.ryan@dep.state.fl.us

Water Treatment Plant Information

Plant Name: Well 13

Plant Address: 11631 Coonroad Dr

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

Treatment Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Capacity (per subsection 62-559.310(9) F.A.C.) V

Plant Capacity (per subsection 62-559.310(9) F.A.C.) C

Plant Capacity (per subsection 62-559.310(9) F.A.C.) B

Plant Capacity (per subsection 62-559.310(9) F.A.C.) A

Plant Capacity (per subsection 62-559.310(9) F.A.C.)

Plant Capacity (per subsection 62-559.310(9) F.A.C.)

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Plant Capacity (per subsection 62-559.310(9) F.A.C.)

Plant Capacity (per subsection 62-559.310(9) F.A.C.)

Plant Capacity (per subsection 62-559.310(9) F.A.C.)

Signature and Title

10.4.05

Printed or Typed Name

Stephan Halyk

License Number

C-8012

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 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, separate 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, in a convenient location for at least ten years.

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

PWS Monitoring Number: 51143

Plant Name: Walz

Set 05

Name of Advancing Four-Log Virus Inactivation/Bleach: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

UV System Radiation: Ultraviolet Radiation Other (Describe):

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

Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	UV System Radiation	Other (Describe)
12:00	2.1					
12:05	2.0					
12:10	3.1					
12:15	3.2					
12:20	2.5					
12:25	3.2					
12:30	3.1					
12:35	2.8					
12:40	2.8					
12:45	2.8					
12:50	2.8					
12:55	2.8					
1:00	2.8					
1:05	2.8					
1:10	2.8					
1:15	2.8					
1:20	2.8					
1:25	2.8					
1:30	2.8					
1:35	2.8					
1:40	2.8					
1:45	2.8					
1:50	2.8					
1:55	2.8					
2:00	2.8					
2:05	2.8					
2:10	2.8					
2:15	2.8					
2:20	2.8					
2:25	2.8					
2:30	2.8					
2:35	2.8					
2:40	2.8					
2:45	2.8					
2:50	2.8					
2:55	2.8					
3:00	2.8					
3:05	2.8					
3:10	2.8					
3:15	2.8					
3:20	2.8					
3:25	2.8					
3:30	2.8					
3:35	2.8					
3:40	2.8					
3:45	2.8					
3:50	2.8					
3:55	2.8					
4:00	2.8					
4:05	2.8					
4:10	2.8					
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4:40	2.8					
4:45	2.8					
4:50	2.8					
4:55	2.8					
5:00	2.8					
5:05	2.8					
5:10	2.8					
5:15	2.8					
5:20	2.8					
5:25	2.8					
5:30	2.8					
5:35	2.8					
5:40	2.8					
5:45	2.8					
5:50	2.8					
5:55	2.8					
6:00	2.8					
6:05	2.8					
6:10	2.8					
6:15	2.8					
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6:25	2.8					
6:30	2.8					
6:35	2.8					
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6:50	2.8					
6:55	2.8					
7:00	2.8					
7:05	2.8					
7:10	2.8					
7:15	2.8					
7:20	2.8					
7:25	2.8					
7:30	2.8					
7:35	2.8					
7:40	2.8					
7:45	2.8					
7:50	2.8					
7:55	2.8					
8:00	2.8					
8:05	2.8					
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8:35	2.8					
8:40	2.8					
8:45	2.8					
8:50	2.8					
8:55	2.8					
9:00	2.8					
9:05	2.8					
9:10	2.8					
9:15	2.8					
9:20	2.8					
9:25	2.8					
9:30	2.8					
9:35	2.8					
9:40	2.8					
9:45	2.8					
9:50	2.8					
9:55	2.8					
10:00	2.8					
10:05	2.8					
10:10	2.8					
10:15	2.8					
10:20	2.8					
10:25	2.8					
10:30	2.8					
10:35	2.8					
10:40	2.8					
10:45	2.8					
10:50	2.8					
10:55	2.8					
11:00	2.8					
11:05	2.8					
11:10	2.8					
11:15	2.8					
11:20	2.8					
11:25	2.8					
11:30	2.8					
11:35	2.8					
11:40	2.8					
11:45	2.8					
11:50	2.8					
11:55	2.8					
12:00	2.8					

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

FROM :

02/22/2004 23:30

0136261030

GARTH A

PAGE 07

FAX NO. :

Date: 05 2005 01:08PM P26



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

See page 4 for instructions.

Month: Sept 05

A. Public Water System (PWS) Information

PWS Name: Surfgard Inc PWS Identification Number: 6511423

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2313

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: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License No.	License Class	Expiration Date	Notes
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>4-4-05</u>	<u>WORK RYD(C)</u>
<u>Robb C</u>	<u>C</u>	<u>13150</u>	<u>"</u>	<u>"</u>
<u>JEFF ADAMS</u>	<u>C</u>	<u>13019</u>	<u>"</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.

10-4-05 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

See page 4 for instructions

PWS Identification Number: 6511923

PWS Name: Community Non-Treatment Non-Community Other

PWS Type: Community Non-Treatment Non-Community Other

Number of Service Connections at End of Month: 925

PWS Owner: Public Private

Contact Person: Public Private

Contact Person's Name: Public Private

Contact Person's Address: 209 Westwood Ave

Contact Person's Phone Number: 407.899.1919

Contact Person's Fax Number: 407.899.6961

Plant Name: Well 17

Plant Address: 11415 Parkway Dr

Plant City: Fort Rucker

Plant State: FL

Plant Zip Code: 32454

Plant Type: Raw Ground Water Purchased Finished Water

Plant Capacity (per month): 02.699.3106 (E.A.C.): C

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Plant Capacity (per month): 02.699.3106 (E.A.C.): V

Month	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
1/01	15150	15150	15150	15150	15150	15150
2/01	15150	15150	15150	15150	15150	15150
3/01	15150	15150	15150	15150	15150	15150
4/01	15150	15150	15150	15150	15150	15150
5/01	15150	15150	15150	15150	15150	15150
6/01	15150	15150	15150	15150	15150	15150
7/01	15150	15150	15150	15150	15150	15150
8/01	15150	15150	15150	15150	15150	15150
9/01	15150	15150	15150	15150	15150	15150
10/01	15150	15150	15150	15150	15150	15150
11/01	15150	15150	15150	15150	15150	15150
12/01	15150	15150	15150	15150	15150	15150

I, the undersigned water treatment plant operator licensed in Florida, am the beneficial operator of the water treatment plant identified in Part I of 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 the plant were prepared and kept for a minimum of 12 months: (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 in the PWS owner's request form, together with copies of this report, at a convenient location for at least one year.

Signature and Date: 10-4-05
 Printed or Typed Name: Stephan Healey
 License Number: C-802

WRP COPY

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

PWS Identification Number: 6511493 Plant Name: Well 17

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

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

24/7/03	Sept 03			
X	3000			Did not send to Hydros Tank
X	3000			Did not send to Hydros Tank
X	3000			Did not send to Hydros Tank

4000
3000
2000
1000

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

PAGE 15

Oct. 05 2005 0.:04PM P20

FROM : FRX NO. :



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

See page 4 for instructions.

SEPTEMBER 05

A. Public Water System (PWS) Information

PWS Name: Sumnerco
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 PWS Identification Number: 6511421
 Number of Service Connections at End of Month: 925
 Total Population Served at End of Month: 2,313
 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-sum.com

B. Water Treatment Plant Information

Plant Name: Well 1
 Plant Address: North End Of Bayonet Dr.
 City: Port Richey State: FL Zip Code: 34654
 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, gallons per day: 234,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	License Expiration Date	License Issue Date
Stephen Huberx	C	8012	12/31/05	4/06/01
ROBB CROW	C	13150		
JACK ADKINS	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: 10-4-05
 Printed or Typed Name: STEPHEN HUBERX
 License Number: C-8012

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

PWS Identification Number: 6511423

Plant Name: Well 13 - 17

SEPT 05

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

Name of Achieving Four-Lag Viruses Inactivation/Removal: Ultraviolet Radiation Other (Describe):

Name of Treatment Facility: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Other (Describe)
12:50am	2.5				
1:00am	2.7				
1:10am	2.5				
1:20am	2.5				
1:30am	2.5				
1:40am	2.5				
1:50am	2.5				
2:00am	2.5				
2:10am	2.5				
2:20am	2.5				
2:30am	2.5				
2:40am	2.5				
2:50am	2.5				
3:00am	2.5				
3:10am	2.5				
3:20am	2.5				
3:30am	2.5				
3:40am	2.5				
3:50am	2.5				
4:00am	2.5				
4:10am	2.5				
4:20am	2.5				
4:30am	2.5				
4:40am	2.5				
4:50am	2.5				
5:00am	2.5				
5:10am	2.5				
5:20am	2.5				
5:30am	2.5				
5:40am	2.5				
5:50am	2.5				
6:00am	2.5				
6:10am	2.5				
6:20am	2.5				
6:30am	2.5				
6:40am	2.5				
6:50am	2.5				
7:00am	2.5				
7:10am	2.5				
7:20am	2.5				
7:30am	2.5				
7:40am	2.5				
7:50am	2.5				
8:00am	2.5				
8:10am	2.5				
8:20am	2.5				
8:30am	2.5				
8:40am	2.5				
8:50am	2.5				
9:00am	2.5				
9:10am	2.5				
9:20am	2.5				
9:30am	2.5				
9:40am	2.5				
9:50am	2.5				
10:00am	2.5				
10:10am	2.5				
10:20am	2.5				
10:30am	2.5				
10:40am	2.5				
10:50am	2.5				
11:00am	2.5				
11:10am	2.5				
11:20am	2.5				
11:30am	2.5				
11:40am	2.5				
11:50am	2.5				
12:00pm	2.5				
12:10pm	2.5				
12:20pm	2.5				
12:30pm	2.5				
12:40pm	2.5				
12:50pm	2.5				
1:00pm	2.5				
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4:00pm	2.5				
4:10pm	2.5				
4:20pm	2.5				
4:30pm	2.5				
4:40pm	2.5				
4:50pm	2.5				
5:00pm	2.5				
5:10pm	2.5				
5:20pm	2.5				
5:30pm	2.5				
5:40pm	2.5				
5:50pm	2.5				
6:00pm	2.5				
6:10pm	2.5				
6:20pm	2.5				
6:30pm	2.5				
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6:50pm	2.5				
7:00pm	2.5				
7:10pm	2.5				
7:20pm	2.5				
7:30pm	2.5				
7:40pm	2.5				
7:50pm	2.5				
8:00pm	2.5				
8:10pm	2.5				
8:20pm	2.5				
8:30pm	2.5				
8:40pm	2.5				
8:50pm	2.5				
9:00pm	2.5				
9:10pm	2.5				
9:20pm	2.5				
9:30pm	2.5				
9:40pm	2.5				
9:50pm	2.5				
10:00pm	2.5				
10:10pm	2.5				
10:20pm	2.5				
10:30pm	2.5				
10:40pm	2.5				
10:50pm	2.5				
11:00pm	2.5				
11:10pm	2.5				
11:20pm	2.5				
11:30pm	2.5				
11:40pm	2.5				
11:50pm	2.5				
12:00am	2.5				

* 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

UTF

FILE COPY

626

See page 2 for instructions.

Daily Finished Water Production for the Month/Year of: OCT 05									
Community Water System (CWS) Name: Summertree									
Public Water System (PWS) Identification Number: 6511423									
Well 1	Well 2	Well 13	Well 17						
214000	214000	214000	214000						876000
27700	42000	111000							180700
58200	65000	301000							0
22500	39000	131000							424200
27800	55000	159000	2000						192500
33300	21000	142000							243800
20100	41000	140000							201300
13100	12000	21000							201100
19500	38000	136000							101100
15800	9000	50000							0
25100	26000	134000	8000						193500
41100	49000	138000							24800
25300	34000	130000							193100
30200	38000	126000							228100
									189200
									194700
									0
55500	60000	244000							359500
34400	32000	148000							214400
50300	56000	202000							313300
39600	48000	129000							216600
34900	42000	145000							221900
39000	50000	162000							250000
									0
50700	52000	223000							330700
16600	22000	49000							87600
25200	32000	141000	5000						208700
36300	41000	129000							256800
31700	48000	130000							206700
42600	48000	156000							253600
									0
34200	45000	204000							293200
									5821200
									187700
									256800

Did NOT send to well 13
 Hydro tank.
 only to keep well lubricated
 as to keep water pump numbers
 correct

sent well 13 Hydro tank to sample data on



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

dep

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: OCT 05										
Community Water System (CWS) Name: Summertree										
Public Water System (PWS) Identification Number: 6511423										
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 13	Well 17							
Permitted Maximum Daily Operating Capacity of Each Plant, gallons per day										214000
Net Quantity of Finished Water Produced by Each Plant, gallons										
1	214000	214000	214000	214000						856000
2	27700	42000	111000							180700
3	58200	65000	301000							424200
4	22500	39000	151000							192500
5	27800	55000	159000							241800
6	33300	21000	142000							201300
7	20100	41000	140000							201100
8	13100	12000	21000							101100
9										0
10	19500	38000	136000							193500
11	15800	9000	50000							74800
12	25700	26000	134000							185700
13	41100	49000	138000							228100
14	25300	34000	150000							189300
15	30200	38000	126000							194200
16										0
17	55800	60000	244000							359500
18	38400	32000	148000							214400
19	50300	56000	207000							313300
20	39600	49000	128000							216600
21	34900	42000	145000							227900
22	39000	50000	162000							250000
23										0
24	50700	57000	223000							330700
25	16800	22000	49000							87600
26	25200	32000	146000							208200
27	36800	41000	129000							256800
28	31700	45000	130000							206700
29	49600	48000	156000							253600
30										0
31	38200	45000	204000							283200
Month										581200
Year										197400
Total										256800



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

See page 4 for instructions.

