

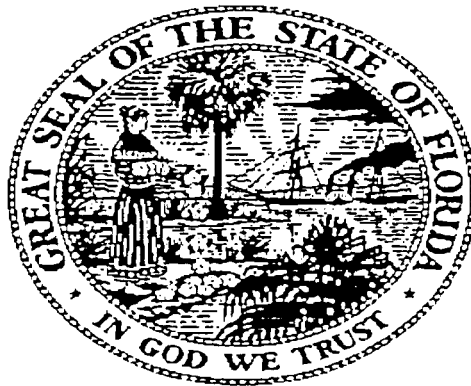
CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS

OF
Utilities, Inc. of Florida - Seminole County

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSCAWAW 20 (/)

BINDER 7 of 11

System(s):

Jansen
Lake Wekiva

DOCUMENT NUMBER-DATE

09073 OCT-28

EDSC-COMMISSION CLERK

Jansen

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Jansen

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Jansen

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
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
Seminole	Park Ridge	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Phillips	Chlorine Polyphosphate	2-3 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Crystal Lake	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
Seminole	Jansen	Chlorine Polyphosphate	12-15gpd 2-3 gpd	\$ 1.15/gal \$14.00/ gal

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

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

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	<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	0.4 LBS/day

(so far)

(269 days so far)

Jansen

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

September 1, 2005

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

Re: Annual TTHM and HAA5s, 2005
Jansen Utilities, Inc.
PWS ID# 3590615

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 12, 2005 and July 28, 2005 for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe
Area Manager

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

**DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s])
EXAMPLE REPORTING FORMAT**

MONITORING FREQUENCY: <input type="checkbox"/> QUARTERLY X <input checked="" type="checkbox"/> ANNUALLY	YEAR: 2005
QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	

SYSTEM INFORMATION	
PWS NAME: Jansen	
PWS ID NUMBER: 3590615	COUNTY: Seminole
CONTACT PERSON: Scotty Haws	PHONE NUMBER : 407-869-1919 EXT.234
E-MAIL ADDRESS (optional): S.L.Haws@Utilitiesinc-usa.com	FAX NUMBER (optional): 407-869-6961

TTHM/HAA5 COMPLIANCE SUMMARY FOR PWSs MONITORING ON A QUARTERLY OR MORE FREQUENT BASIS									
TTHM COMPLIANCE SUMMARY					HAA5 COMPLIANCE SUMMARY				
Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4	Last Four Quarters	QTR 1	QTR 2	QTR 3	QTR 4
Actual Quarter/Year					Actual Quarter/Year				
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*				
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters					Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters				
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)					Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)				
Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)					Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)				

*Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	53.1	Calculate the arithmetic average all HAA5s samples taken over the last year	32.81
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

TOTAL TRIHALOMETHANE (TTHM) ANALYSIS RESULTS FOR REPORTING PERIOD								
Sample Location	Sample Location In the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/dayr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/dayr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
6245 Lineal Beach	MRT	7/12/05	0.8	Alexander Lorenzo	7/14/05	E502.2	Advanced Environmental Laboratories # E82574	53.1

HALOACETIC ACIDS 5 (HAA5) ANALYSIS RESULTS FOR REPORTING PERIOD

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
6245 Linneal Beach	MRT	7/28/05	1.4	Alexander Lorenzo	32.81	EPA552.2	Advanced Environmental Laboratories E 82574	32.81

INSTRUCTIONS: This format should be completed and submitted, WITHIN 10 DAYS AFTER THE END OF EACH QUARTER IN WHICH SAMPLES WERE COLLECTED, by all community or non-transient non-community water systems that add a chemical disinfectant and that serve at least 10,000 persons. For example, for disinfection byproduct samples collected for the first quarter (January – March) of 2004, this format is due no later than April 10, 2004. Submit the completed format to the appropriate Department of Environmental Protection District Office or Approved County Health Department.

For systems monitoring on a quarterly basis, complete the "TTHM/HAA5 Compliance Summary" table on page one. For systems monitoring annually, complete the "TTHM/HAA5 Compliance Summary" table on page two.

The following specific instructions are for the "TTHM and HAA5 Analysis Results for Reporting Period" tables on pages three and four.

Attach additional sheets if necessary.

Analytical Method: In accordance with 40 CFR 141.31(c)(1), the approved methods for TTHMs and HAA5s are as follows:

TTHMs: EPA Methods 502.2, 524.2, and 551.1

HAA5s: EPA Methods 552.1 and 552.2 and Standard Method 6251 B

Enter in the space provided the analytical method that the laboratory is using to measure TTHMs/HAA5s.

Disinfectant Residual at Time of Sample Collection: In accordance with Florida Administrative Code subsection 62-550.821(4), systems must demonstrate that TTHM and HAA5 samples were collected during normal operating conditions by measuring the residual chlorine or chloramine level at the same time and location as TTHM and HAA5 samples are taken. These residual chlorine or chloramine measurements should not be used for determining compliance with the Maximum Residual Disinfectant Level (MRDL).

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

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

System Name: JANSEN PWS I.D. #:

3	5	9	0	6	1	5
---	---	---	---	---	---	---

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

Address: SOMBRERO AVE.

City: APOPKA State: FLA. ZIP Code: _____

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

E-Mail Address: S.L. HAWS @ UTILITIES INC.

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052399-01 Location Code (if known): _____

Sample Date: 7/12/05 Sample Time: 11:45 AM PM (Circle One)

Sample Location (be specific): 6245 LINNEAL BEACH DR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: NIA

CERTIFICATION (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 8/15/05

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

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

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

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 7/12/2005 4:50:00
Lab Assigned Report Number or Job ID A052399 Sample Number (From page 1) A052399-01

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 checked="" 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 type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature:  Date: 7-26-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

June 15, 2005

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

Re: Annual Nitrate and Nitrite Analysis, 2005
Chapter 62-550 FAC
Jansen
PWS ID# 3590615

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe
Area Manager Manager

Enclosure

EC:

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

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

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

System Name: Jansen PWS I.D. #:

3	5	9	0	6	1	5
---	---	---	---	---	---	---

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

Address: SOMBRERO AVE

City: Apopka State: FL ZIP Code: _____

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

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051885-01 Location Code (if known): _____

Sample Date: 6/2/05 Sample Time: 10⁰⁰ AM PM (Circle One)

Sample Location (be specific): P.O.E @ Jansen Water Plant

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

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

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

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

Sampler's Name: Terry Sillitor

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Terry W Sillitor (Print Name), Operator (Print Title)

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

Signature: Terry W Sillitor Date: 6/14/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): _____
Lab Assigned Report Number or Job ID A051885

Date Sample(s) Received: 6/2/2005 11:25:00
Sample Number (From page 1) A051885-01

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 06/09/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.

Project Name: Jansen

Project Number:

PWS ID#:

Attention: Kathy Sillitoe

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A051885

Date Sampled: 6/2/2005

Date Received: 6/2/05 11:25

Date Reported: 6/9/2005

Project Description

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

Project Name: Jansen

Approved By:

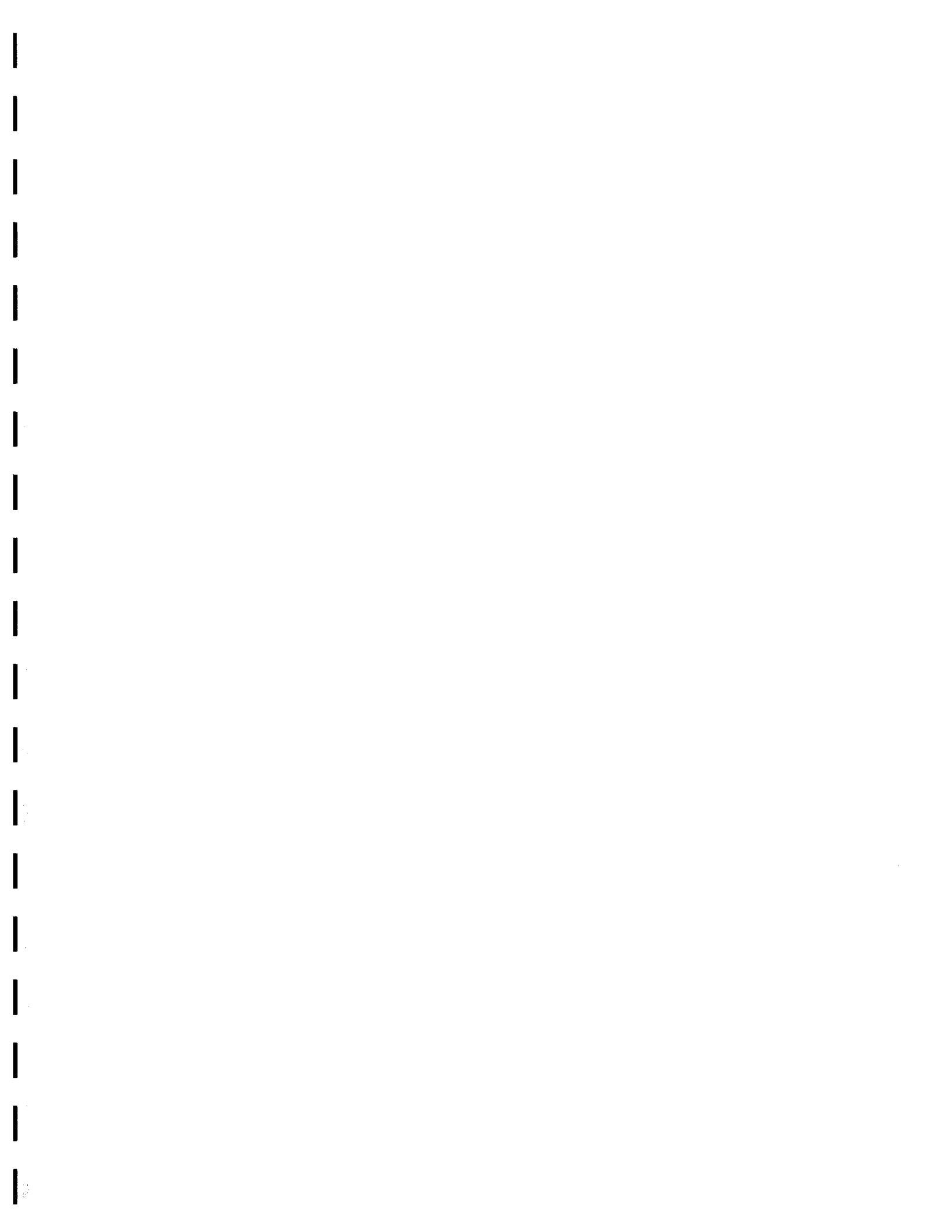
Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8



Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Jansen

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: Point of Entry

Sample Number: A051885-01

Report No.: A051885

Date/Time Sampled: 06/02/05 10:00

Date/Time Received: 6/2/05 11:25

Sampled By: Terry Silhitoe

Shipping Method: Client drop off

Inorganic Contaminants

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

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

7.4



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: JANSEN

Date/Time Rcvd: 6/2/2005 11.25

Log-In request number: A051885

Received by: BDM

Completed by: BDM

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

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

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

25

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

904 363 9354

From: ADVANCED ENVIRONMENTAL LABS

Chain-of-Custody for AEL Orlando to AEL Jax

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

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

Contact Person: Myrna Santiago

Project #: A051885
CustomerName: Utilities, Inc.
Collector: Terry Silhitoe

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051885-01	1	Nitrate (J)-DW	Drinking Water	6/2/2005 10:00	6/2/05 11:25	6/3/2005	_____	250mL Poly
A051885-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005 10:00	6/2/05 11:25	6/3/2005	_____	250mL Poly

Orlando
Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 6/2/05 2:00

Date/Time: 6/3/05 0940



Advanced Environmental Laboratories, Inc.

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

LAB

Page

A051885

CLIENT NAME: Utilities Inc.	PROJECT NAME: Jansen	BOTTLE SIZE & TYPE: 250 mL	ANALYSIS REQUIRED NO3/NO2	LAB NUMBER
ADDRESS: 200 Weathersfield Ave Altamonte Springs, FL 32714	P.O. NUMBER/PROJECT NUMBER:			
PHONE: 407-448-1715	PROJECT LOCATION: Jansen WTP			
CONTACT: Kathy Silitoe	SAMPLED BY: <i>Kathy Silitoe</i> B22749			
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH	REMARKS/SPECIAL INSTRUCTIONS:			

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	ANALYSIS REQUIRED											
			DATE	TIME				NO3	NO2	NO3/NO2	NO3-N	NO2-N	NO3+NO2	NO3+NO2-N					
1	NO2/NO3 POE Jansen	G	6/2/05	1000	DW	1	I	X											

I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)	Relinquish by: <i>Kathy Silitoe</i>	Date: 6/2/05	Time: 11:25	Received by: <i>Brian M. Melton</i>	Date: 6/2/05	Time: 11:25
Method	Sample Kit	Cooler #	1			
Via:	RB	D/T	2			
Via:	AB	D/T	3			
	Trip Bl.		4			

Received on Ice Yes No QC sent received

2
x

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574 EPA Lab Code: FL00949 (904) 363-9350

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 04/24/2005-E82574

D. J.



Client: Utilities, Inc.

Project Name: Jansen

Project Number:

PWS ID#:

Attention: Kathy Sillitoe

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A052399

Date Sampled: 7/12/2005

Date Received: 7/12/05 16:50

Date Reported: 7/24/2005

Project Description

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

Project Name: Jansen

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

R.3

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Jansen
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 6245 Linneal Bea
Sample Number: A052399-01

Report No.: A052399
Date/Time Sampled: 07/12/05 11:45
Date/Time Received: 7/12/05 16:50

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

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	37		E502.2	1.6	7/14/2005	16:12	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	7/14/2005	16:12	E82574
2943	Bromodichloromethane		ug/L	13		E502.2	0.38	7/14/2005	16:12	E82574
2944	Dibromochloromethane		ug/L	3.1 / 53.1		E502.2	0.28	7/14/2005	16:12	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

2.4



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: JANSEN

Date/Time Rcvd: 7/12/05 16.50

Log-In request number: A052399

Received by: BDM

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

R-1

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052399

CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052399-01	1	THMs (DW)	Drinking Water	7/12/2005 11:45	7/12/05 16:50	7/26/2005	_____	40mL VOC vial

Orlando Relinquisher: _____

Shipping Relinquisher: AEL Courier _____

Shipping Receiver: AEL Courier _____

Jacksonville Receiver: _____

Date/Time: 7/13/05 1700

Date/Time: 7/14/05 0915

20



Advanced

Environmental Laboratories, Inc.

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

A052399

CLIENT NAME: Utilities Inc.		PROJECT NAME: Jansen		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	40mL Vials	THM'S	LAB NUMBER		
ADDRESS: 200 Weathersfield Ave		P.O. NUMBER/PROJECT NUMBER:		T						
Altamonte Springs, FL 32714		PROJECT LOCATION:								
PHONE: 407-869-1919	FAX:									
CONTACT:		SAMPLED BY: ALEXANDER LORENZO		T						
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:								
<input checked="" type="checkbox"/> STANDARD										
<input type="checkbox"/> RUSH										
WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge										
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv			
			DATE	TIME						
1	6245 LINNEAL BEACH DR.	G	7/12/05	1145	WW DW	3		X		
I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)		Relinquish by:		Date	Time	Received by:		Date	Time	
Shipment	Method	Sample Kit	Cooler #							
Out	Via:	RB	D/T	1	Alexander Lorenzo	7/12/05	16 ⁵⁰	Alexander Lorenzo	7/12/05	16 ⁵⁰
	Via:	AB	D/T	2						
Ret	Via:	Trip Bl.		3						
				4						

Received on Ice Yes No QC sent received

revised 8/01

22

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574

R. 8

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

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

System Name: Jansen PWS I.D. #:

3	5	9	0	6	1	5
---	---	---	---	---	---	---

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

Address: 6235 BEAR LAKE TERRACE

City: Apopka State: FL ZIP Code: 32703

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

E-Mail Address: S.L.HAWS@UtilitiesINC-USA.COM

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052634 Location Code (if known): MRT

Sample Date: 7-28-05 Sample Time: 0855 AM PM (Circle One)

Sample Location (be specific): 6245 LINNEAL BEACH

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input checked="" type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 8/30/05

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

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

LabName: Advanced Environmental Labs - Orlando Florida Certification #: E53076
Address: 528 S. North Lake Blvd., Suite 1016 Certification Expiration Date: 6/30/2006
Altamonte Springs, FL 32701 Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____ Date Sample(s) Received: 7/28/2005 2:35:00
Lab Assigned Report Number or Job ID A052634 Sample Number (From page 1) A052634
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 checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No
If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 8/25/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
 Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
 Additional Monitoring Required (circle or highlight group(s) above)
Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.

Project Name: Jansen

Project Number:

PWS ID#:

Attention: Kathy Sillitoe

Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Report No.: A052634

Date Sampled: 7/28/2005

Date Received: 7/28/05 14:35

Date Reported: 8/23/2005

Project Description

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

Project Name: Jansen

Approved By:

Myria Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Jansen
Matrix: Drinking Water
PWS ID#:

Report No.: A052634
Date/Time Sampled: 07/28/05 8:55
Date/Time Received: 7/28/05 14:35

Client Sample ID: 1
Site: 6245 Linneal Bea
Sample Number: A052634-01

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

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	8/5/2005	14:21	E82574
2451	Dichloroacetic Acid		ug/L	11		E552.2	0.56	8/5/2005	14:21	E82574
2452	Trichloroacetic Acid		ug/L	19		E552.2	0.60	8/5/2005	14:21	E82574
2453	Bromoacetic Acid		ug/L	0.51	i	E552.2	0.34	8/5/2005	14:21	E82574
2454	Dibromoacetic Acid		ug/L	2.3		E552.2	0.45	8/5/2005	14:21	E82574

32.81

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: JANSEN

Date/Time Rcvd: 7/28/05 14.35

Log-In request number: A052634

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input checked="" type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input checked="" type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052634

CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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


Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052634-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005 8:55	7/28/05 14:35	8/11/2005	_____	40mL Vial Amber

Orlando Relinquisher: 

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: 

Date/Time: 7/28/05 17W
Date/Time: 7/29/05 950



Advanced Environmental Laboratories, Inc.

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

A052634

CLIENT NAME: Utilities Inc.	PROJECT NAME: Jansen	BOTTLE SIZE & TYPE	40mL Vials	ANALYSIS REQUIRED	HAA					
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:									
Altamonte Springs, FL 32714	PROJECT LOCATION:									
PHONE: 407-448-1715	FAX:									
CONTACT: Kathy Sillitoe	SAMPLED BY: ALEXANDER LORENZO									
TURN AROUND TIME:	REMARKS/SPECIAL INSTRUCTIONS:									

LAB NUMBER

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	NH4Cl							
			DATE	TIME											
1	6245 LINNEAL BEACH	G	7/28/05	0855	WW/PW	3		X							

I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)				Relinquish by:		Date	Time	Received by:	Date	Time
Shipment	Method	Sample Kit	Cooler #							
Out	Via:	RB	D/T	1	Alexander Lorenzo	7/28/05	1435	<i>[Signature]</i>	7/28/05	1435
Ret	Via:	AB	D/T	2						
		Trip Bl.		3						
				4						

Received on Ice Yes No QC sent received

revised 8/01

JeB Bush
Governor



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

Laboratory Scope of Accreditation

Page 1 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Antimony	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Arsenic	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromodichloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

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

NON-TRANSFERABLE 06/29/2005-E82574



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 06/29/2005-E82574



Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

Jansen

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

618



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: Jansen			PWS Identification Number: 3590615	
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: 252			Total Population Served at End of Month: 802	
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: 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: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

2/3/04	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
--------	--	-------------------------

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

PWS Identification Number: 3590615

Plant Name: Utilites, Inc. of Florida - *JANSTON*

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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	24	97,000									1.0	
2	24	75,000									1.1	
3	24	52,000									0.9	
4	24	97,000										
5	24	97,000										
6	24	114,000									1.1	
7	24	77,000									1.3	
8	24	68,000									1.5	
9	24	77,000									1.2	
10	24	43,000									6.0	
11	24	79,000									0.9	
12	24	79,000										
13	24	54,000									1.0	
14	24	54,000									0.7	
15	24	66,000									0.5	
16	24	87,000									0.7	
17	24	60,000									0.8	
18	24	99,000									1.0	
19	24	86,000										
20	24	55,000									1.3	
21	24	49,000									1.0	
22	24	60,000									1.2	
23	24	62,000									1.2	
24	24	37,000									1.9	
25	24	93,000									1.0	
26	24	94,000									1.1	
27	24	94,000									1.4	
28	24	56,000									1.7	
29	24	46,000									1.0	
30	24	68,000									1.0	
31	24	60,000									1.0	
31	24	44,000									0.9	
Total		2,165,000										
Average		70,000										
Maximum		114,000										

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

618



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 252		Total Population Served at End of Month: 882	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J Gavaletz</i> 3/4/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
--	--	-------------------------

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

PWS Identification Number: 3590615 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	70,000												
2	24	72,000											1.0	
3	24	51,000											1.0	
4	24	50,000											1.3	
5	24	66,000											1.0	
6	24	55,000											1.1	
7	24	40,000											0.7	
8	24	87,000												
9	24	88,000											1.3	
10	24	56,000											0.9	
11	24	56,000											1.1	
12	24	71,000											1.3	
13	24	67,000											0.9	
14	24	44,000											0.9	
15	24	77,000												
16	24	77,000											1.1	
17	24	53,000											1.0	
18	24	56,000											0.7	
19	24	62,000											0.8	
20	24	54,000											1.0	
21	24	55,000											0.9	
22	24	101,000												
23	24	102,000											1.2	
24	24	67,000											1.1	
25	24	56,000											1.0	
26	24	65,000											0.7	
27	24	60,000											1.1	
28	24	44,000											0.9	
29	24	118,000												
30														
31														
Total		1,915,000												
Average		66,000												
Maximum		118,000												

* 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.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 252		Total Population Served at End of Month: 882	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

Michael J Gavaletz 4/5/04
 Signature and Date

Michael J. Gavaletz
 Printed or Typed Name

C5642
 License Number

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

PWS Identification Number: 3590615

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: March 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Contact Time Provided Before or During Customer Measurement	mg-min/L Peak Flow, During	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
													UV Dose	CT Calculations
1	24	118,000									1.0			
2	24	61,000									0.7			
3	24	73,000									0.8			
4	24	68,000									1.0			
5	24	55,000									1.1			
6	24	54,000									0.8			
7	24	104,000												
8	24	109,000									1.0			
9	24	80,000									0.8			
10	24	70,000									1.1			
11	24	74,000									0.6			
12	24	72,000									1.0			
13	24	62,000									0.8			
14	24	104,000												
15	24	103,000									1.2			
16	24	63,000									1.0			
17	24	56,000									0.7			
18	24	64,000									0.5			
19	24	177,000									0.4			
20	24	80,000									0.6			
21	24	92,000									0.7			
22	24	92,000									0.5			
23	24	71,000									0.7			
24	24	82,000									0.7			
25	24	60,000									1.0			
26	24	66,000									0.6			
27	24	64,000									0.7			
28	24	104,000									1.0			
29	24	104,000									1.0			
30	24	60,000									1.0			
31	24	60,000									0.8			
Total		2,535,000												
Average		83,000												
Maximum		177,000												

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

618



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

FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 252		Total Population Served at End of Month: 882	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<p style="font-size: 1.5em; font-family: cursive;">Michael J Gavaletz 5/15/04</p> <p>Signature and Date</p>	<p>Michael J. Gavaletz</p> <p>Printed or Typed Name</p>	<p>C5642</p> <p>License Number</p>
---	---	------------------------------------

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

PWS Identification Number: 3590615

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	79,000										1.2	
2	24	75,000										1.0	
3	24	57,000										1.3	
4	24	140,000											
5	24	140,000										0.5	
6	24	96,000										0.8	
7	24	105,000										1.0	
8	24	117,000										0.8	
9	24	67,000										1.1	
10	24	61,000										1.0	
11	24	120,000											
12	24	121,000										0.7	
13	24	60,000										0.8	
14	24	70,000										1.0	
15	24	69,000										1.2	
16	24	74,000										1.0	
17	24	54,000										0.8	
18	24	112,000											
19	24	113,000										1.1	
20	24	88,000										0.9	
21	24	132,000										0.7	
22	24	88,000										1.3	
23	24	102,000										0.8	
24	24	47,000										0.7	
25	24	133,000											
26	24	133,000										0.6	
27	24	73,000										0.6	
28	24	73,000										1.4	
29	24	77,000										1.0	
30	24	77,000										1.1	
31													
Total		2850,000											
Average		94,000											
Maximum		140,000											

* 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

618

FILE COPY FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 252		Total Population Served at End of Month: 882	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J Gavaletz</i> 6/4/04	Michael J. Gavaletz	C5642
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: 3590615 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **May 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	52,000											1.2	
2	24	92,000												
3	24	92,000											0.6	
4	24	52,000											0.8	
5	24	69,000											1.1	
6	24	83,000											1.4	
7	24	73,000											1.1	
8	24	75,000											1.2	
9	24	124,000												
10	24	125,000											1.0	
11	24	87,000											1.2	
12	24	102,000											1.3	
13	24	101,000											1.1	
14	24	87,000											1.0	
15	24	76,000											1.2	
16	24	114,000												
17	24	114,000											1.0	
18	24	76,000											0.7	
19	24	93,000											0.9	
20	24	109,000											1.2	
21	24	81,000											1.4	
22	24	71,000											1.3	
23	24	141,000												
24	24	141,000											0.7	
25	24	107,000											1.0	
26	24	121,000											0.2	
27	24	127,000											1.1	
28	24	137,000											1.3	
29	24	94,000											1.3	
30	24	161,000												
31	24	162,000											1.4	
Total		3,138,000												
Average		101,000												
Maximum		162,000												

* 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

618

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE 04

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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>252</u>		Total Population Served at End of Month: <u>882</u>	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<u>Michael J Gavaletz 7/1/04</u>	Michael J. Gavaletz	C5642
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: 3590615

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of:

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	137,000											1.2	
2	24	136,000											1.7	
3	24	120,000											1.4	
4	24	106,000											1.6	
5	24	52,000											1.3	
6	24	93,000												
7	24	93,000											1.1	
8	24	85,000											0.7	
9	24	62,000											0.8	
10	24	63,000											0.4	
11	24	50,000											1.0	
12	24	56,000											1.2	
13	24	87,000												
14	24	87,000											1.0	
15	24	50,000											0.8	
16	24	50,000											0.6	
17	24	72,000											0.9	
18	24	58,000											0.7	
19	24	41,000											1.2	
20	24	104,000												
21	24	110,000											1.5	
22	24	65,000											0.7	
23	24	81,000											0.8	
24	24	95,000											1.1	
25	24	87,000											1.5	
26	24	56,000											1.4	
27	24	110,000												
28	24	110,000											1.0	
29	24	60,000											1.4	
30	24	78,000											1.5	
31														
Total		2463,000												
Average		82,000												
Maximum		1370000												

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

618



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information


PWS Name: Jansen		PWS Identification Number: 3590615	
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: 252		Total Population Served at End of Month: 882	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	RAYMOND H PARRISH	C	12740	

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.


8-2-2004
Michael J. Gavaletz
C5642

Signature and Date
For
Printed or Typed Name
License Number

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

PWS Identification Number: 3590615 Plant Name: Utilities, Inc. of Florida - *Jackson*

III. Daily Data for the Month/Year of: July 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Peak Flow Rate, gpd	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	24	101,000											0.5	
2		63,000											1.1	
3		39,000											1.2	
4		79,000												
5		80,000											0.7	
6		79,000											1.9	
7		37,000											1.5	
8		94,000											1.5	
9		83,000											1.0	
10		68,000											1.3	
11		110,000												
12		110,000											1.4	
13		74,000											1.2	
14	✓	75,000											1.0	
15	24	97,000											0.7	
16		69,000											1.1	
17		54,000											1.2	
18		105,000												
19		105,000											1.0	
20		57,000											1.1	
21		71,000											1.4	
22		92,000											1.2	
23		87,000											1.3	
24		57,000											1.3	
25		133,000												
26		133,000											1.2	
27		52,000											1.5	
28		65,000											1.2	
29	✓	73,000											1.5	
30	✓	68,000											1.3	
31	24	60,000											1.4	
Total		2470000												
Average		79,000												
Maximum		159,000												

* 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

618
FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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>252</u>		Total Population Served at End of Month: <u>882</u>	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<u>Michael J. Gavaletz</u> 8/3/04	Michael J. Gavaletz	C5642
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: 3590615

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: August 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations					UV Dose							
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Minimum Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	24	81,000													
2	24	81,000											1.5		
3	24	61,000											1.4		
4	24	79,000											1.4		
5	24	83,000											1.5		
6	24	60,000											1.2		
7	24	53,000											1.0		
8	24	69,000											1.2		
9	24	69,000											1.0		
10	24	60,000											1.4		
11	24	52,000											1.5		
12	24	66,000											1.2		
13	24	63,000											1.2		
14	24	93,000											0.7		
15	24	53,000											1.1		
16	24	55,000											1.2		
17	24	76,000											1.3		
18	24	73,000											1.3		
19	24	63,000											1.3		
20	24	79,000											1.2		
21	24	43,000											1.3		
22	24	91,000											1.4		
23	24	92,000											1.5		
24	24	55,000											1.3		
25	24	60,000											1.3		
26	24	80,000											1.5		
27	24	71,000											1.2		
28	24	42,000											1.4		
29	24	110,000											1.3		
30	24	111,000											1.2		
31	24	64,000											1.2		
Total		2,198,000													
Average		71,000													
Maximum		111,000													

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

618



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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>252</u>		Total Population Served at End of Month: <u>882</u>	
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: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<u>Michael J Gavaletz</u> 10/5/04	Michael J. Gavaletz	C5642
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: 3590615

Plant Name: Utilities, Inc. of Florida - *Jessie*

III. Daily Data for the Month/Year of: *Sept 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CF Calculations * UV Dose, as Dispensing Point of Measurement, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Discovery of Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
			CF Calculations					UV Dose									
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (mg/L) at Dispensing Point During Peak Flow	Disinfectant Contact Time (min) at Dispensing Point During Peak Flow	Quantity Provided (mg/L) at Dispensing Point During Peak Flow	Flow Rate (gpm)	Minimum UV Dose Required (mW-sec/cm ²)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose (mW-sec/cm ²)	UV Dose (mW-sec/cm ²)	Flow Rate (gpm)					
1	24	64,000														1.5	
2	24	78,000														1.1	
3	24	75,000														1.3	
4	24	78,000														1.2	
5	24	237,000															
6	24	237,000															
7	24	338,000														0.3	
8	24	90,000														0.6	
9	24	43,000														1.0	
10	24	50,000														1.3	
11	24	58,000														1.2	
12	24	69,000															
13	24	89,000														1.4	
14	24	38,000														1.2	
15	24	65,000														1.3	
16	24	50,000														1.4	
17	24	56,000														1.3	
18	24	38,000														1.3	
19	24	78,000															
20	24	74,000														1.2	
21	24	78,000														1.1	
22	24	65,000														0.5	
23	24	15,000														1.2	
24	24	90,000														1.0	
25	24	44,000														1.3	
26	24	250,000															
27	24	250,000														1.4	
28	24	241,000														0.8	
29	24	159,000														1.1	
30	24	121,000														0.5	
31																	
Total		5,185,000															
Average		105,000															
Maximum		338,000															

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

618



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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>252</u>		Total Population Served at End of Month: <u>882</u>	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

Michael J Gavaletz 11/4/04 Michael J. Gavaletz C5642
 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: 3590615 Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: Oct 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations					UV Dose							
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration as Reported in Distribution System, mg/L			
1	24	104,000											0.7		
2	24	29,000											1.1		
3	24	76,000													
4	24	78,000											0.6		
5	24	68,000											0.8		
6	24	45,000											0.6		
7	24	62,000											0.7		
8	24	45,000											0.9		
9	24	44,000											1.1		
10	24	77,000													
11	24	78,000											0.6		
12	24	48,000											0.6		
13	24	55,000											0.7		
14	24	56,000											0.6		
15	24	60,000											1.1		
16	24	34,000											1.3		
17	24	73,000													
18	24	74,000											1.2		
19	24	71,000											1.4		
20	24	58,000											0.7		
21	24	54,000											0.7		
22	24	53,000											0.6		
23	24	43,000											0.7		
24	24	77,000													
25	24	78,000											1.1		
26	24	55,000											1.3		
27	24	60,000											1.0		
28	24	65,000											1.1		
29	24	71,000											1.3		
30	24	46,000											1.2		
31	24	76,000													
Total		1,913,000													
Average		62,000													
Maximum		104,000													

* 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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>252</u>		Total Population Served at End of Month: <u>232</u>	
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: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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: Michael J. Gavaletz 12/2/04

Michael J. Gavaletz
Printed or Typed Name

C5642
License Number

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

PWS Identification Number: 3590615 Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: Nov 2007

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	Hours of Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) During Peak Flow, mg/L	Disinfectant Provided at Plant or Delivery of Customers	Temp. of Water, °C	Type of Application	Minimum Residual, mg/L	Lowest Operating UV Dose, sec/cm	Minimum UV Dose Required, sec/cm	MWH	Distribution Point in	Lowest Residual Disinfectant Concentration	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation

Total	Average	Maximum
199000	66000	100000
31		
30	24	51000
29	24	25000
28	24	73000
27	24	31000
26	24	69000
25	24	72000
24	24	82000
23	24	56000
22	24	74000
21	24	74000
20	24	55000
19	24	65000
18	24	60000
17	24	64000
16	24	53000
15	24	71000
14	24	76000
13	24	48000
12	24	53000
11	24	75000
10	24	58000
9	24	68000
8	24	108000
7	24	49000
6	24	46000
5	24	60000
4	24	45000
3	24	72000
2	24	51000
1	24	72000

* 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

FILE COPY 618

See page 4 for instructions.

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

A. Public Water System (PWS) Information

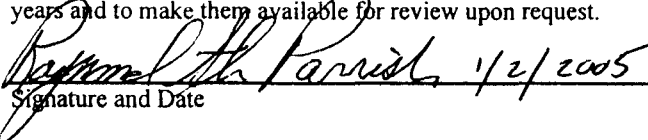
PWS Name: Jansen		PWS Identification Number: 3590615	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>252</u>		Total Population Served at End of Month: <u>882</u>	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon. - Fri. 8 A.M. - 4:30 P.M.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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	<u>1/2/2005</u> Date	<u>RAYMOND ALAN PARRISH</u> Printed or Typed Name	<u>C-12740</u> License Number
---	-------------------------	--	----------------------------------

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

PWS Identification Number: 3590615

Plant Name: Utilities, Inc. of Florida - *Jensen*

III. Daily Data for the Month/Year of: *Dec. 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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
12/1	24	66,000										0.6	
12/2		70,000										0.7	
12/3		56,000											
12/4		41,000										0.5	
12/5		69,000											
12/6		71,000										0.3	
12/7		56,000										0.5	
12/8		57,000										0.5	
12/9		59,000										0.9	
12/10		56,000										0.6	
12/11		35,000										0.5	
12/12		71,000											
12/13	V	73,000										0.6	
12/14	24	63,000										0.9	
12/15		53,000										1.1	
12/16		67,000										1.3	
12/17		72,000										1.0	
12/18		39,000										1.2	
12/19		86,000											
12/20		86,000										1.3	
12/21		52,000										1.1	
12/22		66,000										1.2	
12/23		64,000										2.0	
12/24		48,000										2.2	
12/25		60,000										1.5	
12/26		70,500											
12/27		70,500										2.0	
12/28		44,000										1.5	
12/29		61,000										1.2	
12/30	V	61,000										2.5	
12/31	24	65,000										2.2	
Total		1,908,000											
Average		61,000											
Maximum		86,000											

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

FILE COPY

618 ✓



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/2005

A. Public Water System (PWS) Information


PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 a.m. - 4:30 p.m.