Month: OCT 05

A. Public Water System (PWS) Information

PWS Name: Summerize PWS Identification Number: 6511421
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2313
 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: 407.869.6261
 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: North End Of Bayonet Dr. City: Port Richey State: FL Zip Code: 34654
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator	License Number	License Number	Hours Worked
Stephen Hebezy	C	8012	40 hrs WEEKEND
ROBB CROW	C	13150	" "
JACK ADKINS	C	13019	" "

Certification

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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: 11-3-05 Printed or Typed Name: Stephen Hebezy License Number: C-8012

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

PWS Identification Number: 6511423

Plant Name: Well 1

09 OCT 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

Days	Sampled	Operator	Time	Location	Parameter	Result	Unit	Remarks
2-1	X		2:1		Free Chlorine	1.5	mg/L	
2-2	X		2:2		Free Chlorine	1.5	mg/L	
2-3	X		2:3		Free Chlorine	1.5	mg/L	
2-4	X		2:4		Free Chlorine	1.5	mg/L	
2-5	X		2:5		Free Chlorine	1.5	mg/L	
2-6	X		2:6		Free Chlorine	1.5	mg/L	
2-7	X		2:7		Free Chlorine	1.5	mg/L	
2-8	X		2:8		Free Chlorine	1.5	mg/L	
2-9	X		2:9		Free Chlorine	1.5	mg/L	
2-10	X		2:10		Free Chlorine	1.5	mg/L	
2-11	X		2:11		Free Chlorine	1.5	mg/L	
2-12	X		2:12		Free Chlorine	1.5	mg/L	
2-13	X		2:13		Free Chlorine	1.5	mg/L	
2-14	X		2:14		Free Chlorine	1.5	mg/L	
2-15	X		2:15		Free Chlorine	1.5	mg/L	
2-16	X		2:16		Free Chlorine	1.5	mg/L	
2-17	X		2:17		Free Chlorine	1.5	mg/L	
2-18	X		2:18		Free Chlorine	1.5	mg/L	
2-19	X		2:19		Free Chlorine	1.5	mg/L	
2-20	X		2:20		Free Chlorine	1.5	mg/L	
2-21	X		2:21		Free Chlorine	1.5	mg/L	
2-22	X		2:22		Free Chlorine	1.5	mg/L	
2-23	X		2:23		Free Chlorine	1.5	mg/L	
2-24	X		2:24		Free Chlorine	1.5	mg/L	
2-25	X		2:25		Free Chlorine	1.5	mg/L	
2-26	X		2:26		Free Chlorine	1.5	mg/L	
2-27	X		2:27		Free Chlorine	1.5	mg/L	
2-28	X		2:28		Free Chlorine	1.5	mg/L	
2-29	X		2:29		Free Chlorine	1.5	mg/L	
2-30	X		2:30		Free Chlorine	1.5	mg/L	
2-31	X		2:31		Free Chlorine	1.5	mg/L	

Days	Sampled	Operator	Time	Location	Parameter	Result	Unit	Remarks
2-1	X		2:1		Free Chlorine	1.5	mg/L	
2-2	X		2:2		Free Chlorine	1.5	mg/L	
2-3	X		2:3		Free Chlorine	1.5	mg/L	
2-4	X		2:4		Free Chlorine	1.5	mg/L	
2-5	X		2:5		Free Chlorine	1.5	mg/L	
2-6	X		2:6		Free Chlorine	1.5	mg/L	
2-7	X		2:7		Free Chlorine	1.5	mg/L	
2-8	X		2:8		Free Chlorine	1.5	mg/L	
2-9	X		2:9		Free Chlorine	1.5	mg/L	
2-10	X		2:10		Free Chlorine	1.5	mg/L	
2-11	X		2:11		Free Chlorine	1.5	mg/L	
2-12	X		2:12		Free Chlorine	1.5	mg/L	
2-13	X		2:13		Free Chlorine	1.5	mg/L	
2-14	X		2:14		Free Chlorine	1.5	mg/L	
2-15	X		2:15		Free Chlorine	1.5	mg/L	
2-16	X		2:16		Free Chlorine	1.5	mg/L	
2-17	X		2:17		Free Chlorine	1.5	mg/L	
2-18	X		2:18		Free Chlorine	1.5	mg/L	
2-19	X		2:19		Free Chlorine	1.5	mg/L	
2-20	X		2:20		Free Chlorine	1.5	mg/L	
2-21	X		2:21		Free Chlorine	1.5	mg/L	
2-22	X		2:22		Free Chlorine	1.5	mg/L	
2-23	X		2:23		Free Chlorine	1.5	mg/L	
2-24	X		2:24		Free Chlorine	1.5	mg/L	
2-25	X		2:25		Free Chlorine	1.5	mg/L	
2-26	X		2:26		Free Chlorine	1.5	mg/L	
2-27	X		2:27		Free Chlorine	1.5	mg/L	
2-28	X		2:28		Free Chlorine	1.5	mg/L	
2-29	X		2:29		Free Chlorine	1.5	mg/L	
2-30	X		2:30		Free Chlorine	1.5	mg/L	
2-31	X		2:31		Free Chlorine	1.5	mg/L	

* 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.

OCT 05

A. Public Water System (PWS) Information PWS Identification Number: 6511473

PWS Name: Summertime

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313

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: 407.869.6951

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

B. Water Treatment Plant Information Plant Telephone Number: 800-272-1919

Plant Name: Well 2 City: Port Richey State: FL Zip Code: 34654

Plant Address: West Side Of Paradise Point Clubhouse

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License No.	Category	Subcategory	Days Worked
<u>Stephen Hebery</u>	<u>8012</u>	<u>C</u>	<u>8012</u>	<u>40 hrs weekdays</u>
<u>Robb Crow</u>	<u>13150</u>	<u>C</u>	<u>13150</u>	<u>" "</u>
<u>Steve Adams</u>	<u>130159</u>	<u>C</u>	<u>130159</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.

11-3-05 Stephen Hebery 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: 631423

Plant Name: Well 2

Disinfection by Chlorination
 Disinfection by Chloramines
 Disinfection by UV
 Disinfection by Ozonation
 Disinfection by Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

Ultraviolet Radiation
 Other (Describe):

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

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 Type: Community Non-Treated Non-Community Treated Non-Community Community
 PWS Identification Number: 6511473

Number of Service Connections at End of Month: 925
 Total Population Served at End of Month: 2,313

PWS Owner: Utilities Int. of Florida
 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: n.c.ryan@utilities-int.com

Water Treatment Plant Information
 Plant Name: Well 13
 Plant Address: 11631 Cocowood Dr.
 City: Fort Rucker State: FL Zip Code: 34654

Types of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant: gallons per day: 214,000
 Plant Class (per subsection 62-699.310(4), F.A.C.): C

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

Operator Name	Start Date	End Date	Signature
Stephen Hickey	8/12	1/3/10	[Signature]
Robb Crow	1/3/10	1/3/10	[Signature]
Jacik Adkins	1/3/10	1/3/10	[Signature]
John McElroy	1/3/10	1/3/10	[Signature]

I, the undersigned water treatment plant operator licensed 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 certify that all drinking water treatment chemicals used at this plant conform to NSF 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 staffed or visited this plant during the month indicated above: (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 and retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: _____
 Printed or Typed Name: STEPHEN HICKEY
 License Number: C-8012

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

WTF

PWS Identification Number: 6511423

Plant Name: Well 13

OCT 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 Distributing System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Plant Name	Plant No.	System	Flow (MGD)	Flow (GPM)	Flow (L/S)	Flow (CFS)	Flow (MGD)	Flow (GPM)	Flow (L/S)	Flow (CFS)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	2	WVRS	11000	3-7							3.4		
X			30000	2.9							2.0		
X			157000	2.9							1.7		
X			156000	2.9							1.6		
X			142000	2.9							1.7		
X			140000	3.8							1.7		
X			270000	3.0							1.9		
X			126000	2.8							1.7		
X			150000	2.8							1.6		
X			174000	2.4							1.5		
X			158000	2.6							1.7		
X			180000	2.9							1.6		
X			126000	2.5							2.0		
X			244000	2.6							2.0		
X			148000	1.8							1.5		
X			202000	2.8							3.0		
X			125000	2.8							1.9		
X			145000	2.9							2.0		
X			67000	2.8							1.9		
X			223000	1.9							1.9		
X			47000	1.8							1.2		
X			147000	3.0							2.0		
X			120000	2.9							1.8		
X			130000	1.8							1.2		
X			156000	2.8							1.7		
X			204000	2.6							1.6		
X			589000										
X			125000										
X			207000										

* 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

DEP

PAGE 08

See page 4 for instructions.

Public Water System (PWS) Information
 Private Water System Information

PWS Name: WELL 13 - WELL 17 FWS Identification Number: 6311423
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Concentrated
 Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2,313
 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: Alhambra Springs State: FL Zip Code: 32714
 Contact Person's Telephone Number: 407.869.1219 Contact Person's Fax Number: 407.869.6981

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

B. Water Treatment Plant Information
 Plant Name: Well 13 - Well 17 Plant Telephone Number: 800-272-1919
 Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	Signature	Date	Hours	Remarks
Robb Crow	<i>[Signature]</i>	8/13/14	70 hrs	see records
Deek Adkins	<i>[Signature]</i>	8/14/14	"	"

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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 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: Stephcn Hubery 8/13/14 License Number: C-8012
 Printed or Typed Name: STEPHEN HUBERY

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

PWS Identification Number: 6511423

Plant Name: Well 13 - well 17

OCT 05

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

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

Day	Sample	Station	Unit	Volume	Flow	Pressure	Temperature	pH	Alkalinity	Hardness	Total Dissolved Solids	Free Chlorine	Combined Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chlorine Dioxide	Other	
1	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
2	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
3	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
4	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
5	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
6	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
7	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
8	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
9	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
10	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
11	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
12	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
13	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
14	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
15	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
16	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
17	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
18	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
19	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
20	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
21	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
22	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
23	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
24	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
25	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
26	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
27	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
28	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
29	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
30	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
31	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0

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

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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: Summitville
 Community Non-Transient Non-Community
 Total Population Served at End of Month: 2313
 PWS Identification Number: 051423

Number of Service Connections at End of Month: 925
 PWS District: Union Int. 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: p.flynn@summitville.com
B Water Treatment Plant Information
 Plant Name: Well 17
 Plant Address: 11615 Perimeter Dr
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water

Permitted Discharge: Discharge of Plant Effluent per day: 214,000
 Plant Capacity (see instruction 02-099 310(4) F.A.C.): 13,519

Sample Date	Sample Type	Sample Location	Sample ID	Sample Result
11/07/05	E	Well 17	8155	13519
	C			
	C			

I, the undersigned water treatment plant operator licensed in Florida, and my partners, agree to provide these additional operators records in the format indicated above: (1) records of amounts of chemicals used in the plant; and (2) if applicable, records of the amount of water treated by the plant. I also certify that the following chemicals used at this plant are listed on the PWS's inventory of chemicals used in the plant. I agree to provide these additional operators records in the format indicated above: (1) records of amounts of chemicals used in the plant; and (2) if applicable, records of the amount of water treated by the plant. I also certify that the following chemicals used at this plant are listed on the PWS's inventory of chemicals used in the plant.

Printed or Typed Name: Stephen Hebert
 License Number: 13006

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

PWS Identification Number: 6511423

Plant Name: Well 1

Report Date: 11/01/05 NOV 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	Plant	Flow	Free Chlorine	Combined Chlorine	Chlorine Dioxide	Ozone	Other
Y	24hrs	28200	2.3				1.9
Y		33600	3.0				2.0
Y		41600	1.5				1.4
Y		19200	1.6				1.5
Y		56200	1.9				1.7
Y		100	2.0				1.6
Y		42200	1.9				1.6
Y		35500	2.2				1.7
Y		52400	2.2				1.8
Y		36500	2.1				1.7
Y		33500	2.0				1.7
Y		65400	1.7				1.5
Y		38400	1.7				1.6
Y		50800	1.8				1.1
Y		42200	1.5				1.7
Y		32300	1.6				1.8
Y		42200	1.7				1.9
Y		65200	1.7				1.8
Y		27200	1.8				1.7
Y		64100	1.7				1.9
Y		49200	1.8				1.8
Y		44500	1.7				1.8
Y		37100	1.8				1.9
Y		59300	1.7				1.7
Y		24900	1.6				1.8
Y		30100	1.7				1.8
		1047000					
		34900					
		55700					

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

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GARTH A

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12/08/2005 10:23 8135261030

GARTH A

PAGE 03

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

PWS Identification Number: 011423

Plant Name: Well 2

Means of Achieving Free-Tag 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

Means of Achieving Free-Tag Virus Inactivation/Removal: Ultraviolet Radiation Other (Describe):

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
35.000	35.000	35.000	35.000	35.000	35.000	35.000	35.000
27.000	27.000	27.000	27.000	27.000	27.000	27.000	27.000
17.800	17.800	17.800	17.800	17.800	17.800	17.800	17.800
44.000	44.000	44.000	44.000	44.000	44.000	44.000	44.000
78.000	78.000	78.000	78.000	78.000	78.000	78.000	78.000
25.000	25.000	25.000	25.000	25.000	25.000	25.000	25.000
42.000	42.000	42.000	42.000	42.000	42.000	42.000	42.000
46.000	46.000	46.000	46.000	46.000	46.000	46.000	46.000
37.000	37.000	37.000	37.000	37.000	37.000	37.000	37.000
34.000	34.000	34.000	34.000	34.000	34.000	34.000	34.000
52.000	52.000	52.000	52.000	52.000	52.000	52.000	52.000
38.000	38.000	38.000	38.000	38.000	38.000	38.000	38.000
48.000	48.000	48.000	48.000	48.000	48.000	48.000	48.000
38.000	38.000	38.000	38.000	38.000	38.000	38.000	38.000
48.000	48.000	48.000	48.000	48.000	48.000	48.000	48.000
28.000	28.000	28.000	28.000	28.000	28.000	28.000	28.000
54.000	54.000	54.000	54.000	54.000	54.000	54.000	54.000
48.000	48.000	48.000	48.000	48.000	48.000	48.000	48.000
26.000	26.000	26.000	26.000	26.000	26.000	26.000	26.000
38.000	38.000	38.000	38.000	38.000	38.000	38.000	38.000
38.000	38.000	38.000	38.000	38.000	38.000	38.000	38.000
52.000	52.000	52.000	52.000	52.000	52.000	52.000	52.000
20.000	20.000	20.000	20.000	20.000	20.000	20.000	20.000
19.000	19.000	19.000	19.000	19.000	19.000	19.000	19.000
182.000	182.000	182.000	182.000	182.000	182.000	182.000	182.000
32.000	32.000	32.000	32.000	32.000	32.000	32.000	32.000
54.000	54.000	54.000	54.000	54.000	54.000	54.000	54.000