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.

 2-2-5
 Signature and Date

Roy J. Mericle
 Printed or Typed Name

C13808
 License Number

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

PWS Identification Number: 3590615

Plant Name: Utilites, Inc. of Florida

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

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Peak Flow Rate, gpd	CT Calculations				UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²		
1	24	50,000											1.8	
2	24	78,000												
3	24	79,000											2.5	
4	24	51,000											2.5	
5	24	57,000											2.2	
6	24	72,000											2.3	
7	24	73,000											3.0	
8	24	44,000											2.0	
9	24	94,000												
10	24	94,000											1.9	
11	24	72,000											2.0	
12	24	54,000											2.0	
13	24	62,000											2.0	
14	24	43,000											2.3	
15	24	45,000											2.0	
16	24	63,000												
17	24	63,000											2.0	
18	24	50,000											2.0	
19	24	53,000											1.8	
20	24	50,000											1.7	
21	24	51,000											0.8	
22	24	47,000											1.7	
23	24	68,000												
24	24	69,000											2.0	
25	24	56,000											1.6	
26	24	59,000											1.5	
27	24	51,000											2.0	
28	24	58,000											1.5	
29	24	39,000											1.7	
30	24	78,000												
31	24	79,000											1.80	
Total		1,902,000												
Average		61,354												
Maximum		94,000												

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

618

FILE COPY



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen PWS Identification Number: 3590615

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

Number of Service Connections at End of Month: 252 Total Population Served at End of Month: 882

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: 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: Utilites, Inc. of Florida Plant Telephone Number: 407-869-1919

Plant Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 a.m. - 4:30 p.m.

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.

Roy J. Mericle 2-28-05 Roy J. Mericle C13808
 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: 3590615 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February/2005

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	24	57,000										1.3		
2	24	60,000										1.1		
3	24	59,000										1.0		
4	24	55,000										1.0		
5	24	39,000										0.9		
6	24	65,000												
7	24	66,000										1.7		
8	24	69,000										1.2		
9	24	58,000										1.2		
10	24	67,000										3.0		
11	24	57,000										1.7		
12	24	42,000										1.5		
13	24	76,000												
14	24	77,000										2.2		
15	24	80,000										2.0		
16	24	66,000										1.8		
17	24	76,000										0.6		
18	24	88,000										1.7		
19	24	50,000										1.3		
20	24	92,000												
21	24	92,000										1.6		
22	24	79,000										1.5		
23	24	86,000										3.0		
24	24	71,000										1.4		
25	24	88,000										0.6		
26	24	38,000										2.1		
27	24	69,000												
28	24	69,000										1.8		
29	24													
30	24													
31	24													

Total	1,891,000
Average	67,535
Maximum	92,000

* 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

618

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information


PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 a.m. - 4:30 p.m.

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.

 3-31-5 Signature and Date	Roy J. Mericle Printed or Typed Name	C13808 License Number
--	---	--------------------------

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

PWS Identification Number: 3590615

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March/2005

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	24	51,000										1.5	
2	24	52,000										1.7	
3	24	52,000										1.4	
4	24	58,000										1.5	
5	24	45,000										1.2	
6	24	75,000											
7	24	76,000										1.4	
8	24	59,000										1.5	
9	24	60,000										3.0	
10	24	51,000										1.6	
11	24	46,000										1.3	
12	24	62,000										1.6	
13	24	91,000											
14	24	91,000										2.0	
15	24	66,000										1.9	
16	24	50,000										2.1	
17	24	41,000										1.8	
18	24	64,000										1.9	
19	24	48,000										1.6	
20	24	76,000											
21	24	76,000										1.5	
22	24	60,000										1.7	
23	24	49,000										1.6	
24	24	56,000										1.8	
25	24	59,000										1.6	
26	24	54,000										1.3	
27	24	68,000											
28	24	68,000										2.4	
29	24	56,000										1.0	
30	24	57,000										1.7	
31	24	66,000										1.80	
Total		1,883,000											
Average		60,741											
Maximum		91,000											

* 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

FILE COPY

618

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Rav Parrish	C	12740	Mon 8 a.m. - 4:30 p.m.

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.

<u>Roy J. Mericle</u> Signature and Date	<u>5-3-05</u>	Roy J. Mericle Printed or Typed Name	C13808 License Number
---	---------------	---	--------------------------

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

PWS Identification Number: 3590615

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April/2005

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	24	62,000											1.3	
2	24	35,000											1.5	
3	24	78,000												
4	24	79,000											1.8	
5	24	59,000											1.7	
6	24	72,000											1.8	
7	24	90,000											1.6	
8	24	46,000											1.5	
9	24	55,000											1.8	
10	24	96,000												
11	24	96,000											1.6	
12	24	70,000											2.3	
13	24	82,000											3.0	
14	24	96,000											2.0	
15	24	78,000											2.8	
16	24	75,000											2.4	
17	24	129,000												
18	24	129,000											2.0	
19	24	104,000											2.4	
20	24	91,000											2.2	
21	24	111,000											2.2	
22	24	84,000											1.6	
23	24	69,000											1.8	
24	24	99,000												
25	24	99,000											1.6	
26	24	58,000											1.5	
27	24	88,000											1.8	
28	24	89,000											3.0	
29	24	71,000											3.0	
30	24	78,000											1.7	
31														
Total		2,468,000												
Average		82,266												
Maximum		129,000												

* 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

FILE COPY

618

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon- Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thurs, Fri, Sat Days
	Roy Mericle	C	13808	Tues- Fri Days From 5/1 Untill 5/17/05
	Alex Lorenzo	C	13756	Mon, Wed. Days
	Roger Holsapple	C	7436	Tues. Days

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.

	Kathy Sillitoe	C-13094
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: 3590615 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **May/2005**

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations					UV Dose							
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	24	98,500													
2	24	98,500											0.80		
3	24	63,000											0.60		
4	24	63,000											1.10		
5	24	51,000											1.00		
6	24	58,000											1.00		
7	24	70,000											1.10		
8	24	76,000											1.60		
9	24	76,000											1.90		
10	24	76,000											2.00		
11	24	80,000											1.70		
12	24	66,000											1.40		
13	24	79,000											1.30		
14	24	89,000											1.00		
15	24	125,000											0.80		
16	24	125,000											1.40		
17	24	84,000											1.80		
18	24	84,000											2.00		
19	24	62,000											2.40		
20	24	80,000											2.00		
21	24	79,000											2.00		
22	24	113,500											1.60		
23	24	113,500											1.80		
24	24	83,000											1.80		
25	24	138,000											1.90		
26	24	86,000											1.90		
27	24	106,000											2.00		
28	24	87,000											1.90		
29	24	100,500											1.90		
30	24	100,500											2.00		
31	24	82,000											1.90		
Total		2,693,000													
Average		86,870													
Maximum		138,000													

* 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

PWS Identification Number: 3590615

Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * May/2005

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

Polymer Dose, ppm = _____ Acrylamide Level, %[†] = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %[†] = _____

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

Type of Sequestrant (polyphosphate or sodium silicate): _____

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

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

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

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



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

FILE COPY 618

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days

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.

	Kathy Sillitoe	C-13094
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: 3590615 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **June/2005**

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	24	59,000 /											2.60	
2	24	51,000 ✓											2.4	
3	24	48,000 ✓											2.6	
4	24	53,000 ✓											2.7	
5	24	64,500 ✓											2.2	
6	24	64,500 ✓											2.2	
7	24	59,000 ✓											2.1	
8	24	44,000 ✓											2.2	
9	24	60,000 ✓											2.1	
10	24	32,000 ✓											2.2	
11	24	56,000 ✓											2.4	
12	24	66,500 ✓											2.2	
13	24	66,500 ✓											2.4	
14	24	50,000 ✓											2.2	
15	24	62,000 ✓											2.2	
16	24	60,000 ✓											2.4	
17	24	62,000 ✓											2.2	
18	24	68,000 ✓											1.7	
19	24	78,000 ✓											2.0	
20	24	78,000 ✓											1.8	
21	24	72,000 ✓											0.4	
22	24	67,000 ✓											2.4	
23	24	49,000 ✓											2.3	
24	24	55,000 ✓											2.6	
25	24	65,000 ✓											1.8	
26	24	91,500 ✓											2.0	
27	24	91,500 ✓											1.8	
28	24	53,000 ✓											2.0	
29	24	52,000 ✓											1.8	
30	24	54,000 ✓											2.4	
31	24													
Total		1,832,000												
Average		61,066	18,330.00											
Maximum		91,500												

* 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: 3590615 | Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June/2005

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

Polymer Dose, ppm = | Acrylamide Level, %[†] =

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

Polymer Dose, ppm = | Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):

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

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

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

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



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

618
FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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 Spings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield		City: Altamonte Springs	State: FL Zip Code: 32714
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: 309,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Kathy Sillitoe	C	13094
Other Operators:	Alexander Lorenzo	C	13756
	Terry Sillitoe	B	12749

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.

<u>Kathy Sillitoe 8-3-05</u>	<u>Kathy Sillitoe</u>	<u>C-13094</u>
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: 3590615 Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	42,000										2.10		
2	X	24	66,000										2.30		
3		24	72,500												
4	X	24	72,500										3.00		
5	X	24	73,000										1.80		
6	X	24	86,000										2.40		
7	X	24	79,000										1.60	collected bacts	
8	X	24	62,000										1.20		
9	X	24	59,000										1.70		
10		24	67,500												
11	X	24	67,500										1.60		
12	X	24	61,000										0.80		
13	X	24	48,000										1.40		
14	X	24	50,000										1.20		
15	X	24	64,000										1.20		
16	X	24	63,000										1.50		
17		24	71,500												
18	X	24	71,500										1.40		
19	X	24	66,000										0.80		
20	X	24	48,000										1.60		
21	X	24	56,000										1.00		
22	X	24	59,000										1.20		
23	X	24	64,000										1.00		
24		24	78,500												
25	X	24	78,500										0.60		
26	X	24	68,000										1.20		
27	X	24	62,000										2.00		
28	X	24	78,000										1.40		
29	X	24	79,000										1.30		
30	X	24	69,000										1.40		
31		24													
Total			1,982,000												
Average			66,066												
Maximum			86,000												

* 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

618

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 253		Total Population Served at End of Month: 886	
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 Spings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon - Fri Days
Other Operators:	Alexander Lorenzo	C	13756	Mon - Thurs. Days
	Terry Sillitoe	B	12749	Thur. Fri & Sat. Days
	Allan Finch	C	7806	Mon - Fri Days

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.

<u>Kathy Sillitoe</u> 9-6-05	Kathy Sillitoe	C-13094
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: 3590615 Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	150,000											0.80	BACTS COLLECTED	
2	X	24	48,000											1.40	WELL 2 BACTS COLLECTED	
3	X	24	70,000											1.10		
4	X	24	28,000											1.10		
5	X	24	87,000											1.00		
6	X	24	61,000											1.20		
7		24	81,500													
8	X	24	81,500											1.10		
9	X	24	63,000											1.40		
10	X	24	63,000											1.00		
11	X	24	62,000											0.50		
12	X	24	70,000											0.80		
13	X	24	62,000											1.10		
14		24	74,500													
15	X	24	74,500											0.60		
16	X	24	56,000											0.80		
17	X	24	100,000											0.60		
18	X	24	85,000											1.20		
19	X	24	79,000											1.20		
20	X	24	66,000											0.60		
21		24	73,000													
22	X	24	73,000											0.60		
23	X	24	66,000											0.60		
24	X	24	64,000											1.80		
25	X	24	72,000											2.00		
26	X	24	60,000											1.30		
27	X	24	55,000											0.60		
28		24	89,500													
29	X	24	89,500											0.70		
30	X	24	68,000											0.80		
31	X	24	57,000											1.10		
Total			2,229,000													
Average			71,903													
Maximum			150,000													

* 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

618

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

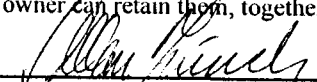
PWS Name: Jansen		PWS Identification Number: 3590615	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 253		Total Population Served at End of Month: 886	
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 Sptings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	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 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.

	10-3-05	Allan Finch	C-7806
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: 3590615

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: SEPTEMBER 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24	5600											1.0	
2		24	6500											1.1	
3		24	4400											1.1	
4		24	7050												
5		24	7500	7050										0.9	
6		24	8200	8200										0.9	
7		24	5500											0.9	
8		24	5300											0.9	
9		24	4800											0.9	
10		24	4400											1.0	
11		24	8750												
12		24	8750											0.8	
13		24	6300											0.8	
14		24	8100											0.8	
15		24	7600											0.7	
16		24	7900											0.7	
17		24	7300											0.7	
18		24	119,500											0.2	
19		24	119,500											0.4	
20		24	8800											0.5	
21		24	6000											0.5	
22		24	7900											1.0	
23		24	3800											1.1	
24		24	6200											1.1	
25		24	6350											0.7	
26		24	63,500											0.2	
27		24	5700											0.4	
28		24	6500											1.0	
29		24	5800											0.8	
30		24	6700												
31		24													
Total			+	2,147,000											
Average			7,566	71,566											
Maximum			87,500	119,500											

* 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

618

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

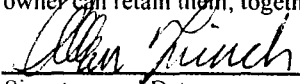
PWS Name: Jansen		PWS Identification Number: 3590615	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 253		Total Population Served at End of Month: 886	
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 Spings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield 6236 Bear Lake Terrace		City: Altamonte Springs	State: FL Zip Code: 32714-32703	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	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 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.

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

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

WSS Identification Number: 3590615

Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	62,000											1.2	
2		24	86,000												
3		24	86,000											1.0	
4		24	74,000											1.0	
5		24	56,000											0.8	
6		24	50,000											1.1	
7		24	55,000											1.0	
8		24	50,000											1.2	
9		24	76,500												
10		24	76,500											1.7	
11		24	68,000											1.4	
12		24	70,000											1.4	
13		24	72,000											1.0	
14		24	53,000											0.9	
15		24	63,000											0.7	
16		24	91,500												
17		24	91,500											0.7	
18		24	40,000	64,000										0.8	
19		24	50,000	79,000										1.0	
20		24	36,000	58,000										0.7	
21		24	48,000	70,000										0.8	
22		24	30,000	48,000										0.9	
23		24	45,000	72,000											
24		24	45,000	72,000										0.9	
25		24	203,000	307,000										0.8	
26		24	63,000											0.4	Flow Meter Reading High with No Flow, Cause High Flow Read.
27		24	169,000											1.0	
28		24	82,000											1.0	
29		24	61,000											1.2	
30		24	86,500												
31		24	80,500											1.0	
Total			2487000												
Average			78225												
Maximum			307000												

* 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

FILE COPY

618

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Jansen		PWS Identification Number: 3590615	
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: 255		Total Population Served at End of Month: 893	
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 Sptings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 6236 Bear Lake Terrace		City: Apopka	State: Fl Zip Code: 32703	
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: 309,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillitoe	C	13094	Mon - Fri Days

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.

	12-2-05	Kathy Sillitoe	C-13094
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: 3590615

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	60,000												
2	X	24	49,000												
3	X	24	50,000												
4	X	24	54,000												Est. flow due to meter repair/collected 4 bacts
5	X	24	49,000												
6		24	79,000												
7	X	24	79,000												
8	X	24	66,000												
9	X	24	74,000												
10	X	24	68,000												
11	X	24	59,000												
12	X	24	52,000												
13		24	82,500												
14	X	24	82,500												
15	X	24	60,000												
16	X	24	65,000												
17	X	24	69,000												
18	X	24	64,000												
19	X	24	47,000												Grouted remote well
20		24	85,000												
21	X	24	85,000												
22	X	24	42,000												
23	X	24	91,000												
24	X	24	90,000												
25	X	24	60,000												
26	X	24	68,000												
27		24	81,000												
28	X	24	81,000												
29	X	24	68,000												
30	x	24	64,000												
31		24													
Total			2,024,000												
Average			67,466												
Maximum			91,000												

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

FILE COPY

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



See page 4 for instructions.

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

PWS Name: Jansen
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 255
 Total Population Served at End of Month: 893
 PWS Owner: Utilities, Inc. of Florida
 Contact Person: Patrick Flynn
 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 E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information
 Plant Name: Utilities, Inc. of Florida
 Plant Address: 6236 Bear Lake Terrace
 City: Apopka State: FL Zip Code: 32703
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 309,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): V
 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon - Fri Days
Other Operators:	Terry Sillioe	B	12749	Thur. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon - Fri Days
	Kathy Sillioe	C	13094	Mon - Fri Days

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: Alan Jansen C-7806
 Printed or Typed Name: Allan Finch
 License Number: C-7806

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

PWS Identification Number: 3590615 Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	62,000											1.6	
2	X	24	61,000											1.3	
3	X	24	50,000											1.3	
4		24	80,000												
5	X	24	80,000											1.6	
6	X	24	68,000											1.4	
7	X	24	59,000											0.4	
8	X	24	64,000											1.2	
9	X	24	52,000											1.0	
10	X	24	45,000											1.1	
11		24	73,500												
12	X	24	73,500											1.0	
13	X	24	59,000											0.9	
14	X	24	56,000											6.9	
15	X	24	61,000											0.8	
16	X	24	49,000											0.9	
17	X	24	47,000											1.2	
18		24	77,500												
19	X	24	77,500											1.1	
20	X	24	56,000											0.8	
21	X	24	70,000											0.7	
22	X	24	59,000											0.7	
23	X	24	61,000											0.5	
24	X	24	66,000											0.6	
25		24	72,000												
26	X	24	72,000											0.7	
27	X	24	69,000											0.6	
28	X	24	71,000											0.4	
29	X	24	75,000											0.3	
30	X	24	82,000											1.0	
31	X	24	66,000											0.6	
Total			2,020,000												
Average			65,354												
Maximum			82,000												

* 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

PWS Identification Number: 3590615 | Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2005

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

Polymer Dose, ppm = _____ Acrylamide Level, %[†] = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %[†] = _____

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

Type of Sequestrant (polyphosphate or sodium silicate): _____

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂, = 0.75 mg/l

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.

Jansen

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005

State of Florida
 Department of Environmental Protection
 Central District
SANITARY SURVEY REPORT

Plant Name JANSEN SUBDIVISION County Seminole PWS ID # 3590615
 Plant Location Corner of Bear Lake Dr. & Sombrero Avenue, Apopka, FL Phone 407.869.1919
 Owner Name Utilities, Inc. of Florida Phone 407.869.1919
 Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
 Contact Person Patrick Flynn/Kathy Sillitoe Title Reg. Director/Mgr. Phone 407.869.1919/407.869.8588 x229
 This Survey Date 10/27/05 Last Survey Date 10/29/02 Last C.I. Date 4/3/03

PWS TYPE & CLASS

- Community (4C)
- Non-transient Non-community
- Non-Community

PWS STATUS

- Approved system with approval number & date
Serial #3178 3/6/59, clrd 8/6/59; WC59-2015 issued 6/23/80 expired; WC59-2015A issued 2/16/88, clrd 12/13/88; WC59-227347 issued 3/31/93 clrd 6/14/93
- Unapproved system

SERVICE AREA CHARACTERISTICS

Single family home subdivision
 Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Alan Finch C-7806, Terry Sillitoe B-12749

O & M Log: Yes No Not required

Operator Visitation Frequency
 Hrs/day: Required --- Actual ---
 Days/wk: Required 5+1 Actual 5+1
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A
Using wrong MOR form.
Total, average & max flows sometimes incorrect.

Number of Service Connections 253 (MOR)
 Population Served 886 Basis 3.5/svc. cx.
 Average Day (from MORs) 0.065 MGD
 Max. Day (from MORs) 0.150 MGD 08/05
 Max-day Design Capacity .310 MGD
 Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
- Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required
 Source *Elliot Power Systems Propane generator
 Capacity of Standby (kW) 60
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load **1 hr/wk.
 What equipment does it operate?
 Well pumps #1
 High Service Pumps N/A
 Treatment Equipment All
 Satisfy 1/2 max-day demand? Yes No Unk
 Comments Generator readings only recorded through August 2005.

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination; Iron sequestration-Aquadene (also for corrosion control per 1993 permit)
 What additional treatment is needed?
None at this time
 For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type 6" Rockwell
 Backflow Prevention Devices: Yes No
 Cross-connections Irrigation
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments RPZ provided on irrigation line.

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	~1958	1980		
Depth Drilled	250'	450'		
Drilling Method	Unknown	Cable tool		
Type of Grout	Unknown	Neat cement		
Static Water Level	65'	65'		
Pumping Water Level	Unknown	76'		
Design Well Yield	Unknown	190 gpm		
Test Yield	Unknown	400 gpm		
Actual Yield (if different than rated capacity)	Unknown	200 gpm		
Strainer	Unknown	Open hole		
Length (outside casing)	80'	191' 4"		
Diameter (outside casing)	6"	6"		
Material (outside casing)	Steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Cracked		
SET BACKS	Septic Tank	>150'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>200'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Vertical turbine	Submersible	
	Manufacturer Name	Peerless	Sta-Rite	
	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	240gpm@290TDH	190gpm@290TDH	
	Motor Horsepower	25	20	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	---	Yes		

COMMENTS: Well 1 – AAH2579, Well 2 – AAH2580. Crack in well #2 pad. Note: wells alternate automatically.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 17x2 gpd
 Chlorine Feed Rate 6.75x2
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 0.9 Remote 0.3
 Remote tap location 6245 Linneal Beach Dr.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydr tanks
 Booster Pump Info N/A
 Comments Aquadene injected into raw water line. 0.7 ppm as PO₄; Stenner 3 gpd. There is also a chlorine ORP meter.

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H1	H2	
Capacity (gal)	3,000	3,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	Both	Both	
On/Off Pressure	----	----	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	----	----	
Height to Max. Water Level	----	----	

Comments Single sight glass for hydro tanks inside well housing. Hydro tanks in parallel, and gravity drain lines are coupled together & discharge to blowoff line located outside rear fence of plant.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

DEFICIENCIES:

1. Monthly Operation Reports (MORs) not entirely and/or correctly filled out. The “Days Plant Staffed or Visited” column is regularly not indicated. The MORs are frequently messy and difficult to read. A new form should be used whenever a mistake is made in data entry. No entries should be scratched out. The indicated max day flow is frequently incorrect based on the data provided in the daily flow.
2. Provide information, if available, for spaces throughout the report marked “Unknown”.
3. There is a crack in well pad number two. This deficiency was first noted during the October 29, 2005, sanitary survey.

MONITORING AND REPORTING:

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2006
- Lead and Copper Tap Sampling due 06/2008-09/2008
- SOCs due 2006
- Radiologicals due 2009
- VOCs due 2006
- Secondaries due 2006
- Disinfection Byproducts due 07/2006-09/2006

Please be advised that the following items must be completed **no later than December 31, 2005:**

Emergency Response Plan - Develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C. Update and implement the plan as necessary thereafter.

Operations and Maintenance Manual - Provide an operation and maintenance manual for each drinking water treatment plant, and update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection.


Drinking Water Distribution System Map - Develop and maintain an up-to-date map of the drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems.

PWS ID # 3591061
Date 10/27/05

MONITORING AND REPORTING (Continued...)

Audio-Visual Alarm System for Standby Power - At each site where standby power is required an audio-visual alarm system that is activated in the event any power source fails must be provided. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water.

Inspector  Title Env. Specialist III Date 10/27/05

Approved by  Title Environmental Manager Date 12/1/05

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

VIA: E-mail and United States Mail

Mr. Reggie Phillips
Department of Environmental Protection
Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

Re: Seminole County – PW
Ravenna Park PWS ID No. 3591061
Crystal Lake PWS ID No. 3590258
Bear Lake PWS ID No. 3590069
Weathersfield PWS ID No. 3591451
Oakland Shores PWS ID No. 3590912
Jansen PWS ID No. 3590615

Dear Mr. Phillips:

Enclosed please find the responses to the deficiencies noted during your inspection of the above-referenced facilities on October 18 and October 27, 2005.

These responses have also been transmitted to you via email. If you have any questions or need anything further, please do not hesitate to contact me at (407) 869-8588, ext. 229.

Sincerely,



Kathy Sillitoe
Area Manager

cc Kim Dodson, Environmental Manager, FDEP
Patrick C. Flynn, Regional Director, UIF
Scotty L. Haws, Assistant Operations Manager, UIF

FILE COPY

RESPONSE:

Please indicate changes to the following:

PWS ID Number: 3590615

Business Name: Utilities, Inc. of Florida

PWS Name: Jansen S/D

Owner(s) Name: Utilities, Inc. of Florida

Attn: Patrick Flynn, Utilities, Inc. of Florida

Mailing Address: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

Mailing Address: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

Date: December 13, 2005

Phone Number(s): 407-869-1919

**Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

Attention: Reggie Phillips, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **October 27, 2005**, the following actions were done to correct the listed deficiencies:

<u>Deficiency Item No.</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
<u>1</u>	<u>The monthly operations report contained corrections for the month of November 2005. All future MORs will be legible and completed accurately.</u>	<u>December 2005</u>
<u>2</u>	<u>Unable to locate any additional information for the spaces marked "unknown."</u>	
<u>3</u>	<u>The Jansen remote well pad was repaired on November 18, 2005.</u>	<u>November 18, 2005</u>

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: *Patrick C Flynn* 12/19/05

Name of PWS Owner/Representative: Patrick C. Flynn, Regional Director
(Please Type or Print)

Jansen

Docket No. 060253-WS

25.30-440(6)
Permits

Test Year Ended December 31, 2005



Henry Dean, Executive Director
John R. Wehle, Assistant Executive Director

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429
TELEPHONE 904-329-4500 SUNCOM 904-860-4500
TDD 904-329-4450 TDD SUNCOM 904-860-4500
FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4311 (Administrative/Finance) 329-4506
SERVICE CENTERS
618 E. South Street 7775 Baymeadows Way PERMITTING: OPERATIONS:
Orlando, Florida 32801 Suite 102 305 East Drive 2133 N. Wickham Road
407-897-4300 Jacksonville, Florida 32256 Melbourne, Florida 32904 Melbourne, Florida 32935-8109
TDD 407-897-5960 904-730-8270 407-984-4940 407-752-3100
TDD 904-448-7900 TDD 407-722-5368 TDD 407-752-3102

FILE
PF-UIF

November 15, 2000

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

NOV 22 2000
AC

SUBJECT: Consumptive Use Permit Number 8347
JANSEN

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on November 15, 2000.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Sincerely,

Gloria Lewis
Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: THE COLINAS GROUP INC
515 N. VIRGINIA AVENUE
Winter Park, FL 32789

William Kerr, CHAIRMAN
MELBOURNE BEACH

Ometrias D. Long, VICE CHAIRMAN
APOPKA

Jeff K. Jennings, SECRETARY
MAITLAND

Duane Ottenstroer, TREASURER
SWITZERLAND

Dan Roach
FERNANDINA BEACH

William M. Segal
MAITLAND

Otis Mason
ST. AUGUSTINE

Clay Albright
EAST LAKE WEIR

Reid Hughes
DAYTONA BEACH

PERMIT NO. 8347
PROJECT NAME: JANSEN

DATE ISSUED: November 15, 2000

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 37.30 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 814.

LOCATION:

Site: JANSEN
Seminole County

Section(s): 19

Township(s): 21S

Range(s): 29E

ISSUED TO:

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

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

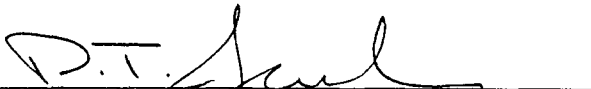
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 15, 2000

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____



Dwight T Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8347
UTILITIES INC OF FLORIDA
DATED NOVEMBER 15, 2000

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. The permittee must ensure that all service connections are metered.
11. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
12. All submittals made to demonstrate compliance with this permit must include the

permit number 8347 plainly labeled on the submittals.

13. This permit will expire on November 15, 2005.
14. Maximum annual ground water withdrawals must not exceed 37.30 million gallons.
15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
16. The permittee must assure that all service connections continue to be metered.
17. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.
18. Wells no. 1 and 2 must continue to be monitored with totalizing flowmeters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
19. Total withdrawals from wells no. 1 and 2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31
20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

22. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

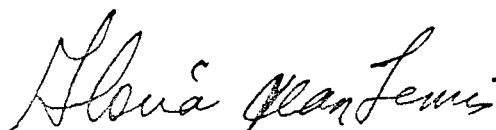
Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

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

at 4:00 p.m. this ^{21st}~~15th~~ day of November, 2000.



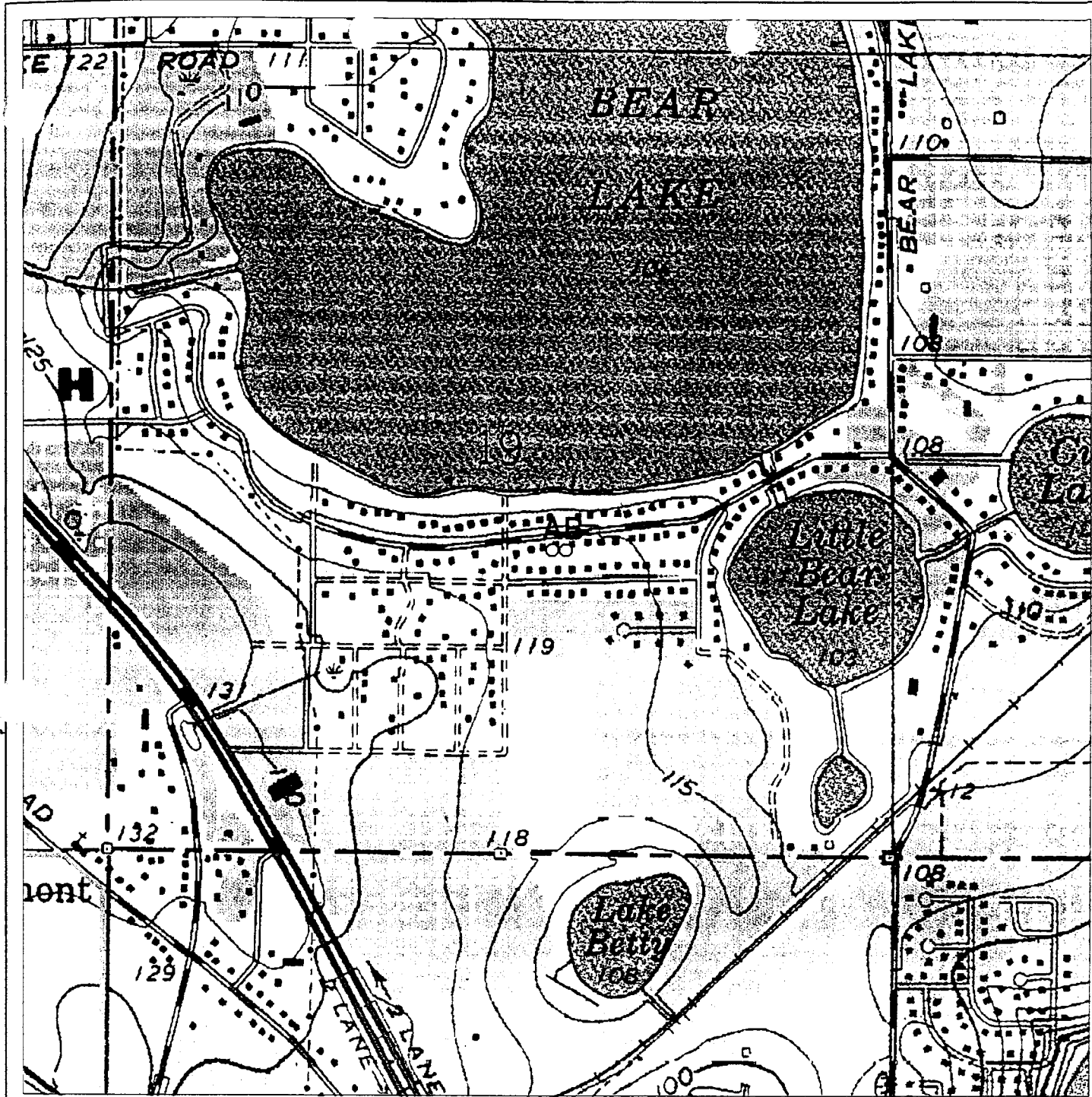
Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(904) 329-4152

Permit Number: 8347

S J R W R D
UTILITIES INC OF FLORIDA
8347 18-NOV-2005
FLORIDAN AQUIFER
HOUSEHOLD
JANSEN
JANSEN
0.000 INCHES

S J R W R D
UTILITIES INC OF FLORIDA
8347 18-NOV-2005
FLORIDAN AQUIFER
HOUSEHOLD
JANSEN
JANSEN
2
0.000 INCHES



8347



0.06 0 0.06 Miles



Scale 1:10839

- Quad Index 12K NAD83
- Cup_wells
- Cup_pumps
- Cup_bnd

The St. Johns River Water Management District prepares and uses this information for its own purposes and this information may not be suitable for other purposes. This information is provided "as is". Further documentation of this data can be obtained by contacting: St. Johns River Water Management District, Geographic Information Systems, Program Management, P.O. Box 1429, Palatka, Florida 32178-1429. (904) 329-4176.

FLOW METER WATER CALIBRATION RECORD - EN51
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8347** - *Sanster*

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 15, 2000** Station Name: **1**

Pump Capacity: **200 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8347** - *SANTEL*
Permittee Name: **Utilities Inc of Florida**
Date of Permit Issuance: **November 15, 2000** Station Name: **2**
Pump Capacity: **225 GPM**
Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records



St. Johns River Water Management District
 P. O. Box 1425
 Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8347**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **JANSEN**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JAN 01																			
FEB 01																			
MAR 01																			
APR 01																			
MAY 01																			
JUN 01																			

Step 3. CONTACT NAME _____
 PHONE NUMBER _____



15588



36204



St. Johns River Water Management District
P. O. Box 1429
Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# **8347**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **JANSEN**

WELL NAME **2**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JAN 01																				
FEB 01																				
MAR 01																				
APR 01																				
MAY 01																				
JUN 01																				

Step 3. CONTACT NAME _____
PHONE NUMBER _____



15589



36204



St. Johns River Water Management District
P. O. Box 1425
Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8347**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **JANSEN**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL CAPPED
- WELL ABANDONED (40C-3, FAC)
- PROPERTY SOLD
- COMMENTS: (PLEASE PRINT): _____

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JUL 00																				
AUG 00																				
SEP 00																				
OCT 00																				
NOV 00																				
DEC 00																				

Step 3. CONTACT NAME _____
PHONE NUMBER _____



15588



36204



St. Johns River Water Management District
P. O. Box 1429
Palatka, Florida 32178-1429

WATER USE RECORD

FORM EN - 50

CUP# **8347**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **JANSEN**

WELL NAME **2**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL ABANDONED (40C-3, FAC)
- COMMENTS: (PLEASE PRINT): _____
- WELL CAPPED
- PROPERTY SOLD

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

	GALLONS								OR METER READINGS							
JUL 00																
AUG 00																
SEP 00																
OCT 00																
NOV 00																
DEC 00																

Step 3. CONTACT NAME _____

PHONE NUMBER _____



15589

Jansen

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Jansen

Docket No. 060253-WS

25.30-440(8)
Field Employees

Test Year Ended December 31, 2005

**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

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.