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

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

PWS Identification Number: 6911433

Plant Name: Well 13-17

7/6/05

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

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

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

Date	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Other	Notes
7/1/05	2.8				1.8		
7/2/05	2.8				1.7		
7/3/05	2.8				1.6		
7/4/05	2.8				1.6		
7/5/05	2.8				1.6		
7/6/05	2.8				1.6		
7/7/05	2.8				1.6		
7/8/05	2.8				1.6		
7/9/05	2.8				1.6		
7/10/05	2.8				1.6		
7/11/05	2.8				1.6		
7/12/05	2.8				1.6		
7/13/05	2.8				1.6		
7/14/05	2.8				1.6		
7/15/05	2.8				1.6		
7/16/05	2.8				1.6		
7/17/05	2.8				1.6		
7/18/05	2.8				1.6		
7/19/05	2.8				1.6		
7/20/05	2.8				1.6		
7/21/05	2.8				1.6		
7/22/05	2.8				1.6		
7/23/05	2.8				1.6		
7/24/05	2.8				1.6		
7/25/05	2.8				1.6		
7/26/05	2.8				1.6		
7/27/05	2.8				1.6		
7/28/05	2.8				1.6		
7/29/05	2.8				1.6		
7/30/05	2.8				1.6		
7/31/05	2.8				1.6		
8/1/05	2.8				1.6		
8/2/05	2.8				1.6		
8/3/05	2.8				1.6		
8/4/05	2.8				1.6		
8/5/05	2.8				1.6		
8/6/05	2.8				1.6		
8/7/05	2.8				1.6		
8/8/05	2.8				1.6		
8/9/05	2.8				1.6		
8/10/05	2.8				1.6		
8/11/05	2.8				1.6		
8/12/05	2.8				1.6		
8/13/05	2.8				1.6		
8/14/05	2.8				1.6		
8/15/05	2.8				1.6		
8/16/05	2.8				1.6		
8/17/05	2.8				1.6		
8/18/05	2.8				1.6		
8/19/05	2.8				1.6		
8/20/05	2.8				1.6		
8/21/05	2.8				1.6		
8/22/05	2.8				1.6		
8/23/05	2.8				1.6		
8/24/05	2.8				1.6		
8/25/05	2.8				1.6		
8/26/05	2.8				1.6		
8/27/05	2.8				1.6		
8/28/05	2.8				1.6		
8/29/05	2.8				1.6		
8/30/05	2.8				1.6		
8/31/05	2.8				1.6		
9/1/05	2.8				1.6		
9/2/05	2.8				1.6		
9/3/05	2.8				1.6		
9/4/05	2.8				1.6		
9/5/05	2.8				1.6		
9/6/05	2.8				1.6		
9/7/05	2.8				1.6		
9/8/05	2.8				1.6		
9/9/05	2.8				1.6		
9/10/05	2.8				1.6		
9/11/05	2.8				1.6		
9/12/05	2.8				1.6		
9/13/05	2.8				1.6		
9/14/05	2.8				1.6		
9/15/05	2.8				1.6		
9/16/05	2.8				1.6		
9/17/05	2.8				1.6		
9/18/05	2.8				1.6		
9/19/05	2.8				1.6		
9/20/05	2.8				1.6		
9/21/05	2.8				1.6		
9/22/05	2.8				1.6		
9/23/05	2.8				1.6		
9/24/05	2.8				1.6		
9/25/05	2.8				1.6		
9/26/05	2.8				1.6		
9/27/05	2.8				1.6		
9/28/05	2.8				1.6		
9/29/05	2.8				1.6		
9/30/05	2.8				1.6		
10/1/05	2.8				1.6		
10/2/05	2.8				1.6		
10/3/05	2.8				1.6		
10/4/05	2.8				1.6		
10/5/05	2.8				1.6		
10/6/05	2.8				1.6		
10/7/05	2.8				1.6		
10/8/05	2.8				1.6		
10/9/05	2.8				1.6		
10/10/05	2.8				1.6		
10/11/05	2.8				1.6		
10/12/05	2.8				1.6		
10/13/05	2.8				1.6		
10/14/05	2.8				1.6		
10/15/05	2.8				1.6		
10/16/05	2.8				1.6		
10/17/05	2.8				1.6		
10/18/05	2.8				1.6		
10/19/05	2.8				1.6		
10/20/05	2.8				1.6		
10/21/05	2.8				1.6		
10/22/05	2.8				1.6		
10/23/05	2.8				1.6		
10/24/05	2.8				1.6		
10/25/05	2.8				1.6		
10/26/05	2.8				1.6		
10/27/05	2.8				1.6		
10/28/05	2.8				1.6		
10/29/05	2.8				1.6		
10/30/05	2.8				1.6		
10/31/05	2.8				1.6		
11/1/05	2.8				1.6		
11/2/05	2.8				1.6		
11/3/05	2.8				1.6		
11/4/05	2.8				1.6		
11/5/05	2.8				1.6		
11/6/05	2.8				1.6		
11/7/05	2.8				1.6		
11/8/05	2.8				1.6		
11/9/05	2.8				1.6		
11/10/05	2.8				1.6		
11/11/05	2.8				1.6		
11/12/05	2.8				1.6		
11/13/05	2.8				1.6		
11/14/05	2.8				1.6		
11/15/05	2.8				1.6		
11/16/05	2.8				1.6		
11/17/05	2.8				1.6		
11/18/05	2.8				1.6		
11/19/05	2.8				1.6		
11/20/05	2.8				1.6		
11/21/05	2.8				1.6		
11/22/05	2.8				1.6		
11/23/05	2.8				1.6		
11/24/05	2.8				1.6		
11/25/05	2.8				1.6		
11/26/05	2.8				1.6		
11/27/05	2.8				1.6		
11/28/05	2.8				1.6		
11/29/05	2.8				1.6		
11/30/05	2.8				1.6		
12/1/05	2.8				1.6		
12/2/05	2.8				1.6		
12/3/05	2.8				1.6		
12/4/05	2.8				1.6		
12/5/05	2.8				1.6		
12/6/05	2.8				1.6		
12/7/05	2.8				1.6		
12/8/05	2.8				1.6		
12/9/05	2.8				1.6		
12/10/05	2.8				1.6		
12/11/05	2.8				1.6		
12/12/05	2.8				1.6		
12/13/05	2.8				1.6		
12/14/05	2.8				1.6		
12/15/05	2.8				1.6		
12/16/05	2.8				1.6		
12/17/05	2.8				1.6		
12/18/05	2.8				1.6		
12/19/05	2.8				1.6		
12/20/05	2.8				1.6		
12/21/05	2.8				1.6		
12/22/05	2.8				1.6		
12/23/05	2.8				1.6		
12/24/05	2.8				1.6		
12/25/05	2.8				1.6		
12/26/05	2.8				1.6		
12/27/05	2.8				1.6		
12/28/05	2.8				1.6		
12/29/05	2.8				1.6		
12/30/05	2.8				1.6		
12/31/05	2.8				1.6		
1/1/06	2.8				1.6		
1/2/06	2.8				1.6		
1/3/06	2.8				1.6		
1/4/06	2.8				1.6		
1/5/06	2.8				1.6		
1/6/06	2.8				1.6		
1/7/06	2.8				1.6		
1/8/06	2.8				1.6		
1/9/06	2.8				1.6		
1/10/06	2.8				1.6		
1/11/06	2.8				1.6		
1/12/06	2.8				1.6		
1/13/06	2.8				1.6		
1/14/06	2.8				1.6		
1/15/06	2.8				1.6		
1/16/06	2.8				1.6		
1/17/06	2.8				1.6		
1/18/06	2.8				1.6		
1/19/06	2.8				1.6		
1/20/06	2.8				1.6		
1/21/06	2.8				1.6		
1/22/06	2.8				1.6		
1/23/06	2.8				1.6		
1/24/06	2.8				1.6		
1/25/06	2.8				1.6		
1/26/06	2.8				1.6		
1/27/06	2.8				1.6		
1/28/06	2.8				1.6		
1/29/06	2.8				1.6		
1/30/06	2.8				1.6		
1/31/06	2.8				1.6		
2/1/06	2.8				1.6		
2/2/06	2.8				1.6		
2/3/06	2.8				1.6		
2/4/06	2.8				1.6		
2/5/06	2.8				1.6		
2/6/06	2.8				1.6		
2/7/06	2.8				1.6		
2/8/06	2.8		</				



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

UI f 626

FILE COPY

Daily Finished-Water Production for the Month/Year of <u>Dec 05</u>									
Community Water System (CWS) Name: <u>Summitree</u>									
Public Water System (PWS) Identification Number: <u>6511423</u>									
Plant 1 Well 1	Plant 2 Well 2	Plant 3 Well 13	Plant 4 Well 17						
214,000	214,000	214,000	214,000						856,000
44600	38000	157000							244600
41500	40000	146000							227500
23100	78000	123000							189100
55400	39000	196000							290400
19400	26000	95000	6000	sent to ground Co we can run					146400
54700	51000	170000		But eq. tank to keep switch					375700
43000	29000	156000		1947					228000
17500	20000	78000							115500
21100	25000	50000							96100
36800	30000	190000							256800
20000	22000	79000							121000
36500	32000	129000							202500
43800	78000	161000							242800
50200	43000	152000							245700
40100	42000	135000							217100
45000	42000	197000							284000
26600	29000	88000							139600
38900	32000	129000							200900
48400	34000	147000							227400
32600	26000	109000							167600
42900	34000	141000							217900
38400	42000	158000							238400
25900	21000	124000							170900
44800	39000	129000							212800
44500	37000	165000							246500
41000	36000	166000							243000
0	55000	150000							205000
86200	944000	272000							5653200
31800	30000	119000							182800
54700	51000	170000							275700



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

FILE COPY

626

See page 4 for instructions.

Reporting Period: DEC 05

A. Public Water System (PWS) Information

PWS Name: <u>Summitone</u>		PWS Identification Number: <u>6511423</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>925</u>		Total Population Served at End of Month: <u>2,313</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>407.869.1919</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>800-372-1919</u>	
Plant Address: <u>North End Of Bayonet Dr.</u>		City: <u>Port Richey</u>	State: <u>FL</u> Zip Code: <u>34654</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>214,000</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>C</u>	

Operator Name	License No.	Days	Weekends
<u>Stephen Habery</u>	<u>C-8012</u>	<u>12/12</u>	<u>Days Weekends</u>
<u>Jack Adams</u>	<u>C-13019</u>	<u>12</u>	<u>11</u>
<u>Dave Sisto</u>	<u>C-2799</u>	<u>11</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 60 or other 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] 12-4-06 Printed or Typed Name: Stephen Habery License Number: C-8012

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511423 Plant Name: Sumnerfree

III. Daily Data for the Month Year of: WELL 1 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

Date		Time	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Other
12/01	07:00	240	1.8					
12/01	08:00	240	1.8					
12/01	09:00	240	1.8					
12/01	10:00	240	1.8					
12/01	11:00	240	1.8					
12/01	12:00	240	1.8					
12/01	13:00	240	1.8					
12/01	14:00	240	1.8					
12/01	15:00	240	1.8					
12/01	16:00	240	1.8					
12/01	17:00	240	1.8					
12/01	18:00	240	1.8					
12/01	19:00	240	1.8					
12/01	20:00	240	1.8					
12/01	21:00	240	1.8					
12/01	22:00	240	1.8					
12/01	23:00	240	1.8					
12/02	00:00	240	1.8					
12/02	01:00	240	1.8					
12/02	02:00	240	1.8					
12/02	03:00	240	1.8					
12/02	04:00	240	1.8					
12/02	05:00	240	1.8					
12/02	06:00	240	1.8					
12/02	07:00	240	1.8					
12/02	08:00	240	1.8					
12/02	09:00	240	1.8					
12/02	10:00	240	1.8					
12/02	11:00	240	1.8					
12/02	12:00	240	1.8					
12/02	13:00	240	1.8					
12/02	14:00	240	1.8					
12/02	15:00	240	1.8					
12/02	16:00	240	1.8					
12/02	17:00	240	1.8					
12/02	18:00	240	1.8					
12/02	19:00	240	1.8					
12/02	20:00	240	1.8					
12/02	21:00	240	1.8					
12/02	22:00	240	1.8					
12/02	23:00	240	1.8					
12/03	00:00	240	1.8					
12/03	01:00	240	1.8					
12/03	02:00	240	1.8					
12/03	03:00	240	1.8					
12/03	04:00	240	1.8					
12/03	05:00	240	1.8					
12/03	06:00	240	1.8					
12/03	07:00	240	1.8					
12/03	08:00	240	1.8					
12/03	09:00	240	1.8					
12/03	10:00	240	1.8					
12/03	11:00	240	1.8					
12/03	12:00	240	1.8					
12/03	13:00	240	1.8					
12/03	14:00	240	1.8					
12/03	15:00	240	1.8					
12/03	16:00	240	1.8					
12/03	17:00	240	1.8					
12/03	18:00	240	1.8					
12/03	19:00	240	1.8					
12/03	20:00	240	1.8					
12/03	21:00	240	1.8					
12/03	22:00	240	1.8					
12/03	23:00	240	1.8					
12/04	00:00	240	1.8					
12/04	01:00	240	1.8					
12/04	02:00	240	1.8					
12/04	03:00	240	1.8					
12/04	04:00	240	1.8					
12/04	05:00	240	1.8					
12/04	06:00	240	1.8					
12/04	07:00	240	1.8					
12/04	08:00	240	1.8					
12/04	09:00	240	1.8					
12/04	10:00	240	1.8					
12/04	11:00	240	1.8					
12/04	12:00	240	1.8					
12/04	13:00	240	1.8					
12/04	14:00	240	1.8					
12/04	15:00	240	1.8					
12/04	16:00	240	1.8					
12/04	17:00	240	1.8					
12/04	18:00	240	1.8					
12/04	19:00	240	1.8					
12/04	20:00	240	1.8					
12/04	21:00	240	1.8					
12/04	22:00	240	1.8					
12/04	23:00	240	1.8					
12/05	00:00	240	1.8					
12/05	01:00	240	1.8					
12/05	02:00	240	1.8					
12/05	03:00	240	1.8					
12/05	04:00	240	1.8					
12/05	05:00	240	1.8					
12/05	06:00	240	1.8					
12/05	07:00	240	1.8					
12/05	08:00	240	1.8					
12/05	09:00	240	1.8					
12/05	10:00	240	1.8					
12/05	11:00	240	1.8					
12/05	12:00	240	1.8					
12/05	13:00	240	1.8					
12/05	14:00	240	1.8					
12/05	15:00	240	1.8					
12/05	16:00	240	1.8					
12/05	17:00	240	1.8					
12/05	18:00	240	1.8					
12/05	19:00	240	1.8					
12/05	20:00	240	1.8					
12/05	21:00	240	1.8					
12/05	22:00	240	1.8					
12/05	23:00	240	1.8					
12/06	00:00	240	1.8					
12/06	01:00	240	1.8					
12/06	02:00	240	1.8					
12/06	03:00	240	1.8					
12/06	04:00	240	1.8					
12/06	05:00	240	1.8					
12/06	06:00	240	1.8					
12/06	07:00	240	1.8					
12/06	08:00	240	1.8					
12/06	09:00	240	1.8					
12/06	10:00	240	1.8					
12/06	11:00	240	1.8					
12/06	12:00	240	1.8					
12/06	13:00	240	1.8					
12/06	14:00	240	1.8					
12/06	15:00	240	1.8					
12/06	16:00	240	1.8					
12/06	17:00	240	1.8					
12/06	18:00	240	1.8					
12/06	19:00	240	1.8					
12/06	20:00	240	1.8					
12/06	21:00	240	1.8					
12/06	22:00	240	1.8					
12/06	23:00	240	1.8					
12/07	00:00	240	1.8					
12/07	01:00	240	1.8					
12/07	02:00	240	1.8					
12/07	03:00	240	1.8					
12/07	04:00	240	1.8					
12/07	05:00	240	1.8					
12/07	06:00	240	1.8					
12/07	07:00	240	1.8					
12/07	08:00	240	1.8					
12/07	09:00	240	1.8					
12/07	10:00	240	1.8					
12/07	11:00	240	1.8					
12/07	12:00	240	1.8					
12/07	13:00	240	1.8					
12/07	14:00	240	1.8					
12/07	15:00	240	1.8					
12/07	16:00	240	1.8					
12/07	17:00	240	1.8					
12/07	18:00	240	1.8					
12/07	19:00	240	1.8					
12/07	20:00	240	1.8					
12/07	21:00	240	1.8					
12/07	22:00	240	1.8					
12/07	23:00	240	1.8					
12/08	00:00	240	1.8					
12/08	01:00	240	1.8					
12/08	02:00	240	1.8					
12/08	03:00	240	1.8					
12/08	04:00	240	1.8					
12/08	05:00	240	1.8					
12/08	06:00	240	1.8					
12/08	07:00	240	1.8					
12/08	08:00	240	1.8					
12/08	09:00	240	1.8					
12/08	10:00	240	1.8					
12/08	11:00	240	1.8					
12/08	12:00	240	1.8					
12/08	13:00	240	1.8					
12/08	14:00	240	1.8					
12/08	15:00	240	1.8					
12/08	16:00	240	1.8					
12/08	17:00	240	1.8					
12/08	18:00	240	1.8					
12/08	19:00	240	1.8					
12/08	20:00	240	1.8					
12/08	21:00	240	1.8					
12/08	22:00	240	1.8					
12/08	23:00	240	1.8					
12/09	00:00	240	1.8					
12/09	01:00	240	1.8					
12/09	02:00	240	1.8					
12/09	03:00	240	1.8					
12/09	04:00	240	1.8					
12/09	05:00	240	1.8					
12/09	06:00	240	1.8					
12/09	07:0							