Jansen

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	1B7FL26XXXS277898	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	1B7FL26XXXS261958	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	1GCCS14X6GWK246309	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 S10	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	1G2WPF5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

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

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

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

Jansen

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.

Little Wekiva

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Little Wekiva

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Little Wekiva

Docket No. 060253-WS

25.30-440(2)
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

Little Wekiva

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

August 29, 2005

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

Re: Annual TTHM and HAA5s, 2005
Little Wekiva Utilities, Inc.
PWS ID# 3590762

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 14, 2005 and July 28, 2005 for the above referenced analysis and system.

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

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe
Area Manager

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

606

**DISINFECTION BYPRODUCTS (TOTAL TRIHALOMETHANES [TTHMs] AND HALOACETIC ACIDS FIVE [HAA5s])
EXAMPLE REPORTING FORMAT**

MONITORING FREQUENCY: <input type="checkbox"/> QUARTERLY X <input type="checkbox"/> ANNUALLY		YEAR: 2005
SYSTEM INFORMATION		
PWS NAME: Little Wekiva		
PWS ID NUMBER: 3590762		
CONTACT PERSON: Scotty Haws		
E-MAIL ADDRESS (optional): S.L.Haws@Utilitiesinc-usa.com		
FAX NUMBER (optional): 407-869-6961		
PHONE NUMBER: 407-869-1919 EXT.234		
COUNTY: Seminole		

TTHM/HAAS COMPLIANCE SUMMARY FOR PWSs MONITORING ON A QUARTERLY OR MORE FREQUENT BASIS					TTHM COMPLIANCE SUMMARY					HAAS COMPLIANCE SUMMARY				
Last Four Quarters					Last Four Quarters					Last Four Quarters				
QTR 1	QTR 2	QTR 3	QTR 4	Actual Quarter/Year	QTR 1	QTR 2	QTR 3	QTR 4	Actual Quarter/Year	QTR 1	QTR 2	QTR 3	QTR 4	Actual Quarter/Year
Provide the number of TTHM samples taken during the last quarter*					Provide the number of HAA5 samples taken during the last quarter*					Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters				
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)					Calculate the Running Annual Average (RAA) for HAA5s (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)					Does the RAA for TTHMs violate the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)				
Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)														

*Also, for each sample taken during the last quarter, provide the information requested in the tables on pages 3 and 4 of this format.

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY

TTHM COMPLIANCE SUMMARY		HAA5 COMPLIANCE SUMMARY	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	16.7	Calculate the arithmetic average all HAA5s samples taken over the last year	12.97
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.

**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

TOTAL TRIHALOMETHANE (TTHM) ANALYSIS RESULTS FOR REPORTING PERIOD

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
789 Richbee Drive	MRT	7/14/05	0.4	Alexander Lorenzo	7/20/05	E502.2	Advanced Enviromental Laboratories # E82574	16.7

HALOACETIC ACIDS 5 (HAA5) ANALYSIS RESULTS FOR REPORTING PERIOD

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
789 Richbee Drive	MRT	7/28/05	.8	Kathy Sillitoe	8/5/05	EPA552.2	Advanced Environmental Laboratories E 82574	12.97

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

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

System Name: LITTLE WEKIVA PWS I.D. #:

3	5	9	0	7	6	2
---	---	---	---	---	---	---

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

Address: LITTLE WEKIVA DR.

City: ALTAMONTE SPRINGS State: FLA. ZIP Code: _____

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

E-Mail Address: S.L. HAWS @ UTILITIES INC.

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052432-01 Location Code (if known): _____

Sample Date: 7/14/05 Sample Time: 9:45 AM PM (Circle One)

Sample Location (be specific): 789 RICHBEE DR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550) <input type="checkbox"/> Quarterly (Which Quarter? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance* <input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap (not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites** <input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting) <input type="checkbox"/> Replacement (of Invalidated Sample)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	_____

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

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

Sampler's Name: ALEXANDER LORENZO

Sampler's Phone #: 407-948-4207 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: NIA

CERTIFICATION (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 8/15/05

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

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

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

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____
Lab Assigned Report Number or Job ID A052432

Date Sample(s) Received: 7/14/2005 3:56:00
Sample Number (From page 1) A052432-01

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 checked="" 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 type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago* Date: 7-26-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Little Wekiva
Project Number:
PWS ID#:

Report No.: A052432
Date Sampled: 7/14/2005
Date Received: 7/14/05 15:56
Date Reported: 7/24/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Little Wekiva

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Project Name: Little Wekiva

Matrix: Drinking Water

PWS ID#:

Client Sample ID: 1

Site: 789 Richbee

Sample Number: A052432-01

Report No.: A052432

Date/Time Sampled: 07/14/05 9:45

Date/Time Received: 7/14/05 15:56

Sampled By: Alexander Lorenz

Shipping Method: Client drop off

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	9.3		E502.2	0.31	7/20/2005	1:11	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	7/20/2005	1:11	E82574
2943	Bromodichloromethane		ug/L	5.0		E502.2	0.38	7/20/2005	1:11	E82574
2944	Dibromochloromethane		ug/L	2.4		E502.2	0.28	7/20/2005	1:11	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-4



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LITTLE WEKIVA

Date/Time Rcvd: 7/14/05 15.56

Log-In request number: A052432

Received by: BDM

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe):

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

P.5

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

Project #: A052432

CustomerName: Utilities, Inc.

Collector: Alexander Lorenzo

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

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052432-01	1	THMs (DW)	Drinking Water	7/14/2005 9:45	7/14/05 15:56	7/28/2005	_____	40mL VOC vial

Orlando Relinquisher: *Ka Li*

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: *M. Salter*

Date/Time: 7/14/05 17:00

Date/Time: 7/15/05 0900

21

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 04/24/2005-E82574



**Advanced
Environmental Laboratories, Inc.**

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

Client: Utilities, Inc.
Project Name: Wekiva
Project Number:

Report No.: A052494
Date Sampled: 7/20/2005
Date Received: 7/20/05 13:15
Date Reported: 7/24/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

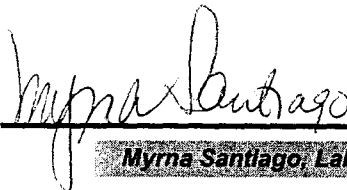
Altamonte Springs, FL 32714

Project Description

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

Project Name: Wekiva

Approved By:



Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 6

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Wekiva

Report No.: A052494

Date/Time Received: 7/20/05 13:15

Lab Code: A052494-01
Client Sample ID: 1
Site: EFA-1
Matrix: Water

Date/Time Sampled: 7/20/2005 9:15
Shipping Method: AEL Courier
Sampled By: Corey Sudol
Sampling Method: G

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Fecal Colliform (MF)	1	1.0	1.0	1	cfu/100ml		SM9222D		O

O DOH Certification # E53076 (AEL Orlando) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Wekiva

Report No.: A052494
Date/Time Received: 7/20/05 13:15

Sample Cross Reference Information

Lab Code: A052494-01
Client Sample Number: 1

Site: EFA-1
Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Fecal Coliform (MF)	SM9222D	NONE	MICA-072005-FC	7/20/2005 14:35	KEG		

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Wekiva

Report No.: A052494
Date/Time Received: 7/20/05 13:15

Quality Assurance Report

Method Blanks

QCBatchID	Analyte	Miscellaneous Analytes		MDL	Result	Units	Qualifier
		QC Sample Type	Method				
MICA-072005-FC	Fecal Coliform (MF)	Pre Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICA-072005-FC	Fecal Coliform (MF)	Post Filter	SM9222D	1.0	1.0	cfu/100ml	U

Quality Assurance Qualifiers:

U The compound was analyzed for but not detected.

Definitions:

Water matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes and leach

Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids, and non-aqueous waste samples

All results in mg/kg or % are reported in dry weight basis, unless notated otherwise. All results in mg/L are reported in wet weight basis.

MDL Method Detection Limit, without correction for dilution or moisture content

Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content cacluations.

PQL is defined to be 4 times the MDL, for all results qualified with a 'I' qualifier.

Sampling Method; G=Grab, P=Pump, C=Composite

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: WEKIVA

Date/Time Rcvd: 7/20/05 13.15

Log-In request number: A052494

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

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

Other Information:

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

CHECKLIST

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

Kit ID

Comments:

2.5



Advanced Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAR NUMBER:

A052494

CLIENT NAME: <i>UTILITIES INC</i>		PROJECT NAME: <i>WEKIVA</i>		BOTTLE SIZE & TYPE <i>402 SW</i>	AR NE AQ LU YI SR IE SD	LAB NUMBER
ADDRESS: <i>200 WEATHERS FIELDS AVE</i>		P.O. NUMBER / PROJECT NUMBER: <i>TK6805</i>				
PHONE: <i>(407) 682-5651</i>		PROJECT LOCATION: <i>WEKIVA</i>				
CONTACT: <i>Tom Keys</i>		SAMPLED BY: <i>COREY SUDOL</i>				
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH _____		REMARKS / SPECIAL INSTRUCTIONS:				

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

Preserv *IT*

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING		MATRIX	NO. CONT.	Preserv	LAB NUMBER
			DATE	TIME				
<i>1</i>	<i>EFA-1 STREAM</i>	<i>GRAB</i>	<i>7/20/05</i>	<i>0915</i>	<i>WW</i>	<i>1</i>	<i>IT</i>	<i>1</i>

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

Shipment	Method	Sample Kit	Cooler #	Relinquished by:		Date		Time		Received by:	Date		Time	
				Out: / /	Via: _____	RB: _____	D/T: _____	AB: _____	D/T: _____		Trip Bl.			
Ret: / /	Via: _____			<i>[Signature]</i>		<i>7/20/05</i>	<i>1250</i>	<i>[Signature]</i>		<i>7/20/05</i>	<i>1250</i>			
				<i>[Signature]</i>		<i>7/20/05</i>	<i>1315</i>	<i>[Signature]</i>		<i>7/20/05</i>	<i>1315</i>			

Received on ice: yes no QC sent received

51

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

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

System Name: Little Wekiva PWS I.D. #:

3	5	9	0	7	6	2
---	---	---	---	---	---	---

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

Address: Little Wekiva Dr

City: Altamonte Springs State: FL ZIP Code: 32714

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

E-Mail Address: S.L.HAWS@UtilitiesINC-USA.COM

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052635 Location Code (if known): MRT

Sample Date: 7-28-05 Sample Time: 0719 AM PM (Circle One)

Sample Location (be specific): 789 Richbee Dr.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .8 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: Kathy Sillitoe

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: K.Sillitoe@UtilitiesINC-USA.COM

CERTIFICATION (to be completed by sampler)

I, Kathy Sillitoe, AREA MANAGER
(Print Name) (Print Title)

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

Signature: Kathy Sillitoe Date: 8-26-05

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

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

LabName: Advanced Environmental Labs - Orlando

Florida Certification #: E53076

Address: 528 S. North Lake Blvd., Suite 1016

Certification Expiration Date: 6/30/2006

Altamonte Springs, FL 32701

Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1): _____

Date Sample(s) Received: 7/28/2005 2:35:00

Lab Assigned Report Number or Job ID A052635

Sample Number (From page 1) A052635

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

Inorganics

- All 17
 Partial
 Nitrate
 Nitrite
 Asbestos Only

Synthetic Organics

- All 30
 All Except Dioxin
 Partial
 Dioxin Only

Volatile Organics

- All 21
 Partial
Radionuclides
 Single Sample
 Qtrly Composite**

Disinfection Byproducts

- Trihalomethanes
 Haloacetic Acids
 Bromate
 Chlorite

Secondaries

- All 14
 Partial

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature: *Myrna Santiago*

Date: 8/25/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No

Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____



Client: Utilities, Inc.
Project Name: Little Wekiva
Project Number:
PWS ID#:

Report No.: A052635
Date Sampled: 7/28/2005
Date Received: 7/28/05 14:35
Date Reported: 8/23/2005

Attention: Kathy Sillitoe
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

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

Project Name: Little Wekiva

Approved By: _____

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Little Wekiva
Matrix: Drinking Water
PWS ID#:

Report No.: A052635

Date/Time Sampled: 07/28/05 7:19
Date/Time Received: 7/28/05 14:35

Client Sample ID: 1
Site: 789 Richbee
Sample Number: A052635-01

Sampled By: Kathy Sillitoe
Shipping Method: Client drop off

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	8/5/2005	14:21	E82574
2451	Dichloroacetic Acid		ug/L	5.5		E552.2	0.56	8/5/2005	14:21	E82574
2452	Trichloroacetic Acid		ug/L	5.2		E552.2	0.60	8/5/2005	14:21	E82574
2453	Bromoacetic Acid		ug/L	0.47	i	E552.2	0.34	8/5/2005	14:21	E82574
2454	Dibromoacetic Acid		ug/L	1.8	i	E552.2	0.45	8/5/2005	14:21	E82574

/12.97

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



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LITTLE WEKIVA

Date/Time Rcvd: 7/28/05 14.35

Log-In request number: A052635

Received by: RPG

Completed by: RPG

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	<input type="checkbox"/> Temp blank <input checked="" type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler	<input type="checkbox"/> Temp blank <input type="checkbox"/> Cooler
Temp measured with	<input checked="" type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):	<input type="checkbox"/> IR gun <input type="checkbox"/> Thermometer (enter ID):

Other Information:

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

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

Kit ID

Comments:

Chain-of-Custody for AEL Orlando to AEL Jax

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

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

Contact Person: Myrna Santiago

Project #: A052635
CustomerName: Utilities, Inc.
Collector: Kathy Sillitoe

Check if Rush

Lab Code	Cilent Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052635-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005 7:19	7/28/05 14:35	8/11/2005		40mL Vial Amber

Orlando Relinquisher: [Signature]
 Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier [Signature]
 Jacksonville Receiver: [Signature]
 Date/Time: 7/28/05 12W
 Date/Time: 7/29/05 950



Advanced Environmental Laboratories, Inc.

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

LAB NUMBER:

A052635

CLIENT NAME: Utilities Inc.		PROJECT NAME: Little Wekiva		BOTTLE SIZE & TYPE: 40mL Vials	ANALYSIS REQUIRED: HAA	LAB NUMBER		
ADDRESS: 200 Weathersfield Ave		P.O. NUMBER/PROJECT NUMBER:						
Altamonte Springs, FL 32714		PROJECT LOCATION:						
PHONE: 407-448-1715		FAX:						
CONTACT: Kathy Sillitoe		SAMPLED BY: K.S:ll.lcc						
TURN AROUND TIME: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH		REMARKS/SPECIAL INSTRUCTIONS:						
<small>WW=waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge</small>								
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	NH4CI
			DATE	TIME				
1	789 Richee DR C3-8	G	7/28/05	0719	WW DW	3		X

I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)		Relinquish by:		Date:	Time:	Received by:	Date:	Time:	
Shipment	Method	Sample Kit	Cooler #	1	Alexander	7/28/05	1435	7/28/05	1435
Out	Via:	RB	D/T	2					
Ret	Via:	AB	D/T	3					
		Trip Bl.		4					

Received on Ice Yes No QC sent received

07

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
1,1,1-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,1-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1,2-Trichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1,2-Trichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,1-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,1-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2,4-Trichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2,4-Trichlorobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1	Synthetic Organic Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloroethane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloroethane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,2-Dichloropropane	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,2-Dichloropropane	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
1,4-Dichlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
1,4-Dichlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
2,4-D	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Alachlor	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Alkalinity as CaCO ₃	SM 2320 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Aluminum	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Antimony	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Arsenic	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Atrazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Barium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Benzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Benzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Benzo(a)pyrene	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Beryllium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Bromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromochloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Bromodichloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

JeB Bush
Governor



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

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Bromodichloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Bromoform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Bromoform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Cadmium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Calcium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Carbofuran (Furaden)	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
Carbon tetrachloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Carbon tetrachloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chlordane (tech.)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Chloride	EPA 325.3	Secondary Inorganic Contaminants	NELAP	1/21/2005
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	2/13/2003
Chloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Chlorobenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Chlorobenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Chloroform	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Chloroform	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Chromium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
cis-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	2/13/2003
Copper	EPA 200.7	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	4/4/2002
Dalapon	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Di(2-ethylhexyl)adipate	EPA 525.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Dibromoacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Dibromochloromethane	EPA 502.2	Other Regulated Contaminants, Group II Unregulated Contaminants	NELAP	4/4/2002
Dibromochloromethane	EPA 524.2	Group II Unregulated Contaminants	NELAP	1/21/2005
Dicamba	EPA 515.3	Group I Unregulated Contaminants	NELAP	1/21/2005
Dichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	3/24/2005
Dichloromethane (DCM, Methylene chloride)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Dichloromethane (DCM, Methylene chloride)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Diquat	EPA 549.2	Synthetic Organic Contaminants	NELAP	4/19/2005

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards. NON-TRANSFERABLE 06/29/2005-E82574

21

Laboratory Scope of Accreditation

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 06/29/2005-E82574

Job Bush
Governor



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

Laboratory Scope of Accreditation

Page 4 of 27

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

State Laboratory ID: E82574

EPA Lab Code:

FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

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

NON-TRANSFERABLE 06/29/2005-E82574

211

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

June 15, 2005

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

Re: Annual Nitrate and Nitrite Analysis, 2005
Chapter 62-550 FAC
Little Wekiva
PWS ID# 3590762

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe
Area Manager Manager

Enclosure

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

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

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

System Name: Little Wekiva PWS I.D. #:

3	5	9	0	7	6	2
---	---	---	---	---	---	---

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

Address: LITTLE WEKIVA DR

City: Altamonte Springs State: FL ZIP Code: 32714

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

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051884-01 Location Code (if known): _____