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

See page 4 for instructions.

Month: Dec 05

A. Public Water System (PWS) Information

PWS Name: Summitree PWS Identification Number: 6311973

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

Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2313

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@utilitasinc-usa.com

B. Water Treatment Plant Information

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

Plant Address: West Side Of Paradise Point Clubhouse City: Port Richey State: FL Zip Code: 34654

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000

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

Operator Name	License Number	Days	Weeks	Months
<u>Stephen Habery</u>	<u>C</u>	<u>8012</u>	<u>72</u>	<u>6</u>
<u>JECK ADKINS</u>	<u>C</u>	<u>13019</u>	<u>11</u>	<u>1</u>
<u>DAVE SHOOTER</u>	<u>C</u>	<u>7299</u>	<u>11</u>	<u>1</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.

1-4-06 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

See page 4 for instructions.

1. PWS Identification DECS

A. Public Water System (PWS) Information

PWS Name: Sumner PWS Identification Number: 6511423
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 925 Total Population Served at End of Month: 2313
PWS Owner: Billing Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield 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 E-Mail Address: p.c.flynn@billinginc-usa.com

B. Water Treatment Plant Information

Plant Name: Well 13 Plant Telephone Number: 800-273-1919
Plant Address: 11631 Cocowood Dr. City: Port Richey State: FL Zip Code: 34654
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 214,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	Initials	012	Weekend	Days
<u>Stephen Habery</u>	<u>S</u>	<u>13019</u>	<u>W</u>	<u>11</u>
<u>Mark Adkins</u>	<u>M</u>	<u>2299</u>	<u>W</u>	<u>4</u>
<u>Mary Schestel</u>	<u>M</u>			

2. Certification

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other 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.

7-4-06 Stephen Habery C-8012
Signature and Date Printed or Typed Name License Number

GARTH A

GARY H A

8136261030

09:47

01/06/2006

MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6511423 Plant Name: 3 Summertree

11 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 of the Month	Time (Disc. Hr)	Flow (mgd)	Chlorine Dose (mg/L)	Free Chlorine Residual (mg/L)		Combined Chlorine Residual (mg/L)		Total Chlorine Residual (mg/L)	pH	Temperature (°C)	Temperature (°F)	Notes
				at Plant	at 1000 ft	at Plant	at 1000 ft					
12/1	Y	24.0	152000	2.5				1.8				
12/2	X	24.0	146000	2.6				1.9				
12/3	X	24.0	123000	2.4				2.0				
12/4		24.0										
12/5	X	24.0	196000	2.5				2.0				
12/6	X	24.0	45000	2.6				2.1				
12/7	X	24.0	170000	1.5				1.4				
12/8	X	24.0	156000	1.8				1.6				
12/9	X	24.0	28000	3.0				1.8				
12/10	Y	24.0	30000	3.2				2.0				
12/11		24.0										
12/12	X	24.0	190000	1.5				1.2				
12/13	X	24.0	29000	2.3				1.6				
12/14	Y	24.0	129000	2.9				1.8				
12/15	Y	24.0	161000	2.1				1.5				
12/16	X	28.0	152000	2.5				1.8				
12/17	X	24.0	135000	2.9				2.0				
12/18		24.0										
12/19	Y	24.0	197000	2.9				1.9				
12/20	Y	24.0	65000	3.5				2.1				
12/21	Y	24.0	129000	3.2				1.9				
12/22	Y	24.0	147000	2.5				1.5				
12/23	Y	24.0	109000	2.8				1.9				
12/24	Y	24.0	140000	2.5				1.8				
12/25		24.0										
12/26	X	24.0	158000	2.5				2.4				
12/27	X	24.0	124000	1.2				2.0				
12/28	X	24.0	129000	2.5				1.9				
12/29	Y	24.0	16000	1.8				1.7				
12/30	Y	24.0	166000	2.0				1.8				
12/31	X	24.0	159000	3.0				2.0				
12/31			371000									
12/31			119000									
12/31			170000									

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

CEP Form 62-416 6000
 Effective August 28, 2008

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

WTF



See page 4 for instructions.

DEC 05

A. PWS Information

PWS Name: Orange County PWS Identification Number: 6511923

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

Number of Service Connections at End of Month: 925 Total Residences Served at End of Month: 2313

PWS Owner: Orange Co. of Florida

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

Contact Person's Mailing Address: 200 Westchase Blvd. Ave. City: Alamogordo State: FL Zip Code: 32714

Contact Person's E-Mail Address: p.c.ryan@flhealth.com Contact Person's Fax Number: 407 842 6861

B. Water Treatment Plant Information

Plant Name: Well 17 Plant Address: 11615 Pavilion Dr. State: FL Plant Telephone Number: 800-272-1919

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

Responsible Maximum Day Operator: Jackie Holkins Plant Class for subpart 61-999.1100 (F.A.C.): C

Plant Capacity for subpart 61-999.1100 (F.A.C.): Y

Substance	Units	2005	2006	2007	2008	2009	2010	2011	2012
Chlorine	lbs	13019	13019	13019	13019	13019	13019	13019	13019
Fluoride	lbs	2799	2799	2799	2799	2799	2799	2799	2799
Other									

I, the undersigned water treatment plant operator licensed in Florida, am the head-of operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 61-999.3200(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 HABERT 7-4-06 License Number: C-8012

WIF

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

PWS Identification Number: 6511423 Plant Name: Summitree

III. 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 of Month	Time of Day (hr:min)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Temperature (°C)	pH	Residual Type	Notes
1		24.0									
2		24.0									
3		24.0									
4		24.0									
5	Y	24.0	6.00		2.5					Free	
6		24.0									
7		24.0									
8		24.0									
9		24.0									
10		24.0									
11		24.0									
12		24.0									
13		24.0									
14		24.0									
15		24.0									
16		24.0									
17		24.0									
18		24.0									
19		24.0									
20		24.0									
21		24.0									
22		24.0									
23		24.0									
24		24.0									
25		24.0									
26		24.0									
27		24.0									
28		24.0									
29		24.0									
30		24.0									
31		24.0									
Total		6000									
Average		193.5									
Standard Deviation		6000.996									

Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-636-9008
Effective August 23, 2003

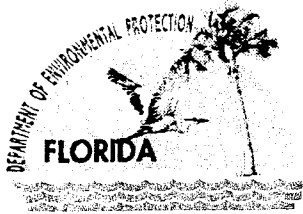
PAGE 09
GARTH A
8136261030
09:47
01/05/2006

Summertree

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

January 31, 2006

Colleen M. Castille
Secretary

✓
ORIG: FILE
CC: PF, RR

Mr. Patrick Flynn
Utilities Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32701

Re: Compliance Inspection
Summer Tree
PWS-ID No. 651-1423
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 Srenock
Environmental Specialist II
Drinking Water Section

PS/dm^c

Attachment

cc: Steve Habery

COMPLIANCE INSPECTION

OWNER/ADDRESS

Mr. Patrick Flynn

Utilities Inc. Of FL

200 Weathersfield Ave.

Altamonte Springs, FL 32701

SYSTEM NAME Summer Tree - Well 13

ID# 6511423

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 Hersey 342556000 reading
- * Sanitary Hazard _____
- Water Pressure Gauge - Missing Broken/Cracked On/Off 50/60 P.S.I.
- * Disinfection Free Cl₂ Plant 2.29 mg/l Remote _____ mg/l Chlorinator Regal Gas 25-30 lb. 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.

TIER TWO	REPORTING YEAR JAN. 1 TO DEC. 31, 2005	Florida S●E●R●C Page <u>1</u> of <u>1</u> pages
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Summertree - Arborwood Well #13</u> Street <u>Between 11637 & 11627 Cocowood</u> City <u>New Port Richey</u> County <u>Pasco</u> State <u>FL</u> Zip <u>34654</u> SIC Code <u>4941</u> Dun & Brad Number <u>07-758-0785</u> F.E.I. # <u>36-2850-768</u>	Owner/Operator Name Name <u>Utilities. Inc. of Florida</u> Phone <u>(407) 869-1919</u> Mail Address <u>200 Weathersfield Ave., Altamonte Spr., FL 32714</u> Emergency Contact Name <u>Operator on call</u> Title _____ Phone <u>(407) 869-1919</u> 24 Hr. Phone <u>(407) 869-1919</u> Name <u>Rick Betz</u> Title <u>Regional Manager</u> Phone <u>(407) 869-1919</u> 24 Hr. Phone <u>(407) 869-1919</u>

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory in Pounds	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations - Description, not address</i>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name <u>Gas chlorine</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Gas chlorine</u>	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>900</u> Maximum Daily Amount <u>02</u> Average Daily Amount <u>365</u> Days on Site	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Chlorine room</u>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Maximum Daily Amount <input type="checkbox"/> <input type="checkbox"/> Average Daily Amount <input type="checkbox"/> Days on Site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Maximum Daily Amount <input type="checkbox"/> <input type="checkbox"/> Average Daily Amount <input type="checkbox"/> Days on Site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>1</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. E-Mail address of representative who prepared Tier Two Form (optional): <u>I.n.wright@utilitiesinc-usa.com</u>	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
Patrick C. Flynn, Regional Director Name and official title of owner/operator OR owner/operator's authorized representative	_____ Signature
	_____ Date signed

LIFT STATION CHECK LIST

625/626
DMR

36467

SYSTEM: 822L SLIMMERTANK

STATION NAME: MASTER

MONTH/YEAR: Dec 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RANGE GAUGE	TOTAL FEET
	Prev. mo. last read	3646.7	1672.2			
JA	1	47.5	72.9		∅	384904
JA	2	48.4	73.6		∅	385490
JA	3	49.1	74.2		∅	386349
	4				∅	387160
	5					
JA	6	51.2	76.2		∅	389328
JA	7	52.1	77.0		∅	390102
JA	8	52.7	77.6		∅	390734
JA	9	53.4	78.2		∅	391444
JA	10	54.1	78.8		∅	392168
	11	5				
	12	5				
JA	13	56.2	80.2		∅	392607
JA	14	57.0	81.5		∅	392926
JA	15	57.8	82.1		∅	392928
JA	16	58.1	83.0		∅	392928
JA	17	58.2	84.2		∅	393370
	18					
	19					
JA	20	58.2	87.9		∅	394804
JA	21	58.3	89.3		∅	394804
JA	22	58.3	90.4		∅	395123
JA	23	58.3	91.4		∅	395883
	24					
	25					
	26					
JA	27	58.3	97.1		1.9	396620
JA	28	58.3	98.5		∅	396620
JA	29	58.3	99.4		∅	397773
JA	30	58.3	101.4		∅	398204
JA	31	58.3	1703.1		∅	398717
TOTAL		11.6	30.9		1.9	1381300

PUMP #2
down. Burnt
up.
Being rewound

* 2 HOLIDAY
* 3

AWY

0.37 0.99
PUMPED DOWN STATION

0.06
DATE 12-2-04
DATE 12-13-04
DATE 12-15-04
12-20-04

AWY 445.00

LIFT STATION CHECK LIST

SYSTEM: 8888 SUMMERTREE

625
Summertree
Lift Station

STATION NAME: MASTER

MONTH/YEAR: NOV 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mo. last read	3578.8	1636.3			
ST	1	18.0	38.3		0	361797
ST	2	19.1	39.3		0	364097
ST	3	19.9	40.2		0	365036
ST	4	20.9	41.1		0	365743
ST	5	21.5	41.6		0	366621
	6				0.3	367259
	7					
ST	8	24.1	44.0		0	369717
ST	9	24.8	44.6		0	370352
ST	10	25.7	45.5		0	370948
ST	11	26.3	45.9		0	371563
ST	12	27.4	46.7		0	371995
	13					
	14					
ST	15	48.1	51.1		0	373543
ST	16	54.5	52.4		0	374362
ST	17	61.3	54.7		0	375087
ST	18	68.8	55.6		0	375859
ST	19	74.3	56.5		0	376537
	20					
	21					
ST	22	94.5	60.9		0	378907
ST	23	600.4	62.1		0	379669
ST	24	07.5	63.4		0	380465
	25					
	26					
	27					
	28					
ST	29	40.1	70.7		1.0	384089
ST	30	46.7	167.2		0	384904
	31					
TOTAL		130.9	36.0		1.3	2310700

called electrician
pump I
pumping too long

derog
check valve

No I.

PUMPED DOWN STATION

DATE 11-1-04 77000 = AVG.
DATE 11-4-04
DATE 11-23-04

LIFT STATION CHECK LIST

625

3453.0 SYSTEM: BORE BLINDMETER 1604.3

334723

MONTH/YEAR: OCT 04

STATION NAME MASTER

INITIALS	DATE	PUMP #1	PUMP #2	REL. PUMP #1	RAIN GAUGE	TOTALIZER
	1	58.4	06.2		0	336005
	2				0	
	3					
JR	4	75.6	22.4		0	339389
JR	5	80.5	14.1		0	340465
JR	6	86.4	16.5		0	341643
JR	7	91.9	18.4		0	342731
JR	8	98.2	20.2		0	344094
	9				0	
	10				0	
	11					
JR	12	501.9	23.4		0	347526
JR	13	02.8	24.4		0	348354
JR	14	3.4	25.1		0	349208
JR	15	4.4	25.8		0	350088
	16					
	17					
JR	18	7.0	28.2		0	352646
JR	19	7.9	29.0		0	353545
JR	20	8.7	29.7		0	354387
JR	21	9.5	30.5		0	355212
JR	22	10.2	31.7		0	355980
	23					
	24					
JR	25	12.7	32.9		0	358982
JR	26	13.6	33.3		0	359462
JR	27	14.3	35.0		0	360231
JR	28	3515.1	1635.7		0	361052
JR	29	3515.8	1636.3		0	361797
	30					
	31					
TOTAL	02.8	32			0.9	2707400

AVG) 2.0 1.0
PUMPED DOWN STATION

DATE 10-5
DATE 10-12
DATE 10-22

873.

09/10/2003 12:08

4078696961

UTILITIES INC

PAGE 02/02

LIFT STATION CHECK LIST

625

SYSTEM: BASE SUMMITREE

STATION NAME: MASTER

MONTH/YEAR: Sept 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mo. last read	3368.6	1538.2			299970
SH	1	69.8	39.4		0	300593
SH	2	71.1	40.6		0.2	301235
SH	3	72.4	41.9		0	301874
	4					
	5					
	6					
SH	7	85.1	54.3		7.0	307678
SH	8	88.2	57.4		0.2	309259
SH	9	89.5	60.0		0	310673
SH	10	93.3	63.4		2.5	314155
	11	5				
	12	6				
SH	13	00.5	20.6		2.0	316250
SH	14	2.9	72.8		1.9	317431
SH	15	4.5	74.4		0	318719
SH	16	6.5	76.0		0	319080
SH	17	7.9	77.6		0.3	319937
	18					
	19					
SH	20	12.7	82.3		0	322368
SH	21	14.2	83.8		0.3	323160
SH	22	15.7	85.3		0	323941
SH	23	17.4	87.0		0	324839
SH	24	19.4	89.1		0	324240
	25					
	26					
SH	27	34.3	97.2		3.2	330723
SH	28	41.1	99.9		0	332302
SH	29	47.4	102.3		0	333655
SH	30	034630	01604.3		0	334723
	31					
	TOTAL	84.4	66.1		17.6	3475300

PUMPED DOWN STATION

Aug 2.8 2.2

DATE 9-1-04
DATE 9-2-04
DATE 9-29-04

0.5 115800

09/10/2003 12:00 4078696961

UTILITIES INC

PAGE 02/02

LIFT STATION CHECK LIST

SYSTEM: 8928 SUMMITTOWN

626
625

STATION NAME: MASTER

MONTH/YEAR: A49 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mos. last read	339.5	14.92.4			275254
	1					
SH	2	33.8	95.4		1	277823
SH	3	34.9	96.4		0	278741
SH	4	36.0	98.4		0.5	279502
SH	5	37.1	99.9		0.2	280104
SH	6	38.2	01.4		0.3	280901
	7					
	8					
SH	9	40.5	04.4		0.8	282129
SH	10	41.5	05.4		0	284129
SH	11	42.6	07.4		0	284626
SH	12	43.7	08.9		0	285559
SH	13	44.8	10.4		0.3	286117
	14					
	15					
SH	16	45.9	13.4		3.5	289128
SH	17	47.0	14.9		0	290112
SH	18	47.1	16.4		0	290859
SH	19	47.2	17.9		0	291730
SH	20	47.3	19.4		0	292322
	21					
	22					
SH	23	47.4	22.4		0	294547
SH	24	47.5	23.9		0.2	295253
SH	25	48.6	27.0		0	295909
SH	26	55.3	30.4		0.2	296571
SH	27	51.3	33.0		0	297290
	28					
	29					
SH	30	47.3	26.9		0	299310
	31	3368.6	1538.2		0.2	299970
	TOTAL	37.1	45.6		7.3	2471600

PUMP II RUN

00

AVG 1.196 1.47
PUMPED DOWN STATION

DATE 8-5-04 AVG. 79729
DATE 8-9-04
DATE 8-23-04

FROM :

FAX NO. :

Jul. 30 2004 12:39PM P2

625

SYSTEM 5 IT

STATION NAME: Master

MONTH July 04

checked by APCV 3311.2 1474.0

Rain 594 254681

DATE	PUMP #1	PUMP #2	HR. RUN #1	HR. RUN #2	
1	12.0	74.7			255471
2	12.8	75.3			256110
3					
4					
5	14.4	77.0			
6	14.9	77.4		1.9	258398
7	15.5	78.0			259048
8	16.2	78.6			259702
9	16.8	79.1			260333
10					
11					
12	18.5	80.8		0.2	262100
13	19.0	81.3		0.1	262682
14	19.7	81.6			263233
15	20.2	82.0			263774
16	20.7	82.5		0.2	264313
17					
18					
19	22.5	84.1		2.4	266048
20	23.2	84.8		3.0	266799
21	24.2	85.6		0.5	267740
22	24.9	86.3			268475
23	25.6	86.9			269123
24					
25					
26	28.0	89.1		2.3	271605
27	28.7	89.8		0.3	272418
28	29.6	90.6		1.7	273293
29	30.6	91.6		1.4	274357
30	3331.5	1492.4		0.2	275254
31					
Total				14.2	2057300

791 Total 20.3 18.4

Pumped down Station Date 7/5/04

AVG 66300

Pumped down Station Date 7-12

Page 1

Pumped down Station Date 7-1a

'6 AVG 0.6

0.5

AVG 0.4

FROM :

FAX NO. :

Jul. 05 2004 09:46AM P1

09/10/2003 12:08 4078696961

4078696961 -> 0417067403; Page 2

UTILITIES INC

PAGE 02/02

LPT STATION CHECK LIST

625

SYSTEM: EAST SUMMITREE

STATION NAME: MASTER

MONTH/YEAR: June 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mo. last read	3288.6	1452.4			231098
SH	1	91.5	56.0			237349
SH	2	92.2	56.6			23510.1
SH	3	92.8	57.2			235779
SH	4	93.5	57.8		TR	236443
	5					
	6					
CL	7	95.7	59.7		0.2	238598
CL	8	96.3	60.4		0.5	239289
CL	9	97.0	61.0		0.7	240052
CL	10	97.8	61.7		1.0	240874
CL	11	98.4	62.3		1.0	241555
	12	5				
	13	5				
SH	14	00.2	04.0		2.2	243378
SH	15	00.9	64.6		2.5	244127
SH	16	01.6	65.2		0.4	244820
SH	17	02.2	65.8			245511
SH	18	30	66.6			246245
	19					247006
	20					
	21	5.2	68.5		TR	248506
SH	22	05.7	69.0			249105
SH	23	06.4	69.7		0.2	249828
SH	24	07.1	70.3			250516
SH	25	07.8	70.9			251227
	26	5				
	27	5				
SH	28	09.9	72.8		0.2	253329
SH	29	10.5	73.4		0.1	254016
SH	30	11.2	74.0		0.7	254681
	31					
TOTAL		22.6	20.6		10.0	2358300

AUG

0.7 0.6
PUMPED DOWN STATION

DATE 6-1
DATE 6-14
DATE 6-22

78600

FROM :

07/10/03 12:18PM;

FAX NO. :

Jun. 01 2004 09:17AM P2

09/10/2003 12:08

4078696961

4078696961 -> 8417887403; Page 2

UTILITIES INC

PAGE 02/02

LIFT STATION CHECK LIST

625
625

SYSTEM: #625 SUMMITREE

STATION NAME: MASTER

MONTH/YEAR: MAY/04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mos. last read	3254.5	1420.3			206872
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
PC	18	3275.1	1440.3			
SH	19	26.3	41.5		3.0	221163
SH	20	77.6	42.8		0	222117
SH	21	79.0	44.1		0.3	223128
	22	5			0	224141
CH	23	5			1	2
SH	24	83.2	46.2		0	227171
SH	25	84.7	49.7		0	227171
SH	26	86.2	51.1		0	228181
SH	27	87.6	52.5		0	229147
AL	28	3288.0	1453.4		0	230092
	29				0	231098
	30					
	31					
TOTAL		33.5	33.1		3.3	2422600

AUG 1.08 1.06 PUMPED DOWN STATION

DATE 5-18
DATE 5-24
DATE 5-28

78100 AWG

LIFT STATION CHECK LIST

625

SYSTEM: #625 SUMMITTREE

STATION NAME: MASTER

MONTH/YEAR: APR 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mos. last read	3203.8	1370.8		∅	182864
GH	1	05.4	22.4		∅	183659
	2				∅	183449
SL	3	07.0	73.9		∅	183449
	4	5			∅	
	5	5			∅	
SL	6	12.0	78.8		∅	186813
SL	7	13.7	80.4		∅	187627
SL	8	12.1	83.8		∅	189481
SL	9	18.8	85.5		∅	190090
	10					
	11					
SL	12	27.3	90.8		10.0	189281
SL	13	26.4	92.9		0.3	193653
PC	14	28.8	45.2		∅	194778
GL	15	30.1	96.5		∅	195440
SL	16	31.9	98.3		∅	196280
	17	5				
	18	5				
SL	19	27.1	03.3		∅	198227
PC	20	38.9	5.1		∅	199583
SL	21	40.4	06.6		∅	200324
PC	22	42.3	8.4		∅	201179
CL	23	43.7	9.8			201851
	24	5				
	25	5				
CH	26	45.2	14.1		∅	203976
SL	27	49.4	15.8		FR.	204753
SL	28	51.5	17.4		∅	205509
PC	29	53.3	19.1		0.1	206281
SL	30	54.5	1420.3		∅	206822
	31					
TOTAL		50.7	49.5		10.4	2400800

Aug

PUMPED DOWN STATION

1.7 1.7

DATE 4-1
DATE 4-9
DATE 4-19

800000 Aug

LIFT STATION CHECKLIST

625

SYSTEM: #625 SUMMERTREE

STATION NAME: MASTER

MONTH/YEAR: March 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mo. last read	3141.7	1310.9			153407
SH	1	42.9	16.4		TR	156250
SH	2	50.1	19.0		0	157214
SH	3	52.1	21.0		0	158132
SH	4	54.0	22.8		0	159019
SH	5	55.9	24.6		0	159887
	6					
	7					
SH	8	61.4	29.5		0	162566
SH	9	63.3	31.4		0	163469
SH	10	65.1	33.1		0	164337
SH	11	66.8	34.8		0	165181
SH	12	68.6	36.5		0	166043
	13	5				
	14	5				
SH	15	74.3	42.0			168689
SH	16	76.5	44.1		4.3	169666
SH	17	78.6	46.1		2.2	170651
SH	18	80.6	48.1		0	171603
SH	19	83.4	49.9		0	172104
	20	5				
	21	5				
SH	22	87.9	55.2		0	175178
SH	23	89.7	57.1		0	176080
SH	24	91.5	58.8		0	176955
SH	25	93.8	61.0		0	178025
SH	26	95.0	62.2		TR	178852
	27	5				
	28	5				
SH	29	00.3	67.4		0	181120
SH	30	02.1	69.2		0	182055
SH	31	3203.8	1370.8		0	182864
TOTAL		62.1	59.9		0	2945700

PUMPED DOWN STATION

DATE 3-1
 DATE 3-8
 DATE 3-21

LIFT STATION CHECK LIST

625

SYSTEM: #625 SUMMERTREE

STATION NAME: MASTER

MONTH/YEAR: Feb 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
SL	Prev. mos. last read	3086.6	1258.5		Ø	126919
	1	5	5			
SL	2	92.6	64.3		5.0	129727
SL	3	94.7	66.3		0.2	130669
SL	4	96.5	68.1		Ø	130669
SL	5	98.4	69.9		Ø	132417
CL	6	3100.5	72.0		Ø	13323
	7	5				
	8	5				
SL	9	06.3	77.5		Ø	135977
SL	10	08.3	79.5		Ø	136900
CL	11	11.0	82.1		Ø	138688
SL	12	12.1	83.2		Ø	138651
SL	13	14.0	85.0		Ø	139474
	14	5				
	15	5				
SL	16	19.8	90.7		2.5	142412
SL	17	22.0	92.7		0.1	143540
SL	18	23.6	94.2		Ø	144343
SL	19	25.4	95.9		Ø	145243
SL	20	27.2	97.7		Ø	146125
	21	5				
	22	5				
SL	23	32.3	02.7		Ø	148759
SL	24	34.0	04.4		Ø	149624
SL	25	36.6	06.9		10.5	150319
SL	26	38.9	08.2		2.0	152118
CL	27	3141.2	1310.9			152409
	28					
	29					
	30					
	31					
TOTAL		55.1	52.4		20.3	2049000

PUMPED DOWN STATION

DATE 2-2
 DATE 2-9
 DATE 2-18

LIFT STATION CHECK LIST

625.