Sample Date: 6/2/05 Sample Time: 8⁰⁰ AM PM (Circle One)

Sample Location (be specific): POE LITTLE WEKIVA WATER PLANT

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

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: TERRY SILLITOE

Sampler's Phone #: 407-869-1919 Sampler's Fax #: 407-869-6961

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, TERRY W SILLITOE, OPERATOR
(Print Name) (Print Title)

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

Signature: Terry W Sillitoe Date: 6/14/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab)

PWS ID (from page 1):

Date Sample(s) Received: 6/2/2005 11:25:00

Lab Assigned Report Number or Job ID A051884

Sample Number (From page 1) A051884-01

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

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago, Laboratory Manager
(Print Name)

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

Signature:

Myrna Santiago

Date:

6/9/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
- Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other:

Person Notified:

Date Notified:

Comments

Date Reviewed:

DEP/DOH Reviewing Official:



Client: Utilities, Inc. **Report No.:** A051884
Project Name: Little Wekiva **Date Sampled:** 6/2/2005
Project Number: **Date Received:** 6/2/05 11:25
PWS ID#: **Date Reported:** 6/9/2005
Attention: Kathy Sillitoe
Phone Number: 8002721919
Address: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

Project Description

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

Project Name: Little Wekiva

Approved By:

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.
Analytical Report

Client: Utilities, Inc.
Project Name: Little Wekiva
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051884-01

Report No.: A051884
Date/Time Sampled: 06/02/05 8:00
Date/Time Received: 6/2/05 11:25

Sampled By: Terry Silhitoe
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	Nitrate (as N)	10	mg/L	0.42		SM4500NO3-F	0.014	6/3/2005	13:57	E82574
1041	Nitrite (as N)	1.0	mg/L	0.013	U	SM4500NO3-F	0.013	6/3/2005	13:57	E82574

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

24



Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A)

Project name: LITTLE WEKIVA

Date/Time Rcvd: 6/2/2005 11.25

Log-In request number: A051884

Received by: BDM

Completed by: BDM

Cooler/Shipping Information:

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

Type: Cooler Box Other (describe) _____

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

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

Other Information:

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

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

Kit ID

Comments:

2.5

06/10/2005 13:25 #099 P.004/005

From: ADVANCED ENVIRONMENTAL LABS 904 363 9354

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myma Santiago

Project #: A051884
CustomerName: Utilities, Inc.
Collector: Terry Silhitoe

AEL Jax
6601 Southpoint Parkway
Jacksonville, FL 32218
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Check if Rush

Lab Code	Client Sample ID	Test	Matrix	Collect Date / Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051884-01	1	Nitrate (J)-DW	Drinking Water	6/2/2005 8:00	6/2/05 11:25	6/3/2005	_____	250mL Poly
A051884-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005 8:00	6/2/05 11:25	6/3/2005	_____	250mL Poly

Orlando
Gainesville Relinquisher: *[Signature]*
Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier
Jacksonville Receiver: *[Signature]*

Date/Time: 6/2/05 1200
Date/Time: 6/3/05 0940



Advanced

Environmental Laboratories, Inc.

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

A051884

Form with fields for CLIENT NAME (Utilities Inc.), PROJECT NAME (Little Wekiva), ADDRESS (200 Weathersfield Ave), PHONE (407-448-1715), CONTACT (Kathy Silitoe), and a table for SAMPLE ID, DESCRIPTION, DATE, TIME, MATRIX, NO. COUNT, and ANALYSIS REQUIRED (NO3/NO2).

Received on ice [X] Yes [] No [] QC [] sent [] received []

revised 8/01

Handwritten mark

Jeb Bush
Governor



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

Laboratory Scope of Accreditation

Page 3 of 27

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

State Laboratory ID: E82574

EPA Lab Code: FL00949

(904) 363-9350

E82574

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

Matrix: Drinking Water

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

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

NON-TRANSFERABLE 04/24/2005-E82574

28

Little Wekiva

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

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 of: January 2004

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoc	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

2/3/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
------------------------------	--	-------------------------

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida - *LITTLE WICKHAM*

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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	17,000											1.5	
2	24	12,000											1.1	
3	24	9,000											0.9	
4	24	17,000												
5	24	18,000											0.9	
6	24	13,000											1.2	
7	24	10,000											0.9	
8	24	9,000											1.0	
9	24	19,000											1.0	
10	24	15,000											1.2	
11	24	19,000												
12	24	19,000											0.8	
13	24	11,000											1.1	
14	24	12,000											1.1	
15	24	19,000											1.3	
16	24	12,000											1.1	
17	24	9,000											1.0	
18	24	17,000												
19	24	7,000											1.0	
20	24	19,000											1.2	
21	24	11,000											1.1	
22	24	12,000											1.3	
23	24	4,000											1.0	
24	24	4,000											0.8	
25	24	17,000												
26	24	17,000											1.2	
27	24	13,000											1.2	
28	24	9,000											1.0	
29	24	12,000											1.0	
30	24	12,000											1.0	
31	24	9,000											1.1	
Total		45,000												
Average		1,300												
Maximum		19,000												

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

6060.



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

See page 4 for instructions.

I. General Information for the Month/Year of: February 2004				
A. Public Water System (PWS) Information				
PWS Name: Little Wekiva			PWS Identification Number: 3590762	
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: 61			Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Plant Class (per subsection 62-699.310(4), F.A.C.): D				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J Gavaletz</i> 3/4/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
--	--	-------------------------

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

PWS Identification Number: 3590762 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: February 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	15,000												
2	24	15,000											1.2	
3	24	10,000											1.2	
4	24	13,000											1.3	
5	24	14,000											1.0	
6	24	12,000											1.1	
7	24	9,000											1.2	
8	24	15,000											1.0	
9	24	15,000											1.0	
10	24	13,000											1.1	
11	24	10,000											1.0	
12	24	14,000											0.9	
13	24	14,000											1.1	
14	24	8,000											1.0	
15	24	16,000											1.0	
16	24	16,000											1.0	
17	24	13,000											1.2	
18	24	13,000											1.1	
19	24	12,000											1.0	
20	24	11,000											0.9	
21	24	11,000											0.9	
22	24	16,000											0.7	
23	24	17,000											1.2	
24	24	13,000											1.1	
25	24	13,000											1.0	
26	24	12,000											1.0	
27	24	11,000											1.1	
28	24	8,000											0.8	
29	24	16,000												
30														
31														
Total		369,000												
Average		12,000												
Maximum		17,000												

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

606



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: March 2004

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J Gavaletz</i> 4/5/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
--	--	-------------------------

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

PWS Identification Number: 3590762 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **March 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	24	17,000										1.1	
2	24	12,000										1.0	
3	24	10,000										1.1	
4	24	17,000										1.0	
5	24	10,000										1.0	
6	24	11,000										0.8	
7	24	19,000										1.0	
8	24	19,000										1.0	
9	24	18,000										1.2	
10	24	13,000										1.0	
11	24	17,000										1.0	
12	24	16,000										1.2	
13	24	11,000										1.0	
14	24	19,000										1.2	
15	24	19,000										1.2	
16	24	14,000										1.0	
17	24	14,000										1.1	
18	24	14,000										1.2	
19	24	15,000										1.2	
20	24	18,000										0.9	
21	24	20,000										0.6	
22	24	20,000										1.4	
23	24	19,000										1.3	
24	24	13,000										0.9	
25	24	21,000										1.1	
26	24	13,000										1.0	
27	24	12,000										1.2	
28	24	22,000										1.1	
29	24	23,000										1.2	
30	24	18,000										1.1	
31	24	14,000										1.0	
Total		492,000											
Average		16,000											
Maximum		23,000											

* 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

FILE 600

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J Gavaletz</i> 5/15/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
---	--	-------------------------

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	24	23,000										1.3	
2	24	19,000										1.3	
3	24	14,000										1.7	
4	24	24,000											
5	24	24,000										1.2	
6	24	25,000										1.3	
7	24	21,000										1.2	
8	24	24,000										1.0	
9	24	17,000										1.1	
10	24	11,000										1.0	
11	24	23,000											
12	24	24,000										1.0	
13	24	13,000										1.0	
14	24	20,000										1.2	
15	24	18,000										1.7	
16	24	17,000										1.2	
17	24	13,000										1.1	
18	24	29,000											
19	24	30,000										1.3	
20	24	17,000										1.2	
21	24	22,000										1.7	
22	24	16,000										1.3	
23	24	22,000										1.2	
24	24	12,000										1.7	
25	24	28,000											
26	24	28,000										1.0	
27	24	14,000										1.0	
28	24	16,000										0.9	
29	24	20,000										1.7	
30	24	11,000										1.0	
31													
Total		595,000											
Average		20,000											
Maximum		30,000											

* 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

606

FILE COPY

FILE

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<u>Michael J Gavaletz 6/4/04</u>	Michael J. Gavaletz	C5642
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: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **May 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 the Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Measurement	Disinfectant Contact Time Before or Provided	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	CT Calculations	
												UV Dose	UV Dose
1	24	14,000	14,000								1.1		
2	24	18,000	18,000								1.0		
3	24	18,000	18,000								1.0		
4	24	10,000	10,000								1.0		
5	24	16,000	16,000								1.0		
6	24	14,000	14,000								0.9		
7	24	19,000	19,000								1.0		
8	24	15,000	15,000								1.1		
9	24	26,000	26,000								1.0		
10	24	27,000	27,000								1.0		
11	24	19,000	19,000								1.0		
12	24	25,000	25,000								1.2		
13	24	20,000	20,000								1.0		
14	24	25,000	25,000								1.1		
15	24	20,000	20,000								1.0		
16	24	21,000	21,000								1.0		
17	24	22,000	22,000								1.0		
18	24	19,000	19,000								0.9		
19	24	26,000	26,000								1.0		
20	24	28,000	28,000								1.0		
21	24	21,000	21,000								1.0		
22	24	18,000	18,000								0.9		
23	24	30,000	30,000								1.0		
24	24	30,000	30,000								1.0		
25	24	24,000	24,000								0.8		
26	24	31,000	31,000								1.3		
27	24	26,000	26,000								0.9		
28	24	30,000	30,000								1.0		
29	24	21,000	21,000								1.0		
30	24	36,000	36,000								1.0		
31	24	36,000	36,000								1.1		
Total		700,000											
Average		23,000											
Maximum		36,000											

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

606.



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J. Gavaletz 7/1/04</i>	Michael J. Gavaletz	C5642
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: 3590762

Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Hours the Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (1) at C	Disinfectant Contact Time Provided or Customer Measurement Point During Peak Flow, minutes	Lowest CT During Customer Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose at Remote Point in Distribution System, mg/L	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
												Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	24	36,000									4.0		
2	24	24,000									1.0		
3	24	18,000									1.3		
4	24	16,000									1.1		
5	24	9,000									1.1		
6	24	17,000									1.2		
7	24	17,000									1.2		
8	24	14,000									1.0		
9	24	16,000									1.0		
10	24	14,000									1.2		
11	24	11,000									1.1		
12	24	10,000									1.4		
13	24	18,000									1.4		
14	24	18,000									1.2		
15	24	10,000									1.0		
16	24	13,000									1.0		
17	24	13,000									0.9		
18	24	15,000									1.1		
19	24	11,000									1.2		
20	24	22,000									1.0		
21	24	23,000									1.0		
22	24	12,000									1.0		
23	24	17,000									1.0		
24	24	23,000									1.1		
25	24	14,000									1.1		
26	24	18,000									1.1		
27	24	22,000									1.3		
28	24	23,000									1.3		
29	24	13,000									1.3		
30	24	17,000									1.1		
31	24	17,000									1.1		
Total		528,000											
Average		17,000											
Maximum		36,000											

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

606



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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	RAYMOND VA PARRISH	C	12740	

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.

Raymond V Parrish 8-2-2004 for Michael J. Gavaletz C5642
 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: 3590762 Plant Name: Utilites, Inc. of Florida - *LITTLE WELVA*

III. Daily Data for the Month/Year of: *July 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
			CT Calculations					UV Dose							
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	24	15,000											1.0		
2		14,000											1.1		
3		11,000											1.0		
4		17,000											1.0		
5		18,000											1.0		
6		26,000											0.8		
7		6,000											1.0		
8		17,000											1.0		
9		22,000											1.0		
10		11,000											1.1		
11		21,000											1.0		
12		22,000											1.0		
13		15,000											1.2		
14	✓	16,000											1.1		
15	24	21,000											1.0		
16		12,000											1.1		
17		8,000											1.2		
18		25,000											1.2		
19		25,000											1.2		
20		7,000											1.2		
21		19,000											1.3		
22		14,000											1.2		
23		25,000											1.1		
24		11,000											1.2		
25		29,000											1.3		
26		30,000											1.3		
27		12,000											1.0		
28		15,000											1.1		
29		22,000											1.0		
30	✓	17,000											1.1		
31	24	13,000											1.2		
Total		536,000													
Average		17,000													
Maximum		30,000													

* 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

606

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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>61</u>		Total Population Served at End of Month: <u>214</u>	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<p style="font-size: 1.5em; font-family: cursive;">Michael J Gavaletz 8/3/04</p> <p>Signature and Date</p>	<p>Michael J. Gavaletz</p> <p>Printed or Typed Name</p>	<p>C5642</p> <p>License Number</p>
--	---	------------------------------------

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August 2007

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Doses, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	22,000												
2	24	23,000												
3	24	15,000											1.0	
4	24	26,000											1.0	
5	24	15,000											1.0	
6	24	23,000											0.5	
7	24	15,000											1.3	
8	24	18,000												
9	24	18,000											1.1	
10	24	14,000											1.2	
11	24	13,000											1.2	
12	24	15,000											1.3	
13	24	16,000											1.2	
14	24	6,000											0.2	Hydraulic Checks
15	24	21,000												Flushing System
16	24	23,000											0.8	Flushing System
17	24	45,000											1.0	Flushing System
18	24	83,000											0.8	
19	24	27,000											1.1	
20	24	21,000											1.2	
21	24	11,000											0.7	
22	24	21,000												
23	24	22,000											1.0	
24	24	14,000											1.0	
25	24	14,000											1.1	
26	24	19,000											1.2	
27	24	16,000											1.0	
28	24	7,000											1.0	
29	24	19,000												
30	24	20,000											1.1	
31	24	11,000											1.0	
Total		631,000												
Average		20,000												
Maximum		83,000												

* 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

606

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: Sept 2007

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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>61</u>		Total Population Served at End of Month: <u>214</u>	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<u>Michael J Gavaletz 10/5/07</u>	Michael J. Gavaletz	C5642
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: 3590762

Plant Name: Utilites, Inc. of Florida - *LITTLE WAKINGO*

III. Daily Data for the Month/Year of: *Sept 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	13,000											1.0	
2	24	13,000											1.0	
3	24	14,000											1.0	
4	24	16,000											1.0	
5	24	70,000											1.0	
6	24	70,000											1.1	
7	24	28,000											1.0	
8	24	10,000											0.6	
9	24	8,000											0.9	
10	24	13,000											1.0	
11	24	14,000											1.0	
12	24	17,000											1.1	
13	24	18,000											1.0	
14	24	10,000											1.0	
15	24	16,000											1.1	
16	24	13,000											1.0	
17	24	14,000											1.1	
18	24	7,000											1.0	
19	24	18,000											1.0	
20	24	18,000											1.1	
21	24	18,000											1.0	
22	24	16,000											1.0	
23	24	12,000											1.0	
24	24	13,000											1.0	
25	24	10,000											1.0	
26	24	18,000											1.0	
27	24	18,000											0.9	
28	24	13,000											0.5	
29	24	14,000											0.8	
30	24	19,000											1.0	
31														
Total		<i>575,000</i>	<i>545,000</i>											
Average		<i>18,000</i>												
Maximum		<i>70,000</i>												

* 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

606.

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

Michael J. Gavaletz 11/04/08
 Signature and Date

Michael J. Gavaletz
 Printed or Typed Name

C5642
 License Number

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

PWS Identification Number: 3590762

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: Oct 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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:
 CT Calculations UV Dose

Day of the Month	Hours the Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time Before or Provided at First Customer Point During Peak Flow, minutes	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	14,000										
2	24	6,000										
3	24	18,000										
4	24	8,000										
5	24	11,000										
6	24	6,000										
7	24	23,000										
8	24	13,000										
9	24	9,000										
10	24	23,000										
11	24	22,000										
12	24	14,000										
13	24	14,000										
14	24	21,000										
15	24	17,000										
16	24	8,000										
17	24	15,000										
18	24	17,000										
19	24	14,000										
20	24	13,000										
21	24	10,000										
22	24	13,000										
23	24	13,000										
24	24	18,000										
25	24	18,000										
26	24	13,000										
27	24	21,000										
28	24	14,000										
29	24	14,000										
30	24	9,000										
31	24	17,000										
Total		454,000										
Average		15,000										
Maximum		27,000										

* 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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: <u>Nov/2004</u>				
A. Public Water System (PWS) Information				
PWS Name: Little Wekiva			PWS Identification Number: 3590762	
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>61</u>			Total Population Served at End of Month: <u>214</u>	
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: 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: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

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.