SYSTEM: #625 SUMMERTREE

STATION NAME: MASTER

MONTH/YEAR: Jan 04

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mos. last read	3039.5	1212.8		Ø	103205
	1	1+				
SLT	2	42.4	15.5		Ø	104675
	3	5				
	4	5				
SLT	5	46.6	19.6		Ø	106821
SLT	6	48.1	21.0		Ø	107582
SLT	7	49.5	22.4		Ø	108305
SLT	8	51.0	23.9		Ø	109035
SLT	9	52.3	25.2		Ø	109733
	10	5				
	11	5				
SLT	12	56.0	29.6		Ø	112047
SLT	13	58.3	31.1		Ø	112861
SLT	14	59.8	32.5		Ø	113650
CL	15	61.6	34.2		Ø	114546
SLT	16	62.8	35.4		Ø	115162
	17	5				
	18	5				
SLT	19	67.4	39.8		2.0	117530
SLT	20	69.1	41.5		0.2	118403
SLT	21	70.2	43.1		Ø	119214
SLT	22	72.3	44.7		Ø	120002
SLT	23	73.9	46.2		Ø	120792
	24	5				
	25	5				
SLT	26	78.7	50.9		Ø	123178
SLT	27	80.8	52.9		Ø	124155
SLT	28	82.9	54.9		Ø	125138
SLT	29	84.8	56.2		Ø	126071
SLT	30	8086.6	1258.5		0	126919
	31					
	TOTAL	47.1	45.7		9.2	2371400

405 1.5 1.4
PUMPED DOWN STATION

DATE 1-2 76400
DATE 1-9
DATE 1-19

PREV

039885 01979.8

62 (5)

LIFT STATION CHECK LIST							
SYSTEM		Summertree				700412	
STATION ID	master	MONTH/YEAR		Dec. 05		TIME	
Date/Int	PUMP #1	PUMP #2	#1 HRS	#2 HRS	Total	MILITARY	RAIN
JA 1	88.5	81.0	0	1.2	70307	0910	0
JA 2	88.5	82.2	0	1.2	70227	0920	0
3							
4							
JA 5	88.5	85.7	0	3.5	70466	0910	0
JA 6	88.5	87.1	0	1.4	70587	0915	0.4
JA 7	88.5	88.3	0	1.2	70079	0930	0.5
JA 8	88.5	89.0	0	.7	70769	0925	1.0
JA 9	88.5	91.0	0	2.0	70857	0925	0.4
10							
11							
JA 12	88.5	94.8	0	3.8	71128	0900	2
JA 13	88.5	94.1	0	1.3	71218	0915	0
JA 14	88.5	97.4	0	1.3	71305	0950	0
JA 15	88.5	98.8	0	1.4	71387	0920	0
JA 16	88.5	2000.1	0	1.3	71481	0850	0.55
17							
18							
JA 19	88.5	04.0	0	3.9	71746	0950	0.5
JA 20	88.5	5.3	0	1.3	71834	0924	0.5*
JA 21	88.5	6.5	0	1.2	71920	0925	0
JA 22	88.5	7.8	0	1.3	72010	0857	0
JA 23	88.5	9.0	0	1.2	72099	0847	0
24							
25							
26							
JA 27	88.5	14.3	0	5.3	72482	0955	0.1
JA 28	88.5	15.5	0	1.2	72533	0835	0
JA 29	88.5	16.9	0	1.4	72622	0915	0
JA 30	039885	02018.5	0	1.4	72709	1115	0
31							
TOTAL	0	38.7	0	38.7	2665700		3.1
AVG	0	1.2		1.2	85900		0.1
STATION PUMP DOWN NUMBER/DATES							
12-2-05 12-5-05 12-6-05 12-9-05 12-10-05 12-30-05							
COMMENTS							
1 PM							
12-3-05 Had to install 4" trash pump. Ryan in to check power. Electric company lost phase, waiting for them to fix. Pump back on 4:30 PM 12-10-05 L/S down 10 AM 12-11-05 in to check it out, running 4" trash pump							
12-20-05 lost power from WPL, RW trash pump for 2 hrs power							

NOV 05

LIFT STATION CHECK LIST					
SYSTEM S/T					
STATION ID master					
Date	PUMP #1 39741	PUMP #2 19544	MONTH/YEAR		FEET
			#1 HRS	#2 HRS	
7A 1	74.8	55.1	0.7	0.9	672215
2	75.5	55.7	0.7	0.6	674224
3	76.1	56.4	0.6	0.7	675139
4	76.7	56.8	0.6	0.4	676024
5					676770
6					
7A 7	79.0	58.9	2.3	2.1	679614
8	79.9	59.7	0.9	0.8	680718
9	80.4	60.2	0.5	0.5	681419
10	81.1	60.8	0.7	0.6	682320
11	81.8	61.5	0.7	0.7	683238
12					
13					
3A 14	83.4	63.4	2.1	1.9	685968
7A 15	84.7	64.0	0.8	0.6	686863
16	85.3	64.5	0.6	0.5	687750
17	86.2	65.3	0.9	0.8	688262
18	86.6	65.7	0.4	0.4	689163
19					
20					
3A 21	88.5	68.0	1.9	2.3	692281
22	88.5	69.2	0	1.2	693162
23	88.5	70.6	↓	1.4	694064
24					
25					
26					
27					
3A 28	89.5	76.7	0	6.2	698478
29	88.5	78.4		1.7	699548
30	3988.5	1979.8		1.4	700412
31					
TOTAL	14.4	25.4	14.4	25.4	2709700
AVG	0.4	0.8	0.4	0.8	40300
STATION PUMP DOWN NUMBER/DATES					
11-4 4-11 11-18 11-22					
COMMENTS					
PUMP 1 in for repairs 11-22-05					

R91 n gaus

0.1

0.35

0.9

1.35

0.045

Thanks Steve

LIFT STATION CHECK LIST

625 Dmr.

SYSTEM: ROSE SUMMIT DAM

STATION NAME: MASTER

MONTH/YEAR: OCT 05

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mos. last read	03950.4	01934.4		∅	644270
	1					
	2					
JR	3	52.5	36.3		∅	647068
JR	4	53.2	36.8		∅	647981
JR	5	54.1	37.7		∅.3	648939
JR	6	54.8	38.3		∅.3	649832
JR	7	55.7	39.1		0.4	650835
	8					
	9					
	10					
JR	11	58.9	41.7		1.2	654094
JR	12	59.8	42.5		∅	655452
JR	13	60.5	43.0		∅	658952
JR	14	61.3	43.6		∅	657264
	15					
	16					
JR	17	63.5	45.3		∅	660082
JR	18	64.2	45.9		∅	661015
JR	19	64.9	46.0		∅	661954
JR	20	65.6	47.2		∅	662878
JR	21	66.3	47.8		∅	663824
	22					
	23					
JR	24	68.6	49.7		1.2	666643
JR	25	69.3	50.4		∅	667621
JR	26	70.2	51.0		∅	668546
JR	27	71.0	51.7		∅	669489
JR	28	72.4	52.4		∅	670505
	29					
	30					
JR	31	8974.1	1954.4			
TOTAL		23.7	20		∅	673315
					3.4	2904500

PUMPED DOWN STATION

DATE 10/7/05
 DATE 10/14/05
 DATE 10/21/05

AUG 0.7 0.6 0.1 93600

LIFT STATION CHECK LIST

1617 625. DMR

SYSTEM: BOKALIMMERTON

STATION NAME: MARTER

MONTH/YEAR: SEPT 05

INITIALS	DATE	PUMP #1	PUMP #2	HL. FLW #1	RAD GAUGE	TOTALER
	PROV. NO. TEST YEAR	03921.3	01918.5			617348
JA	1	22.6	19.1		.5	619243
AD	2	22.7	19.8		.3	619145
	3					
	4					
	5					
	6	HOLIDAY				
JA	7	26.5	22.3		0	622089
JA	8	24.1	22.9		0	623586
JA	9	26.8	23.5		0	624473
JA	10	27.4	24.0		0	625348
	11					
	12	29.4	25.8		0	628040
JA	13	30.1	26.4		0	628922
JA	14	30.7	27.0		0	629802
AD	15	31.5	27.7		0	630766
JA	16	32.1	28.2		0	631660
	17					
	18					
JA	19	34.3	29.4		0	634167
JA	20	35.5	29.7		0	635045
JA	21	36.8	29.7		0	635914
JA	22	40.5	29.7		0.2	636837
JA	23	45.5	30.3		0.1	637765
JA	24	46.6	31.1			
	25					
JA	26	47.5	32.0		0	640608
JA	27	48.2	32.4		0	641514
JA	28	48.9	33.1		0	642425
JA	29	49.8	33.9		2.75	643347
JA	30	03921.3	01934.4		0	644270
	31					
TOTAL					3.8	2692200

449 = 89700

PUMPED DOWN STATION

Aug 0.1

DATE 8/31/05

DATE 9-13-05

DATE 9-21-05

DATE 9-22-05

note/29.1 15.9
e/21/05

* ALTERNATING RELAY WENT OUT. REPLACEMENT CAN'T BE FOUND. ELECT TO SWITCH TO NEW SYSTEM & COMPONENTS

Aug 0.97 0.53

LIFT STATION CHECK LIST

626

SYSTEM: BARR SUMMITTANK

1449 05

STATION NAME: MASTER	MONTH/YEAR:	INITIALS	DATE	PUMP #1	PUMP #2	MIN. RUN #1	RAN GAUGE	TOTAL RUN
			Prev. mos. (see record)	03896.7	01896.2			587822
JR		1	99.6	98.9		.5		590565
JR		2	00.5	99.7		0		591450
JR		3	01.2	900.3		0		592349
JR		4	01.9	01.0		0		593271
JR		5	02.6	01.6		0		594133
		6						
		7						
JR		8	04.1	03.4		.4		596003
JR		9	5.6	4.4		.4		597962
JR		10	6.3	5.0		0		598592
JR		11	6.9	5.5		0		599494
JR		12	7.6	6.2		0		600333
		13						
		14						
JR		15	9.8	8.1		.3		603026
JR		16	10.6	8.9		0		603985
JR		17	11.1	9.3		0		604780
JR		18	11.8	10.1		.75		605709
JR		19	12.4	10.5		0		606570
		20						
		21						
SH		22	14.4	12.3		1.1		609204
SH		23	15.4	13.2		1.6		610220
SH		24	16.1	13.9		0.6		611009
CH		25	16.8	14.6		0.5		611922
CH		26	17.6	15.2		0		612818
		27						
		28						
JR		29	19.5	17.3		0.7		615536
JR		30	20.7	18.0		0		616441
JR		31	03921.3	01918.5		.1		617348
		TOTAL	24.6	22.3		6.9		2952600

1/24/05 FULLED PUMP

PUMPED DOWN STATION

DATE 8/3/05
 DATE 8/9/05
 DATE 8/17/05
 6/3/05

AUG 0.7 0.7

0.22

95200

LIFT STATION CHECK LIST

625 DMR

SYSTEM: BORE BUBBLER

STATION NAME: MASTER

MONTH/YEAR: July 05

INITIALS	DATE	PUMP #1	PUMP #2	HPL. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. mos. not read	26.7	20.2		0.85	560493
JP	1	27.7	11.1			561410
	2					
	3					
	4					
JK	5	31.5	14.3		0.85	565083
JP	6	32.3	15.1		0	566005
JP	7	33.2	15.8		0	566925
JB	8	35.6	16.5		0	567906
	9					
	10					
SK	11	48.6	28.9		2.5	571007
JP	12	50.3	29.9		0	572097
JA	13	52.5	30.9		1.85	573155
JK	14	54.0	31.9		0	574240
	15	55.4	32.9		0	575283
	16					
	17					
JK	18	86.5	81.7		.25	577586
JK	19	86.5	82.2		0	578484
JD	20	86.5	82.2		0	579067
JK	21	86.5	82.4		.20	579843
JK	22	87.1	82.9		0	580618
	23					
	24					
JK	25	91.4	91.5		4.5	583491
JK	26	93.0	92.8		0	585039
JK	27	94.2	94.0		0	585942
JK	28	95.4	95.2		0	586816
JK	29	96.7	96.2		.25	587802
	30					
	31					
TOTAL		70	26.		total = 10.2	

pump I running float hung up

pump I vibrating
K bit working OK left station

7-1-05 total 2732900

PUMPED DOWN STATION

DATE 7-5

DATE 7-21

DATE 7-28

AUG 2.2

AUG 88/00

0.32

ATTY
Tony

LIFT STATION CHECK LIST

625 DmR

SYSTEM: EAST SUMMITTICK

STATION NAME: MASTER					MONTH/YEAR: June 05	
INITIALS	DATE	PUMP #1	PUMP #2	HPL. PUMP #1	RAIN GAUGE	TOTAL LIFT
KP	Prev. mo. last read	3795.1	1849.6			533316
PC	1	95.7	50.2		3.5"	534147
JW	2	94.4	50.8		.15"	534794
	3					
	4					
	5					
PE	6	94.1	53.4		0.1	538845
BA	7	99.7	53.9		0	539685
SLF	8	00.2	54.4		0	540516
JW	9	01.1	55.2		1.5	541424
ST	10	1.7	55.8		.1	542341
	11					
	12					
RE	13	4.2	58.1		9.5	545174
JR	14	5.0	58.9		0	546007
ST	15	5.7	59.6		0	546853
JW	16	6.4	60.3		0	547691
ST	17	7.4	61.3		0	548791
	18					
	19					
JW	20	9.3	63.0		0	551172
JW	21	9.9	63.4		0	552029
HL	22	10.6	64.2		1"	552923
SL	23	11.5	65.0		1"	553847
PC	24	12.4	65.9		6.5"	554712
	25	3				
	26	3				
SLF	27	23.9	67.8	pump 1 in cell anchor station called 12:15	0	557455
SLF	28	24.9	68.6		0.6	558544
SHI	29	25.8	69.4		0.2	559522
SLF	30	826.7	870.2		0.7	568493
	31					
TOTAL		31.6	20.6		19.85	2717700

PUMPED DOWN STATION

H.V.G. 1.0 0.6

DATE 4/2/05
 DATE 6-6 6/9 90500 AVG.
 DATE 6-13
 6-22
 0.6

LIFT STATION CHECK LIST

25.

SYSTEM: 2500 SLIMMERTURE

STATION NAME: MASTER

MONTH/YEAR: May 05

INITIALS	DATE	PUMP #1	PUMP #2	HW. PLAN #1	RANGE GAUGE	TOTALIZER
	Prev. mo. last read	3773.2	1829.2		0	505364
	1				0	
JR	2	75.5	32.0		0.6	508007
JR	3	76.1	32.6		0	508836
JR	4	77.1	33.6		.8	509788
JR	5	77.6	34.0		.05	510590
JR	6	78.4	34.7		.25	511412
	7					
	8					
JR	9	80.8	36.7		0	514018
SL	10	81.2	37.3		0	514708
SL	11	82.0	38.1		0	515221
SL	12	82.6	38.7		0	516620
SL	13	83.3	39.4		0	517498
	14					
	15					
JR	16	85.5	40.4		0	520159
JR	17	86.1	41.2		0	521019
RE	18	86.8	41.9		2	521432
JR	19	87.4	42.4		0	522753
RE	20	88.1	43.1		0	523643
	21					
	22					
RA	23	90.0	44.9		0	526293
JR	24	90.6	45.4		0	527085
RE	25	91.3	46.1		0	528045
RE	26	91.9	46.7		0	528982
SD	27	92.5	47.2		0	529776
	28					
	29					
RE	30					
	31	3795.1	1849.6			
TOTAL		21.9	20.4		3"	533316
					6.7"	2795200

PUMP DOWN L/S

PUMPED DOWN STATION
 Avg = 0.7 / 0.65

DATE 5-10
 DATE 5-18
 DATE 5-25
 90100 = Avg

09/10/2003 12:08

4078696961

UTILITIES INC

PAGE 02/02

LIFT STATION CHECK LIST

625 DMR.

SYSTEM: 2002 SUMMITTIERE

STATION NAME: MASTER

MONTH/YEAR: APR 05

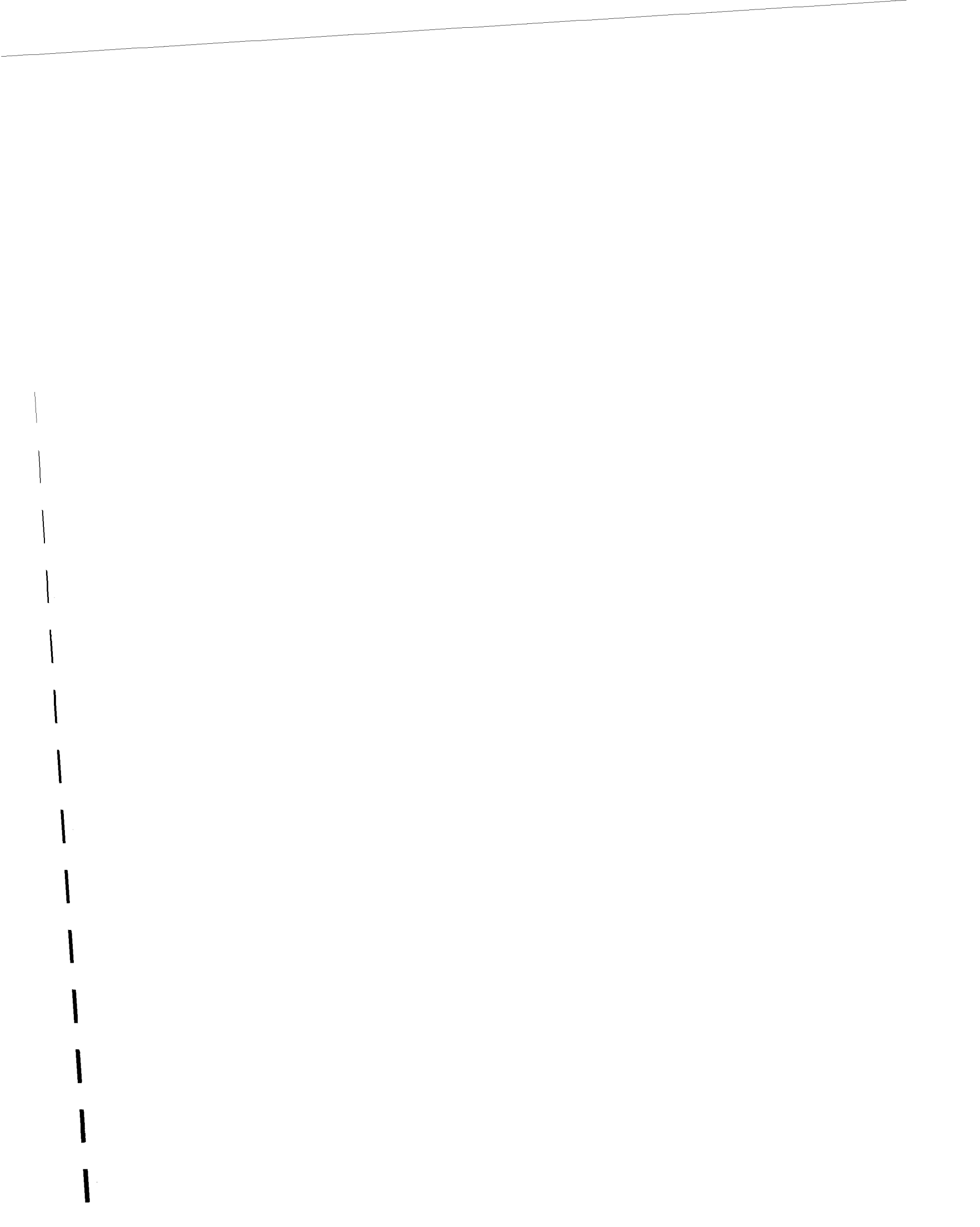
.7
.7
2.6
1
1.6
1.8
1.2

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALIZER
	Prev. Mos. last read	3749.1	1809.2			
SH	1	49.8	09.9		Ø	480084
	2				Ø	480904
	3					
JR	4	52.8	12.5			
JR	6	53.8	13.5		1.6	483532
JR	6	54.5	14.1		Ø	484429
JR	7	55.4	14.9		Ø	485302
JR	8	56.2	15.1		Ø	486149
	9				Ø	486988
	10					
	11	58.4	17.3		Ø	
	12	59.4	18.3		Ø	489550
	13	60.1	19.0		Ø	490503
	14	60.9	19.7		Ø	491360
	15	61.8	20.4		Ø	492125
	16				Ø	493098
	17					
JR	18	64.7	22.5			
JR	19	64.9	23.3		Ø	495731
JR	20	66.04	23.4		Ø	496625
JR	21	67.0	24.1		Ø	497488
SH	22	67.6	24.7		Ø	498317
	23				Ø	499139
	24					
JR	25	70.1	27.0		Ø	
JR	26	70.8	27.6		Ø	501819
JR	27	71.4	28.4		Ø	502680
JR	28	72.4	29.1		2.0	503570
JR	29	3773.2	1829.9		Ø	504463
	30				Ø	505364
	31					
TOTAL	24.1	20.7		4.		2528000

PUMPED DOWN STATION

DATE 4-1
DATE 4-14-05
DATE 4-28-05

Aug 0.8 0.69 0.13 84200



FROM :

FAX NO. :

Apr. 04 2005 11:36AM P2

09/10/2003 12:00

4878696961

UTILITIES INC

FILE COPY

PAGE 02/02

LIFT STATION CHECK LIST

3497.0 1759.4

450896

625 DMR

SYSTEM SERIAL NUMBER

STATION NAME: MASTER

MONTH/YEAR: march 05

INITIALS	DATE	PUMP #1	PUMP #2	MR. PUMP #1	RAIN GAUGE	TOTALIZER
		3497.0	1759.4			
JR	1	08.2	60.5		0	450896
JR	2	98.9	61.1		0	451780
SK	3	79.5	61.8		0	452769
SK	4	00.4	62.5		0.5	453597
	5					454410
	6					
JR	7	05.7	67.3		0	
SK	8	07.2	68.7		0	457036
HD	9	04.1	70.4		0.2	457854
JR	10	10.7	72.2		0.2	458718
SK	11	12.4	73.8		0.5	459654
	12	5			0	460499
	13	5				
SK	14	17.0	78.3			
JR	15	19.0	80.3		0.2	463049
SK	16	20.8	82.0		2.4	463961
JR	17	22.4	83.6		1.0	464800
SK	18	24.4	85.5		2.0	465647
	19				1.1	466510
	20					
JR	21	30.4	91.3			
SK	22	31.6	92.8		0.4	469116
JR	23	33.4	94.3		0	469959
SK	24	41.9	02.6		0.7	470827
SK	25	43.6	04.2		0	473476
	26				0	474818
	27					
JR	28	46.3	06.7			
SK	29	47.3	07.6		0.7	477468
JR	30	48.5	08.4		0	478335
SK	31	52.1	1809.2		0	479218
TOTAL		52.1	49.8		9.2	480084
						2918800

3.4'05
 pump #2 down
 pump #1 went
 alternate
 call elect
 94d cloud
 line.

PUMPED DOWN STATION

DATE 2-28-05

DATE 3-3-05

DATE 3-14
3-24-05

AVG 94100

AVG 1.6 1.6

AVG 0.29



LIFT STATION CHECK LIST

SYSTEM: WELL SUMMITTINE

426327

STATION NAME: MASTER 3672.7 1736.8

MONTH/YEAR: Feb 05

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALER
	Prev. mos. last read					
JR	1	3674.0	1737.9		0	427336
JR	2	3675.0	1738.8		0	428086
JR	3	3675.5	1739.4		0	428963
JR	4	3676.4	1740.3		702.1	429821
	5					
	6					
JR	7	3679.2	1742.8		0	432425
JR	8	3680.4	1744.0		0	433451
JR	9	80.5	44.4		0	434145
JR	10	01.8	45.3		.2	435101
JR	11	82.5	45.9		0	435860
	12					
	13					
JR	14	85.0	48.2		0	438487
JR	15	85.7	48.9		0	439322
JR	16	86.6	49.6		0	440165
JR	17	87.4	50.4		0	441108
JR	18	88.4	51.4		0	441985
	19					
	20					
	21					
JR	22	91.7	54.4		0	445551
JR	23	92.5	55.2		0	446427
JR	24	93.4	56.0		0	447356
JR	25	94.2	56.8		1.0	448184
	26					
	27					
JR	28	3691.0	1759.4		5.5	450346
	29					
	30					
	31					
TOTAL		24.3	22.6		6.6	2956900

PUMPED DOWN STATION

DATE 2-10-05
DATE 2-18-05
DATE 2-28-05

AUG 0.8 0.8

0.23

87700

LIFT STATION CHECK LIST

SYSTEM: 2222 SLIMLINE

398717

Jan 05

INITIALS	DATE	PUMP #1	PUMP #2	HR. RUN #1	RAIN GAUGE	TOTALER
	Prev. Mos. test read	3458.3	1703.1			398717
JR	1	58.3	07.5			
	2					
JA	3	58.3	07.5		∅	401641
JR	4	58.3	08.8		∅	402537
ER	5	58.3	710.4		∅	403388
JA	6	58.5	11.7		∅	404282
JR	7	58.3	13.0		∅	405157
	8					
	9					
JA	10	58.3	17.6		∅	407803
JA	11	58.3	18.8		∅	408653
JA	12	58.3	20.3		∅	409540
JA	13	58.3	21.7		∅	410409
JR	14	58.3	23.6		1.7	411369
	15					
	16					
JA	17	60.8	26.1		∅	414201
JA	18	61.8	27.1		∅	415074
JA	19	62.5	27.6		∅	415963
JA	20	63.2	28.3		∅	416844
JA	21	64.2	29.1		∅	417777
	22					
	23					
JA	24	66.8	31.4		∅	420395
JA	25	67.7	32.2		∅	421264
JA	26	68.6	33.0		∅	422145
JA	27	69.3	33.6		∅	422991
JA	28	70.3	34.4		∅	423975
	29					
	30					
JA	31	3672.7	1734.8		∅	426327
TOTAL		14.4	33.7		1.7	2761000

PCC
PUMP 14

Aug

0.4
PUMPED DOWN STATION
1.0

0.05
DATE -12-05
DATE -20-05
DATE -31-05

Aug. 89000

Summertree

Docket No. 060253-WS

25.30-440(6)
Permits

Test Year Ended December 31, 2005



An Equal Opportunity Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

April 24, 2002

- Ronnie E. Duncan**
Chair, Pinellas
- Thomas G. Dabney, II**
Vice Chair, Sarasota
- Janet D. Kovach**
Secretary, Hillsborough
- Watson L. Haynes, II**
Treasurer, Pinellas
- Edward W. Chance**
Manatee
- Monroe "Al" Coogler**
Citrus
- Maggie N. Dominguez**
Hillsborough
- Pamela L. Fentress**
Highlands
- Ronald C. Johnson**
Polk
- Heldi B. McCree**
Hillsborough
- John K. Renke, III**
Pasco

- E. D. "Sonny" Vergara**
Executive Director
- Gene A. Heath**
Assistant Executive Director
- William S. Bilenky**
General Counsel

Attn: Mr. Patrick Flynn

From: Misty Chancey

Mr. Patrick Flynn,

Per our telephone conversation on Wednesday, April 24, 2002, regarding the following Water Use Permits:

20-11531.002- Reviewed permit within the Southwest Florida Water Management District database and everything looked up to date.

20-8472.001- Reviewed permit within the Southwest Florida Water Management District database and to my knowledge the information was up to date.

20-3590.002- Reviewed permit within the Southwest Florida Water Management District database and changed the permittee name to Utilities Inc of Florida from Utilities Inc an Illinois Corp.

20-3668.003- Reviewed permit within the Southwest Florida Water Management District database and the conditions have been carried out through the end of the permit. Withdraw number 15 is a proposed standby well and withdraw 16 was to be updated from a standby well to a proposed standby well.

Thank You,

Misty L. Chancey

email-misty.chancey@swfwmd.state.fl.us

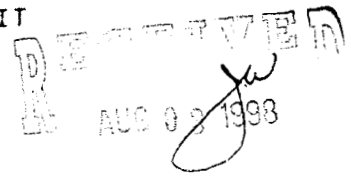
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6899
(352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

UTILITIES, INC. OF FLORIDA

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714-



SUBJECT: EXTENSION - WATER USE PERMIT NO. 3668.03

(Summertree)

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 05/20/14. THROUGH A PROCESS OF RANDOM SELECTIONS BY COMPUTER, THE DISTRICT HAS EXTENDED THE EXPIRATION DATE OF CERTAIN PERMITS WITH ANNUAL AVERAGE DAILY WITHDRAWALS OF LESS THAN 500,000 GALLONS. THIS PROCESS WILL ENSURE THAT THE NUMBER OF RENEWAL APPLICATIONS RECEIVED IN ANY ONE YEAR DOES NOT EXCEED OUR CAPACITY TO EVALUATE AND PROCESS THE APPLICATIONS.