<i>Michael J Gavaletz</i> 12/2/04 Signature and Date	Michael J. Gavaletz Printed or Typed Name	C5642 License Number
---	--	-------------------------

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: Nov 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	18,000											0.9	
2	24	14,000											1.0	
3	24	18,000											1.0	
4	24	16,000											1.1	
5	24	12,000											1.0	
6	24	11,000											1.3	
7	24	20,000											1.3	
8	24	21,000											1.2	
9	24	13,000											1.2	
10	24	12,000											1.3	
11	24	16,000											1.3	
12	24	11,000											1.3	
13	24	11,000											1.3	
14	24	15,000											1.0	
15	24	15,000											1.3	
16	24	12,000											1.4	
17	24	14,000											1.4	
18	24	11,000											1.3	
19	24	12,000											1.4	
20	24	10,000											1.3	
21	24	20,000											1.3	
22	24	21,000											1.4	
23	24	11,000											1.3	
24	24	17,000											1.1	
25	24	14,000											1.3	
26	24	16,000											1.3	
27	24	17,000											1.4	
28	24	15,000											1.3	
29	24	15,000											1.3	
30	24	15,000											1.2	
31														
Total		428,000												
Average		14,000												
Maximum		21,000												

* 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

FILE COPY 606

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Little Wekiva</u>		PWS Identification Number: <u>3590762</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>61</u>		Total Population Served at End of Month: <u>214</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>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>Utilites, Inc. of Florida</u>		Plant Telephone Number: <u>407-869-1919</u>			
Plant Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</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>47,000</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>D</u>			
Licensed Operators		Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mike Gavaletz</u>		<u>C</u>	<u>5642</u>	<u>Mon - Fri 8 a.m. - 4:30 p.m.</u>
Other Operators:	<u>Terry Sillitoe</u>		<u>C</u>	<u>12749</u>	<u>Sat. 8 A.M. - 4:30 P.M.</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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

<i>Raymond Alan Parrish</i> <u>1/2/2005</u> Signature and Date	<u>RAYMOND ALAN PARRISH</u> Michael J. Gavaletz Printed or Typed Name	<u>C-12740</u> C5642 License Number
---	---	---

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

PWS Identification Number: 3590762 Plant Name: Utilites, Inc. of Florida - *LITTLE WEKIVA*

III. Daily Data for the Month/Year of: *Dec - 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 the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	17,000											1.2	
2		13,000											1.4	
3		12,000											1.5	
4		10,000											1.4	
5		15,000												
6		15,000											1.2	
7		12,000											1.3	
8		17,000											1.2	
9		15,000											1.2	
10		13,000											1.1	
11		8,000											0.9	
12		14,000												
13	V	15,000											1.2	
14	24	13,000											1.2	
15		10,000											1.3	
16		11,000											1.1	
17		11,000											1.0	
18		9,000											1.3	
19		17,000												
20		18,000											1.2	
21		13,000											1.2	
22		11,000											1.2	
23		13,000											1.2	
24		10,000											1.5	
25		10,000											1.5	
26		12,500											1.4	
27		12,500												
28		11,000											1.5	
29		11,000											1.0	
30	V	9,000											1.0	
31	24	12,000											1.5	
Total		391,000											1.5	
Average		13,000												
Maximum		18,000												

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



FILE COPY

FILE COPY ✓

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

606

See page 4 for instructions.

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

A. Public Water System (PWS) Information

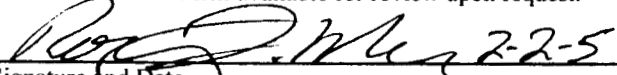
PWS Name: Little Wekiva		PWS Identification Number: 3590762	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

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.

 2-2-5
 Signature and Date

Roy J. Mericle
 Printed or Typed Name

C13808
 License Number

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

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

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	13,000										0.8	
2	24	14,000										1.0	
3	24	14,000										1.0	
4	24	12,000										1.0	
5	24	11,000										1.4	
6	24	12,000										3.3	
7	24	13,000										3.2	
8	24	9,000										1.8	
9	24	16,000										2.0	
10	24	17,000										1.5	
11	24	13,000										1.5	
12	24	13,000										1.5	
13	24	12,000										1.5	
14	24	10,000										1.3	
15	24	10,000										1.3	
16	24	12,000										1.3	
17	24	12,000										1.5	
18	24	13,000										1.5	
19	24	10,000										2.0	
20	24	10,000										2.0	
21	24	11,000										2.5	
22	24	8,000										1.9	
23	24	13,000										2.0	
24	24	13,000										2.0	
25	24	13,000										2.0	
26	24	13,000										2.1	
27	24	12,000										2.0	
28	24	14,000										1.7	
29	24	7,000										1.6	
30	24	16,000											
31	24	16,000										0.70	
Total		382,000											
Average		12,322											
Maximum		17,000											

* 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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

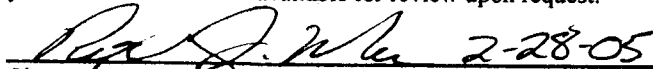
PWS Name: Little Wekiva		PWS Identification Number: 3590762	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

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.

 2-28-05
 Signature and Date

Roy J. Mericle
 Printed or Typed Name

C13808
 License Number

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month Year of: February/2005

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	24	13,000										1.6	
2	24	13,000										1.4	
3	24	12,000										1.0	
4	24	13,000										1.3	
5	24	9,000										0.8	
6	24	15,000											
7	24	15,000										0.9	
8	24	12,000										1.2	
9	24	14,000										1.5	
10	24	14,000										1.4	
11	24	13,000										1.2	
12	24	8,000										0.8	
13	24	15,000											
14	24	16,000										1.5	
15	24	16,000										1.6	
16	24	14,000										2.0	
17	24	15,000										2.0	
18	24	14,000										1.1	
19	24	13,000										0.8	
20	24	17,000											
21	24	17,000										1.2	
22	24	13,000										1.5	
23	24	13,000										1.3	
24	24	13,000										1.2	
25	24	15,000										1.3	
26	24	10,000										1.1	
27	24	13,000											
28	24	14,000										1.4	
29	24												
30	24												
31	24												
Total		379,000											
Average		13,535											
Maximum		17,000											

* 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

606

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

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.

3-31-05 Signature and Date	Roy J. Mericle Printed or Typed Name	C13808 License Number
-------------------------------	---	--------------------------

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: March/2005

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	12,000											1.2	
2	24	13,000											1.0	
3	24	13,000											1.2	
4	24	11,000											1.2	
5	24	12,000											1.0	
6	24	14,000												
7	24	15,000											1.2	
8	24	11,000											1.2	
9	24	13,000											1.5	
10	24	11,000											1.4	
11	24	10,000											1.6	
12	24	11,000											1.4	
13	24	16,000												
14	24	16,000											1.6	
15	24	12,000											2.2	
16	24	9,000											2.1	
17	24	7,000											1.5	
18	24	10,000											1.6	
19	24	14,000											1.4	
20	24	16,000												
21	24	16,000											1.5	
22	24	8,000											1.4	
23	24	10,000											1.6	
24	24	11,000											1.4	
25	24	9,000											1.6	
26	24	11,000											1.5	
27	24	14,000												
28	24	14,000											1.2	
29	24	10,000											2.0	
30	24	13,000											2.0	
31	24	14,000											2.00	
Total		376,000												
Average		12,129												
Maximum		16,000												

* 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

606

See page 4 for instructions.

I. General Information for the Month/Year of: April/2005				
A. Public Water System (PWS) Information				
PWS Name: Little Wekiva			PWS Identification Number: 3590762	
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: 61			Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida			Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roy Mericle	C	13808	Tue - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	Ray Parrish	C	12740	Mon 8 A.M. - 4:30 P.M.

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

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: April/2005

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	24	9,000											1.6	
2	24	8,000											1.8	
3	24	13,000											1.8	
4	24	14,000											2.0	
5	24	15,000											2.0	
6	24	12,000											2.0	
7	24	17,000											2.0	
8	24	9,000											1.8	
9	24	13,000											1.6	
10	24	22,000											1.4	
11	24	22,000											1.5	
12	24	12,000											1.4	
13	24	17,000											1.3	
14	24	18,000											1.5	
15	24	21,000											1.3	
16	24	18,000											1.6	
17	24	21,000											0.9	
18	24	22,000											1.2	
19	24	15,000											1.1	
20	24	17,000											1.2	
21	24	21,000											1.3	
22	24	16,000											1.4	
23	24	15,000											1.5	
24	24	17,000											1.4	
25	24	18,000											1.5	
26	24	10,000											1.5	
27	24	13,000											1.4	
28	24	15,000											1.5	
29	24	14,000											1.4	
30	24	17,000											1.5	
31														
Total		471,000												
Average		15,700												
Maximum		22,000												

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

FILE COPY

606



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon- Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thurs, Fri, Sat. Days
	Roy Mericle	C	13808	Tues-Fri Days From 5/1 Untill 5/17/05
	Alex Lorenzo	C	13756	Mon. Wed. Days
	Roger Holsapple	C	7436	Tues. Days

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.

Kathy Sillitoe 6-2-05
Signature and Date

Kathy Sillitoe
Printed or Typed Name

C-13094
License Number

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

PWS Identification Number: 3590762

Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **May/2005**

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	19,000												
2	24	19,000											1.20	
3	24	11,000											1.30	
4	24	12,000											1.10	
5	24	14,000											1.70	
6	24	12,000											1.20	
7	24	11,000											1.10	
8	24	19,500												
9	24	19,500											1.80	
10	24	17,000											1.30	
11	24	16,000											1.30	
12	24	14,000											1.20	
13	24	12,000											1.10	
14	24	16,000											1.10	
15	24	26,500												
16	24	26,500											1.40	
17	24	15,000											1.60	
18	24	24,000											1.20	
19	24	19,000											1.30	
20	24	20,000											1.40	
21	24	17,000											1.40	
22	24	24,500												
23	24	24,500											1.20	
24	24	16,000											1.30	
25	24	24,000											1.00	
26	24	10,000											1.40	
27	24	22,000											1.30	
28	24	20,000											1.50	
29	24	18,000												
30	24	18,000											1.30	
31	24	17,000											1.70	
Total		554,000												
Average		17,870												
Maximum		26,500												

* 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: 3590762	Plant Name: Utilites, Inc. of Florida
------------------------------------	---------------------------------------

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * **May/2005**

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

Polymer Dose, ppm =	Acrylamide Level, % [†] =
---------------------	------------------------------------

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

Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
---------------------	---

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

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
--

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
--

* 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

FILE COPY *6/6*

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days

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.

	7-5-05	Kathy Sillitoe	C-13094
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: 3590762 Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: **June/2005**

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	13,000 ✓											1.4	
2	24	10,000 ✓											1.5	
3	24	11,000 ✓											1.6	
4	24	10,000 ✓											1.6	
5	24	14,500												
6	24	14,500											1.6	
7	24	9,000											1.4	
8	24	15,000											1.6	
9	24	14,000											1.4	
10	24	10,000											1.4	
11	24	12,000											1.5	
12	24	16,000												
13	24	16,000											1.2	
14	24	10,000											1.0	
15	24	16,000											1.2	
16	24	9,000											0.9	
17	24	12,000											1.3	
18	24	15,000											0.9	
19	24	16,500												
20	24	16,500 ✓											0.8	
21	24	14,000											0.8	
22	24	13,000											0.6	
23	24	13,000											0.6	
24	24	16,000											0.7	
25	24	5,000											0.6	
26	24	16,500												
27	24	16,500												
28	24	14,000											0.4	
29	24	11,000											0.8	
30	24	9,000											0.8	
31	24												0.8	
Total		300,000												
Average		13,043												
Maximum		16,500												

* 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: 3590762 | Plant Name: Utilites, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * June/2005

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

Polymer Dose, ppm = | Acrylamide Level, %[†] =

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

Polymer Dose, ppm = | Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):

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

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

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

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



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

606

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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 Sptings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days

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.

	8-4-05	Kathy Sillitoe	C-13094
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: 3590762 Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: July 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	13,000											0.80	
2		24	12,000											0.70	
3		24	17,000												
4		24	17,000											1.00	
5		24	14,000											1.00	
6		24	17,000											1.00	
7		24	17,000											1.40	
8		24	17,000											1.10	Collected Bacts
9		24	16,000											1.30	
10		24	14,500												
11		24	14,500											1.20	
12		24	12,000											1.40	
13		24	11,000											1.20	
14		24	12,000											0.40	
15		24	11,000											1.40	
16		24	8,000											0.70	
17		24	16,000												
18		24	16,000											1.40	
19		24	12,000											1.40	
20		24	10,000											1.40	
21		24	12,000											1.20	
22		24	14,000											0.70	
23		24	11,000											1.10	
24		24	16,500												
25		24	16,500											0.60	
26		24	17,000											0.80	
27		24	15,000											1.80	
28		24	20,000											0.80	
29		24	10,000											0.90	
30		24	19,000											0.70	
31		24													
Total			428,000												
Average			14,266												
Maximum			20,000												

* 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

606.

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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 Spings	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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators:	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Allan Finch	C	7806	Mon. - Fri. Days

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.

<u>Kathy Sillitoe</u> 9-6-05	Kathy Sillitoe	C-13094
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: 3590762 Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	31,000										0.80	Bacts collected	
2	X	24	12,000										1.00		
3	X	24	16,000										2.40		
4	X	24	14,000										1.30		
5	X	24	17,000										1.50		
6	X	24	14,000										1.00		
7		24	21,500												
8	X	24	21,500										1.30		
9	X	24	19,000										2.00		
10	X	24	13,000										1.70		
11	X	24	16,000										1.50		
12	X	24	29,000										1.00		
13	X	24	19,000										1.30		
14		24	18,000												
15	X	24	18,000										2.20		
16	X	24	12,000										1.20		
17	X	24	20,000										1.00		
18	X	24	18,000										0.90		
19	X	24	23,000										1.20		
20	X	24	17,000										0.80		
21		24	18,000												
22	X	24	18,000										1.00		
23	X	24	17,000										1.20		
24	X	24	19,000										1.00		
25	X	24	21,000										0.60		
26	X	24	17,000										0.80		
27	X	24	16,000										0.50		
28		24	23,500												
29	X	24	23,500										0.60		
30	X	24	16,000										0.60		
31	X	24	37,000										1.00		
Total			595,000												
Average			19,193												
Maximum			37,000												

* 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

606

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Little Wekiva</u>		PWS Identification Number: <u>3590762</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>61</u>		Total Population Served at End of Month: <u>214</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>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>Utilities, Inc. of Florida</u>		Plant Telephone Number: <u>407-869-1919</u>		
Plant Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>FL</u> Zip Code: <u>32714</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>47,000</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>D</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Allan Finch</u>	<u>C</u>	<u>7806</u>	<u>Mon. - Fri. Days</u>
Other Operators:	<u>Terry Sillitoe</u>	<u>B</u>	<u>12749</u>	<u>Thur. Fri. & Sat. Days</u>
	<u>Roger Holsapple</u>	<u>C</u>	<u>7436</u>	<u>Weekend Checks</u>
	<u>Dominic Gentillucci</u>	<u>C</u>	<u>12562</u>	<u>Weekend checks</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.

<u>Allan Finch</u> Signature and Date	<u>10-3-05</u>	<u>Allan Finch</u> Printed or Typed Name	<u>C-7806</u> License Number
--	----------------	---	---------------------------------

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

PWS Identification Number: 3590762 Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: September 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	17000									1.0	
2	X	24	15000									1.0	
3	X	24	15000									1.0	
4		24	21500										
5	X	24	21500									1.2	
6	X	24	18000									1.0	
7	X	24	15000									1.0	
8	X	24	17000									0.8	
9	X	24	15000									0.7	
10	X	24	11000									1.1	
11		24	19500										
12	X	24	19500									1.0	
13	X	24	18000									0.9	
14	X	24	22000									0.8	
15	X	24	18000									0.9	
16	X	24	17000									0.8	
17	X	24	17000									2.1	
18		24	24,500										
19	X	24	24,500									0.9	
20	X	24	18000									0.8	
21	X	24	17000									1.0	
22	X	24	19000									1.0	
23	X	24	13000									0.9	
24	X	24	17000									1.0	
25		24	22000										
26	X	24	22000									1.1	
27	X	24	16000									1.0	
28	X	24	17000									0.2	
29	X	24	15000									0.9	
30	X	24	18000									0.8	
31		24											
Total			540000										
Average			18000										
Maximum			245000										

* 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

606

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave. 805 LITTLE WEKIVA DR		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Dominic Gentilucci	C	12562	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 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.

<u><i>Allan Finch</i></u> Signature and Date	<u>10-1-05</u>	<u>Allan Finch</u> Printed or Typed Name	<u>C-7806</u> License Number
---	----------------	---	---------------------------------

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

PWS Identification Number: 3590762

Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	13,000									1.0	
2		24	17,000										
3	X	24	17,000									0.7	
4	X	24	18,000									0.7	
5	X	24	13,000									0.8	
6	X	24	14,000									0.9	
7	X	24	18,000									0.8	
8	X	24	12,000									1.0	
9		24	17,500										
10	X	24	17,500									0.9	
11	X	24	18,000									0.8	
12	X	24	19,000									0.8	
13	X	24	15,000									0.9	collected 3 Back's
14	X	24	18,000									0.8	
15	X	24	18,000									0.8	
16		24	19,000										
17	X	24	19,000									0.7	
18	X	24	14,000									0.7	
19	X	24	21,000									0.8	
20	X	24	12,000									0.8	
21	X	24	14,000									0.9	
22	X	24	17,000									0.8	
23		24	17,500										
24	X	24	17,500									0.9	
25	X	24	13,000									0.8	
26	X	24	17,000									0.8	
27	X	24	16,000									0.6	
28	X	24	14,000									0.6	
29	X	24	15,000									0.8	
30		24	22,500										
31	X	24	22,500									0.8	
Total			498,000										
Average			16,064										
Maximum			22,500										

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

FILE COPY

606



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: November 2005

A. Public Water System (PWS) Information

PWS Name: Little Wekiva		PWS Identification Number: 3590762	
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: 61		Total Population Served at End of Month: 214	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 805 Little Wekiva Drive		City: Altamonte Springs	State: FL Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days

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.