THIS EXTENSION OF PERMIT DURATION DOES NOT REQUIRE ANY ACTION ON YOUR PART AND IS AT NO COST TO YOU. HOWEVER, YOU WILL NEED TO UPDATE YOUR RECORDS SO THAT YOU WILL FILE AN APPLICATION FOR RENEWAL DURING THE YEAR PRIOR TO THE NEW EXPIRATION DATE.

ALTHOUGH THE EXPIRATION DATE OF YOUR PERMIT HAS BEEN EXTENDED, YOU ARE STILL REQUIRED TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF YOUR PERMIT. FOR EXAMPLE, IF YOUR PERMIT WAS ISSUED WITH CONDITIONS REQUIRING DATA, REPORTS, ETC. TO BE SUBMITTED, YOU MUST CONTINUE TO SUBMIT ALL SUCH REQUIRED INFORMATION AT THE REGULAR INTERVALS SPECIFIED IN THE CONDITIONS OF YOUR PERMIT. FOR ANY PERMIT CONDITION THAT HAS THE EXPIRATION DATE AS THE DATE BY WHICH ACTION, REPORT SUBMISSION OR OTHER COMPLIANCE IS REQUIRED, THE PREVIOUS EXPIRATION DATE APPLIES, NOT THE NEWLY EXTENDED EXPIRATION DATE.

AS A FURTHER REMINDER, YOUR EXTENDED PERMIT IS STILL SUBJECT TO AND MUST COMPLY WITH ALL APPLICABLE DISTRICT RULES, INCLUDING THOSE RELATING TO:

- THE CONDITIONS OF ISSUANCE FOR WATER USE PERMITS, AND
 - RELEVANT ESTABLISHED MINIMUM FLOWS AND LEVELS AND ASSOCIATED PREVENTION AND RECOVERY STRATEGIES,
- AND CAN BE MODIFIED OR REVOKED FOR NONCOMPLIANCE WITH THE PERMIT, DISTRICT RULES, AND CHAPTER 373, FLORIDA STATUTES.

PAGE 2

IF THE WITHDRAWALS ON THE REFERENCED PERMIT ARE NO LONGER IN USE OR IF YOU HAVE SOLD THE PROPERTY, PLEASE INFORM US BY RETURN LETTER. ALSO, PLEASE PROVIDE THE NAME AND MAILING ADDRESS OF THE NEW OWNER.

IF YOU HAVE ANY QUESTIONS ABOUT THIS ONE-TIME EXTENSION OF YOUR PERMIT DURATION, PLEASE CONTACT STEVE DESMITH IN OUR BROOKSVILLE REGULATION DEPARTMENT AT (352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, INDICATING THAT YOUR PERMIT EXPIRATION DATE IS NOW 05/20/14. WE APPRECIATE YOUR ASSISTANCE IN THIS MATTER AND IT WILL HELP US TO SERVE YOU BETTER IN THE FUTURE WHEN YOU SUBMIT YOUR RENEWAL APPLICATION.

SINCERELY,

(SIGNED)
BJ JARVIS, DIRECTOR
RECORDS AND DATA DEPARTMENT

BJJ/

CC: FILE OF RECORD - WATER USE PERMIT NO. 3668.03

SUMMERTREE



Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

May 20, 1991

BARTOW 813-534-7080
BROOKSVILLE (Listed)
TAMPA 813-985-7481
VENICE 813-488-4666

Utilities Inc. of FL
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Subject: Final Agency Action Transmittal Letter
General Water Use Permit No. 203668.03

Your Water Use Permit(s) has been approved contingent on no objections being received within 14 days after receipt of this notice of Final Agency Action. Your Permit has been approved subject to all terms and conditions set forth in the approved Permit(s).

Any person who is substantially affected by the District's Final Agency Action concerning a Permit may challenge this Permit by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.), and Part V of Chapter 40D-1, Florida Administrative Code (F.A.C.). A request for hearing must be filed with (received by) the Agency Clerk of the District at the address above within 14 days of receipt of this notice of Final Agency Action. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, F.S.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit(s) and should be practiced at all times.

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. If you have any questions or concerns about your Permit, please contact the Permitting Department or contact me at Extension 4338.

Sincerely,


ANNIE L. TAYLOR

Manager
Processing & Records Section

Enclosures: 1. Approved Permit
2. Surface Water and/or Well Tags
3. Instructions for Applying Water Use Tag

Charles A. Black
Chairman, Crystal River
Roy G. Harrell, Jr.
Vice Chairman, St. Petersburg
Anne Bishopric Sager
Secretary, Venice
Joseph S. Casper
Treasurer, Tampa
Mary Ann Hogan
Brooksville
Samuel D. Urdike
Lake Wales
Gordon D. Hartman
Bradenton
David H. Knowlton
St. Petersburg
Andrew J. Lubrano
Tampa
Abby Misemer
New Port Richey
Sally Thompson
Tampa

Peter G. Hubbell
Executive Director
Mark D. Farrell
Assistant Executive Director
Kent A. Zaiser
General Counsel

INSTRUCTIONS FOR APPLYING WATER USE TAG

Included herewith are the necessary tags for the withdrawal points as indicated on your permit.

Each withdrawal - well or surface - has been numbered in the same order as that shown on the permit column labeled District ID Number.

The tag has been treated with a waterproof coating. However, care should be taken in the placing of these tags. We suggest one of the following:

1. Apply tag to the well casing only when sufficient space is available between the ground surface and the base of the pump.
2. Apply tag to the base of the pump - that portion of the pump installation that is not normally removed for servicing the pump.
3. Apply tag to the electrical panel box if it is located adjacent to the facility.
4. The tag must be placed on the pump of a portable facility.
5. Apply tag where other licenses or permits are displayed on public supply systems.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
PROCESSING AND RECORDS
(904) 796-7211

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
(SWFWMD)
GENERAL WATER USE PERMIT

<p>PERMIT GRANTED TO:</p> <p>Utilities Inc. of FL 200 Weathersfield Avenue Altamonte Springs, FL 32714</p> <p>(Legal Name and Address)</p>	<p>PERMIT NO.: 203668.03</p> <p>DATE PERMIT GRANTED: May 20, 1991</p> <p>DATE PERMIT APPLICATION FILED: January 29, 1991</p> <p>PERMIT EXPIRES ON: May 20, 2001</p> <p>SOURCE CLASSIFICATION: Groundwater</p> <p>USE CLASSIFICATION: Public Supply</p> <p>COUNTY: Pasco</p>
--	---

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

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.

This Permit authorizes the applicant named above to make a combined average annual withdrawal of 375,000 gallons of water per day, a combined peak monthly withdrawal of 642,000 gallons of water per day, and a maximum combined withdrawal rate not to exceed (not applicable) gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT					AVERAGE	GALLONS PER DAY		
		LATITUDE	LONGITUDE	SEC-TWN-RGE	PEAK MONTHLY	MAXIMUM				
1	1	28 19 58	82 37 48	05 25S 17E	125,000	214,000	N/A			
2	2	28 19 57	82 37 43	05 25S 17E	125,000	214,000	N/A			
						Stand-by				
13	13	28 19 39	82 37 14	08 25S 17E	125,000	214,000	N/A			
15	15	28 19 27	82 37 33	08 25S 17E	125,000	214,000	N/A			
16	16	28 19 14	82 37 40	08 25S 17E	125,000	214,000	N/A			
						Stand-by				
17	17	28 19 36	82 37 25	08 25S 17E	125,000	214,000	N/A			
						Stand-by				

Permittee: Utilities Inc. of FL
Permit No.: 203668.03

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 has established a Water Use Caution Area for the region that encompasses this permit. 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, to the satisfaction of the District, 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 a 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 or water body.

Permittee: Utilities Inc. of FL
Permit No.: 203668.03

13. The Permittee shall mitigate to the satisfaction of the District 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 the following:
 - 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 the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

17. The Permittee shall incorporate best management practices, specifically including irrigation practices, that are recommended by the Institute of Food and Agricultural Sciences and/or the Soil Conservation Service for your individual commodity(ies).
18. The Permittee shall limit daytime irrigation, to the greatest extent practicable, to reduce losses due to evaporation. Daytime irrigation for purposes of system maintenance, control of heat stress, frost and freeze protection, plant establishment, or for other reasons which require daytime irrigation, are permissible but should be limited to the minimum amount necessary as dictated by Best Management Practices.
19. The Permittee shall implement leak detection and repair as an element of an ongoing system maintenance program. A system-wide survey shall be conducted at least once per year.
20. The Permittee shall evaluate the feasibility of improving the efficiency of the current irrigation system or converting to a more efficient irrigation system, and shall implement the improvement or conversion when determined to be operationally and economically feasible.

Permittee: Utilities Inc. of FL
Permit No.: 203668.03

21. The Permittee shall investigate the feasibility of using sewage effluent as a water source for irrigation and report to the District by May 1, 1992. The report shall contain an analysis of effluent sources in the area, the relative location of these sources to the Permittee's property, the quantity of effluent available, the costs associated with obtaining the effluent, and an implementation schedule, if feasible. If the use of sewage effluent is found not to be feasible, a detailed explanation for this finding must be submitted.
22. The following withdrawal points, District Identification Nos. 15 and 16, shall be equipped with totalizing flow meters or other flow measuring devices as approved in writing by the Director, Brooksville Permitting Department. Such devices shall have and maintain an accuracy within five percent of the actual flow. Those designated withdrawal points not equipped with such devices on the date the Water Use Permit is granted shall be so equipped within 120 days of the permit date or upon completion of construction of the withdrawal facility, unless an extension is approved in writing by the Director, Brooksville Permitting Department.
23. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department for District Identification Nos. 1, 2, 13, and 17. Such devices shall have and maintain an accuracy within five percent of the actual flow.
24. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.
Reports shall be addressed to:
Southwest Florida Water Management District
ATTN: Permits Data Section
2379 Broad Street
Brooksville, Florida 34609-6899
25. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

<u>District ID Nos.</u>	<u>Parameters</u>	<u>Sampling Frequency</u>
1 and 13	Chloride, Sulfate, Total Dissolved Solids	Quarterly (Feb, May, Aug, Nov)

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA. Reports shall be sent to the address given above.

26. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address sampling procedures, chain of custody of samples, and methods of analysis for all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.

Permittee: Utilities Inc. of FL
Permit No.: 203668.03

27. By January 1, 1993, the Permittee shall achieve a per-capita water rate equal to or less than 150 gpd. This standard shall remain in effect until modified by rule.

For planning purposes, listed below are per-capita goals for future management periods. These goals may be established as requirements through future rulemaking by the District:

- a. By January 1, 1997, the District may establish a new per-capita water use standard. Based on current information, the per-capita water use goal may be established by rule at 140 gpd;
 - b. By January 1, 2001, the District may establish a new per-capita water use standard. Based on current information, the per-capita water use goal may be established by rule at 130 gpd; and,
 - c. By January 1, 2011, the District may establish a new per-capita water use standard. Based on current information, the per-capita water use goal may be established by rule at 130 gpd.
28. By April 1 of each year for the preceding fiscal year (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;
- g. Documentation of reuse and desalination credits, if taken.

As of January 1, 1993, if the permittee does not achieve the specified per-capita rates, the report shall document why these rates 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.

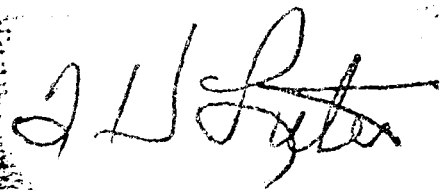
29. The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger than average lot sizes with greater water irrigation 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.

Prior to the 1997, 2001, and 2011 management periods, the District will reassess the per-capita and other uses conservation goals. As a result of this reassessment, these goals may be adjusted upward or downward through rulemaking and will become requirements.

Permittee: Utilities Inc. of FL
Permit No.: 203668.03

30. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 1993. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 1993. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 1993.
31. The permittee shall conduct water audits of the water supply system during each management period. The initial audit shall be conducted no later than January 1, 1993. Water audits which identify a greater than 12 percent unaccounted for water shall be followed by appropriate remedial 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 District by the following dates: January 1, 1993; January 1, 1997; January 1, 2001; and January 1, 2011. Water audit reports shall include a schedule for remedial action if needed.
32. The Permittee shall establish and maintain data gathering procedures which allow amounts of water to be accounted into various categories. These categories may be by either meter size or use, such as residential, commercial, industrial, unaccounted, and other. The procedures must produce data suitable for developing reliable estimates of current water use and projections of future water demand.
33. Beginning in 1993, by April 1 of each year for the preceding fiscal year (October 1 through September 30), the permittee shall submit a residential water use report 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.

Residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.



Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211
Water Use Permits Tag**

203668.03		Utilities Inc. of FL	
WUP No.		Permittee	
125,000	214,000	N/A	
Average gpd	Peak Monthly	Maximum gpd	
15 15	8"	5/20/2001	

Owner ID/District ID Size Expires
**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211
 Water Use Permits Tag**

203668.03		Utilities Inc. of FL	
WUP No.		Permittee	
125,000	214,000	N/A	
Average gpd	Peak Monthly	Maximum gpd	
16 16	8"	5/20/2001	

Owner ID/District ID Size Expires
**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211
 Water Use Permits Tag**

203668.03		Utilities Inc. of FL	
WUP No.		Permittee	
125,000	214,000	N/A	
Average gpd	Peak Monthly	Maximum gpd	
17 17	8"	5/20/2001	

Owner ID/District ID Size Expires

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211
Water Use Permits Tag**

203668.03		Utilities Inc. of FL	
WUP No.		Permittee	
125,000	214,000	N/A	
Average gpd	Peak Monthly	Maximum gpd	
1 1	10"	5/20/2001	

Owner ID/District ID Size Expires
**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211
 Water Use Permits Tag**

203668.03		Utilities Inc. of FL	
WUP No.		Permittee	
125,000	214,000	N/A	
Average gpd	Peak Monthly	Maximum gpd	
2 2	10"	5/20/2001	

Owner ID/District ID Size Expires
**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
 BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211
 Water Use Permits Tag**

203668.03		Utilities Inc. of FL	
WUP No.		Permittee	
125,000	214,000	N/A	
Average gpd	Peak Monthly	Maximum gpd	
13 13	8"	5/20/2001	

Owner ID/District ID Size Expires

Summertree

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Summertree

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

Summertree

Docket No. 060253-WS

25.30-440(9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WV5216WF270000	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	1GNNT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNCE13T85R199267	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	2G1WV55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

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

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

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

Summertree

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.