Kathy Sillitoe C-13094
Signature and Date

Kathy Sillitoe
Printed or Typed Name

C-13094
License Number

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

PWS Identification Number: 3590762

Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year of: November 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	14,000											0.80	
2	X	24	14,000											0.80	
3	X	24	13,000											0.70	Collected 3 bacts
4	X	24	21,000											0.70	
5	X	24	12,000											0.60	
6		24	20,000												
7	X	24	20,000											0.70	Collected repeat well sample
8	X	24	18,000											0.60	Collected repeat well sample
9	X	24	15,000											0.60	
10	X	24	17,000											0.70	
11	X	24	16,000											0.70	
12	X	24	13,000											0.70	
13		24	20,500												
14	X	24	20,500											0.70	
15	X	24	13,000											0.70	
16	X	24	20,000											0.90	
17	X	24	16,000											0.80	
18	X	24	13,000											0.70	
19	X	24	21,000											0.60	
20		24	24,000												
21	X	24	24,000											0.30	
22	X	24	10,000											0.30	
23	X	24	21,000											1.60	
24	X	24	18,000											1.60	
25	X	24	12,000											1.80	
26	X	24	15,000											1.40	
27		24	15,500												
28	X	24	15,500											1.80	
29	X	24	15,000											1.40	
30	X	24	16,000											1.40	
31		24													
Total			503,000												
Average			16,766												
Maximum			24,000												

* 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

606
FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

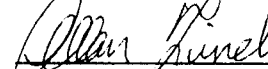
PWS Name: Little Wekiva		PWS Identification Number: 3590762	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 214	
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: 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: Utilities, Inc. of Florida		Plant Telephone Number: 407-869-1919		
Plant Address: 805 Little Wekiva Drive		City: Altamonte Springs	State: Fl Zip Code: 32714	
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: 47,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Allan Finch	C	7806	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Alex Lorenzo	C	13756	Mon. - Fri. Days
	Kathy Sillitoe	C	13094	Mon. - Fri. Days

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.

 1-2-06	Allan Finch	C-7806
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: 3590762 Plant Name: Utilities, Inc. of Florida

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	12,000											1.1	
2	X	24	15,000											0.9	
3	X	24	12,000											1.0	
4		24	19,500												
5	X	24	19,500											1.4	
6	X	24	16,000											1.3	
7	X	24	16,000											1.4	
8	X	24	19,000											0.6	
9	X	24	19,000											1.0	
10	X	24	13,000											0.8	
11		24	23,000												
12	X	24	23,000											0.9	
13	X	24	19,000											0.9	
14	X	24	16,000											1.0	Collected BactS
15	X	24	15,000											0.9	
16	X	24	11,000											0.9	Collected Repeat well Bact
17	X	24	12,000											1.0	Collected Repeat well Bact
18		24	17,000												
19	X	24	17,000											1.0	
20	X	24	12,000											1.2	
21	X	24	15,000											0.9	
22	X	24	15,000											0.9	
23	X	24	16,000											1.0	
24	X	24	19,000											0.7	
25		24	18,500												
26	X	24	18,500											0.9	
27	X	24	13,000											0.8	
28	X	24	17,000											0.7	
29	X	24	14,000											0.8	
30	X	24	15,000											0.8	
31	X	24	16,000											0.8	
Total			503000												
Average			16220												
Maximum			23000												

* 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: 3590762 Plant Name: Utilities, Inc. of Florida

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * December 2005

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

Polymer Dose, ppm = Acrylamide Level, %[†] =

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

Polymer Dose, ppm = Epichlorohydrin Level, %[†] =

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

Type of Sequestrant (polyphosphate or sodium silicate):

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

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

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

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

Little Wekiva

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005



Department of Environmental Protection

OR 16: Fld
cc PF, SH, KS
① 12/8/05

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

VIA EMAIL

p.c.Flynn@utilitiesinc-usa.com

November 8, 2005

Patrick Flynn, Regional Director
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-SS-05-0976

Seminole County - PW
Little Wekiva Estates - PWS ID # 3590762
Park Ridge - PWS ID #3590993
Phillips Section - PWS ID #3591008

Dear Mr. Flynn:

This letter confirms a visit on October 6, 2005, to the subject community public water systems by Joni Petry and Jeremy RiCharde in the presence of Kathy Sillitoe to conduct a sanitary survey. A copy of the sanitary survey reports is attached for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with Florida Administrative Code Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than December 8, 2005**. (You may use the attached response form to indicate the corrective actions taken.)

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions, please contact Joni Petry by email at Joni.Petry@dep.state.fl.us or by phone at (407) 894-7555, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/jp
Enclosures

cc: Joyce Bittle, Seminole County Health Department (joyce_bittle@doh.state.fl.us)

19.1 Little Wekiva Lake

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name LITTLE WEKIVA ESTATES County Seminole PWS ID # 3590762
Plant Location Little Wekiva Dr., Altamonte Springs, FL 32714 Phone 407-869-1919
Owner Name Utilities, Inc. of Florida Phone 407-869-1919
Owner Address 200 Weathersfield Ave., Altamonte Springs, FL 32714/ Fax: 407-869-6961
Contact Person Patrick Flynn, p.c.flynn@utilitiesinc-usa.com Title: Regional Director Phone 407-869-1919
This Survey Date 10/6/05 Last Survey Date 10/29/02 Last C.I. Date 4/3/03

PWS TYPE & CLASS

- Community (5D)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
Serial #2569 dated 2/7/58, clrd 10/29/59
Serial #2569-A dated 11/18/65, clrd 5/24/66
 Unapproved system

SERVICE AREA CHARACTERISTICS

Single-family home subdivision
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Allan Finch C-7806 & Terry Sillitoe B-12749

O & M Log: Yes No Not required
Operator Visitation Frequency

Hrs/day: Required N/A Actual N/A
Days/wk: Required 2 Actual 5 + 1 wknd
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
MOR does not show correct plant address.

System is flushed and isolation valves are exercised
monthly; please indicate these exercises on the MORs.

Number of Service Connections 61
Population Served 214 Basis 3.5/svc. cx.
Average Day (from MORs) 14,835 gpd
Max. Day (from MORs) 70,000 gpd 9/04
Max-day Design Capacity 48,000 gpd
Comments System exceeded the design capacity in
August 2004: 145.83% & September 2004: 172.92%

RAW WATER SOURCE

- GROUND; Number of Wells 1
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load _____
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy 1/2 max-day demand? Yes No Unk
Comments _____
***Connection available for portable generator

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination
What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Water Specialties
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: Yes No N/A
Comments Cross-connection control plan,
Bacteriological sampling plan (attached to DBP),
Disinfectants/disinfection byproducts plan (DBP)
received 10/14/05.

GROUND WATER SOURCE

Well Number	1		
Year Drilled	1965		
Depth Drilled	150'		
Drilling Method	Unknown		
Type of Grout	Unknown		
Static Water Level	30'		
Pumping Water Level	Unknown		
Design Well Yield			
Test Yield			
Actual Yield (if different than rated capacity)			
Strainer	↓		
Length (outside casing)	106'		
Diameter (outside casing)	6"		
Material (outside casing)	Steel		
Well Contamination History	None		
Is inundation of well possible?	No		
6' X 6' X 4" Concrete Pad	Yes		
SET BACKS	Septic Tank	~150'	
	Reuse Water	N/A	
	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
PUMP	Type	Vertical turbine	
	Manufacturer Name	Goulds	
	Model Number	5CHC	
	Rated Capacity (gpm)	100 gpm @ 187 ft. TDH	
	Motor Horsepower	7.5	
Well casing 12" above grade?	Yes		
Well Casing Sanitary Seal	Yes		
Raw Water Sampling Tap	Yes		
Above Ground Check Valve	Yes		
Fence/Housing	Yes		
Well Vent Protection	N/A		

COMMENTS FL ID#: AAH2577. Provide all unknown information.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 17 gpd
 Chlorine Feed Rate set at 2.75
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.96 Remote 1.06
 Remote tap location Richbee
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydro tank
 Booster Pump Info N/A
 Comments Small leak at the chlorine injection point.
ChemLogic- automated ORP chlorine monitor.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	1,500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	N/A		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	N/A		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Manhole: Yes
Pressure gauge inside building: at 60 psi.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

DEFICIENCIES / COMMENTS:

1. There was a leak at the chlorine injection point. Please determine the source of the leak and make the necessary repairs to ensure that chlorine is sufficiently injected into the system. [Rule 62-555.350, F.A.C.]
2. Flows exceeded the permitted maximum-day operating capacity twice during 2004. Please submit a report evaluating the supply and demand situations, and raise recommendations towards increasing the capacity of the plant as may be needed to meet the projected demand in the next five years. The report shall analyze the source, treatment, and storage capacity. [Rule 62-555.348 & 62-555.350(4), F.A.C.]
3. Ensure the correct plant address is indicated on Monthly Operating Reports (MORs) in Section B. *Kathy Sillitoe has reported that she will be making this correction to all future MORs.*
4. Provide information for items marked "unknown" in this report.

REMINDERS:

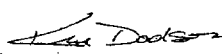
1. *Cleaning and inspection for finished water storage tanks:* Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

Disinfection and bacteriological evaluation following cleaning: Submit documentation showing proper disinfection and bacteriological evaluations following the intended cleaning of the hydropneumatic tank. Before new or altered treatment or storage facilities, new or altered water mains, and treatment or storage facilities and water mains taken out of operation for repair or maintenance that might lead to contamination of water are placed into, or returned to, operation, they shall be properly disinfected in accordance with the applicable American Water Works Association (AWWA) standard (i.e., AWWA Standard C651, C652, or C653). A total of at least two samples -- each taken on a separate day and taken at least six hours apart from the other sample(s) -- shall be collected at each of the locations indicated in the applicable AWWA standard. The chlorine residual in the facilities or mains shall be no more than four milligrams per liter. Ensure proper disposal of heavily chlorinated water from the tank disinfection process in accordance with requirements of the state pollution control agency. [Rule 62-555.340, F.A.C.]

Kathy Sillitoe has informed the Department cleaning and inspection of the hydropneumatic tank will be conducted the first quarter of 2006.

2. No later than **December 31, 2005**, suppliers of water shall provide an operation and maintenance manual for each of their drinking water plants, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection. [Rule 62-555. 350(13), F.A.C.]

Inspector  Title Env. Specialist I Date 10/19/05

Approved by  Title Environmental Manager Date 11/8/05

RESPONSE

Please indicate changes to the following:

PWS ID Number: 3590762

Business Name: _____

PWS Name: Little Wekiva Estates

Owner(s) Name: _____

Mailing Address: _____

Mailing Address: _____

Date: _____

Phone Number(s): _____

**Florida Department of Environmental Protection
 Drinking Water Compliance/Enforcement Program
 3319 Maguire Boulevard, Suite 232
 Orlando, Florida 32803**

Attention: Joni Petry, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **October 6, 2005**, the following actions were done to correct the listed deficiencies:

<u>Deficiency Item No.</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____

(Please Type or Print)

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

November 28, 2005

Ms. Joni Petry
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

RE: Sanitary Survey of Water Treatment Plants
Phillips PWS # 3591008
Park Ridge PWS# 3590993
Little Wekiva PWS# 3590762

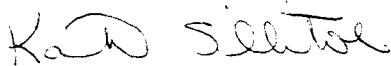
Dear Ms. Petry:

Enclosed are the completed response forms indicating the deficiencies that were noted during the sanitary survey on October 6, 2005 have been corrected for the above referenced facilities

If you have any questions or need additional information, please do not hesitate to call me at (407) 869-8588, ext. 229.

Sincerely,

UTILITIES, INC. OF FLORIDA



Kathy Sillitoe
Area Manager

cc: Patrick C. Flynn, Regional Director
Scotty L. Haws, Assistant Operations Manager

RESPONSE

Please indicate changes to the following:

PWS ID Number: 3590762

Business Name: Utilities, Inc. of Florida

PWS Name: Little Wekiva Estates

Owner(s) Name: Utilities, Inc. of Florida

Mailing Address: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

Mailing Address: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

Date: November 29, 2005

Phone Number(s): 407-869-1919 ext. 229

**Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

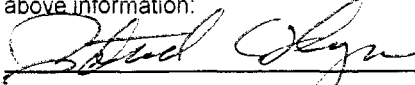
Attention: Joni Petry, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **October 6, 2005**, the following actions were done to correct the listed deficiencies:

<u>Deficiency Item No.</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
<u>1</u>	<u>Replaced fitting on chlorine line and secured line with no leak detected</u>	<u>10/6/05</u>
<u>2</u>	<u>On August 6, 2004, there was a main break resulting in 80,000 gallons of lost water. Due to damaged caused by Hurricane Charley, large volumes were recorded on August 17, 2004 and August 18, 2004, due to a water main break and from flushing the system after power outages. These anomalies do not warrant an expansion of the WTP.</u>	
<u>3</u>	<u>The correct address of 805 Little Wekiva Drive was added to the October, 2005 MOR and will be added to future MORs.</u>	<u>11/10/05</u>
<u>4</u>	<u>Unable to locate any additional information for items marked "unknown."</u>	

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: 

Name of PWS Owner/Representative: Patrick C. Flynn, Regional Director

(Please Type or Print)

Little Wekiva

Docket No. 060253-WS

25.30-440(6)
Permits

Test Year Ended December 31, 2005

PERMIT NO. 8349
PROJECT NAME: Little Wekiva

DATE ISSUED: November 15, 2000

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 8.76 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 214

LOCATION:

Site: Little Wekiva
Seminole County

Section(s): 9 Township(s): 21S Range(s): 29E

ISSUED TO:

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

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

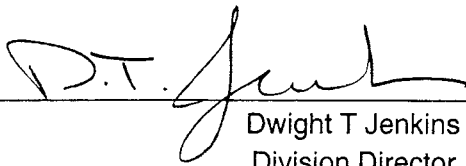
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 15, 2000

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____


Dwight T Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8349
UTILITIES INC OF FLORIDA
DATED NOVEMBER 15, 2000

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the

permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
11. All submittals made to demonstrate compliance with this permit must include the permit number 8349 plainly labeled on the submittals.

12. This permit will expire on November 15, 2020.
13. Maximum annual ground water withdrawals must not exceed 8.76 million gallons.
14. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.
15. The permittee must assure that all service connections are metered.
16. The permittee must implement the generic Water Conservation Plan prepared by Utilities, Inc., of Florida, which was submitted to the District on March 29, 2000, in accordance with the schedule contained therein.
17. Well no. 1 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
18. Total withdrawals from well no. 1 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31
19. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
20. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District

within 10 days of the inspection/calibration.

21. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

22. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by January 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
 - (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 8, 1999; and
 - (b) supply all of the information specifically required by the compliance report condition(s) on the permit.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

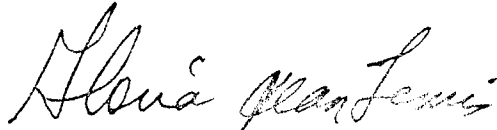
Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

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

at 4:00 p.m. this ^{21st}~~15th~~ day of November, 2000.



Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(904) 329-4152

Permit Number: 8349

3 J.R. ... D.
UTILITIES INC OF FLORIDA
8549 18-ROY-2020
FLORIDAN AQUIFER
HOUSEHOLD
LITTLE WEKIVA
LITTLE WEKIVA
1,000 GALLONS



8349



0.06 0 0.06 Miles



Scale 1:10543

- Area of Interest
- Quad Index 100K NAD83
- CUP Boundaries
- CUP Wells
- CUP Pumps

The St. Johns River Water Management District prepares and uses this information for its own purposes and this information may not be suitable for other purposes. This information is provided "as is". Further documentation of this data can be obtained by contacting: St. Johns River Water Management District, Geographic Information Systems, Program Management, P.O. Box 1429, Palatka, Florida 32178-1429. (904) 329-4176.

FLOW METER WATER CALIBRATION RECORD - EN51
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8349** - *LITTLE WAKINA*

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 15, 2000** Station Name: **1**

Pump Capacity: **65 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records



St. Johns River Water Management District
 P. O. Box 1425
 Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8349**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **Little Wekiva**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX



Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL CAPPED
- WELL ABANDONED (40C-3, FAC)
- PROPERTY SOLD
- COMMENTS: (PLEASE PRINT): _____

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JAN 01																			
FEB 01																			
MAR 01																			
APR 01																			
MAY 01																			
JUN 01																			

Step 3. CONTACT NAME _____
 PHONE NUMBER _____



15591



St. Johns River Water Management District
 P. O. Box 1425
 Palatka, Florida 32178-1425

WATER USE RECORD

FORM EN - 50

CUP# **8349**

PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **Little Wekiva**

WELL NAME **1**

PUMP NAME

COMPLETE THE FORM BY PRINTING EACH "NUMBER" WITHOUT TOUCHING THE SIDES OF THE BOX

0 1 2 3 4 5 6 7 8 9

Step 1. MARK ALL THAT APPLY

- NO USE THIS PERIOD
- WELL CAPPED
- WELL ABANDONED (40C-3, FAC)
- PROPERTY SOLD
- COMMENTS: (PLEASE PRINT): _____

Step 2. REPORT MONTHLY WATER USE BELOW. RECORD EITHER FLOW METER READINGS OR GALLONS USED (NOT BOTH).

GALLONS

OR METER READINGS

JUL 00																			
AUG 00																			
SEP 00																			
OCT 00																			
NOV 00																			
DEC 00																			

Step 3. CONTACT NAME _____
 PHONE NUMBER _____



15591

Little Wekiva

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Little Wekiva

Docket No. 060253-WS

25.30-440(8)
Field Employees

Test Year Ended December 31, 2005

**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

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.

Little Wekiva

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	1B7FL26XXXS277898	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	1B7FL26XXXS261958	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	1GCEC14V91E285755	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	Tierra Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL. BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,481.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13T96R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

105 01 CHEV S10	1GCCS14WX18159350	JAMES YINGLING	\$15,998.46	Utilities, Inc. of Pennbrooke
314 03 CHEV C15 FULL	1GCEC14X43Z114271	STEVEN PFOUTS	\$19,053.10	Utilities, Inc. of Pennbrooke
511 05 CHEV C15 REG CAB	1GCEC14X75Z230180	DAN ANDERSON	\$18,064.18	Utilities, Inc. of Pennbrooke

Little Wekiva

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.