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 PSC/WAW 20 (/)

BINDER 8 of 11

System(s):

Bear Creek
Crystal Lake

DOCUMENT NUMBER-DATE
09074 OCT-2 05
FPSC-COMMISSION CLERK

Bear Lake

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Bear Lake

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Bear Lake

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	3-4 gpd	$ 1.15/gal
		Polyphosphate	1-2 gpd	$14.00/ gal
Seminole	Phillips	Chlorine	2-3 gpd	$ 1.15/gal
		Polyphosphate	1-2 gpd	$14.00/ gal
Seminole	Crystal Lake	Chlorine	3-4 gpd	$ 1.15/gal
		Polyphosphate	1-2 gpd	$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	12-15gpd	$ 1.15/gal
		Polyphosphate	2-3 gpd	$14.00/ gal

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

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

UTILITIES, INC. OF FLORIDA
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	(Yes) / No	Yes / No	1,325 GAL	GALS	$ 0.95/GAL	4.9 gals/day
		~~Ammonia~~	~~Yes / No~~	~~Yes / No~~				
	CROWNWOOD	Stick Chlorine	Yes / No	(Yes) / No	50 LBS	LBS	$ 2.16/LB	0.2 LBS/day
		Liquid Chlorine	Yes / No	(Yes) / No	1,945 GAL	GALS	$ 0.95/GAL	7.2 gals/day
		~~Gas Chlorine~~	~~Yes / No~~	~~Yes / No~~				
		~~Liquid Chlorine~~	~~Yes / No~~	~~Yes / No~~				
		Granular Chlorine		(Yes) / No	100 LBS	LBS	$ 1.48/LB	0.4 LBS/day

(so far)

(269 days so far)

Bear Lake

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

June 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
Bear Lake
PWS ID# 3590069

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

616

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: Bear Lake PWS I.D. #: 3 5 9 0 0 6 9

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

Address: 1345 BLAKE ASHER CIRCLE

City: APOPKA State: FL ZIP Code: 32703

Phone #: 407-869-1919 Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051883-01 Location Code (if known):

Sample Date: 6/2/05 Sample Time: 7 15 (AM) PM (Circle One)

Sample Location (be specific): POE @ BEAR LAKE 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)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

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 (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 Sillitoe Date: 6/17/05

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 A051883
Sample Number (From page 1) A051883-01

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
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☑ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☑ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	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 (Print Name), Laboratory Manager,

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

Signature: 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:

P. 2

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A051883
Project Name:	Bear Lake	**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: Bear Lake

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Bear Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051883-01

Report No.: A051883
Date/Time Sampled: 06/02/05 7:15
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

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:** BEAR LAKE

Date/Time Rcvd: 6/2/2005 11.25 **Log-In request number:** A051883

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	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
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: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

0.5

06/10/2005 13:25 #099 P.003/005
From:ADVANCED ENVIRONMENTAL LABS 904 363 9354

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

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

Project #: A051883
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.)
A051883-01	1	Nitrate (J)-DW	Drinking Water	6/2/2005	7:15	6/2/05 11:25	6/3/2005		250mL Poly
A051883-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005	7:15	6/2/05 11:25	6/3/2005		250mL Poly

Orlando
~~Gainesville~~ Relinquisher: [signature] Shipping Receiver: AEL Courier Date/Time: 6/2/05 1100

Shipping Relinquisher: AEL Courier Jacksonville Receiver: [signature] Date/Time: 6/3/05 0740

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 # **A051883**

Page

CLIENT NAME: Utilities Inc.
ADDRESS: 200 Weathersfield Ave
Altamonte Springs, FL 32714
PHONE: 407-448-1715
CONTACT: Kathy Silitoe

PROJECT NAME: Bear Lake
P.O. NUMBER/PROJECT NUMBER: Bear Lake WTP
PROJECT LOCATION: POE
FAX:
SAMPLED BY: Terry Silitoe B127749

TURN AROUND TIME:
☑ STANDARD
RUSH

REMARKS/SPECIAL INSTRUCTIONS:

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 DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: 250 mL NO3/NO2						LAB NUMBER
							Preserv	I						
1	Point of Entry Bear Lake NO3/NO2	G	6/6/05	0715	DW	1		X						-01

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 Terry Silitoe	6/7/05	11:25	Brian D. Neary	6/2/05	11:25
2					
3					
4					

Shipment Method Sample Kit Cooler #
t Via: RB D/T
AB D/T
t Via: Trip Bl.

Received on Ice ☑ Yes ☐ No QC ☐ sent ☐ received

revised 8/01

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

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
Bear Lake Utilities, Inc.
PWS ID# 3590069

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. 234.

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: ☐QUARTERLY X☐ANNUALLY	YEAR: 2005
	QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	

SYSTEM INFORMATION	
PWS NAME: Bear Lake	
PWS ID NUMBER: 3590069	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	55.6	Calculate the arithmetic average all HAA5s samples taken over the last year	33.7
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)**
1210 Gay Street	MRT	7/12/05	0.6	Alexander Lorenzo	7/14/05	E502.2	Advanced Enviromental Laboratories # E82574	55.6

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)
1210 Gay Street	MRT	7/28/05	.9	Kathy Sillitoe	8/5/05	EPA552.2	Advanced Environmental Laboratories E 82574	33.7

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: BEAR LAKE PWS I.D. #: 3590069

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

Address: LAKE ASHER CIR.

City: APOPKA State: FLA. ZIP Code:

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

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052400-01 Location Code (if known):

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

Sample Location (be specific): 1210 GAY ~~DR.~~ STREET

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 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)
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other:
- ☐Quarterly (Which Quarter?)
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

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: N/A

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO (Print Name), OPERATOR (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 A052400

Date Sample(s) Received: 7/12/2005 4:50:00
Sample Number (From page 1) A052400-01

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 (Print Name), Laboratory Manager,

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

Signature: 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:

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052400
Project Name:	Bear Lake	**Date Sampled:**	7/12/2005
Project Number:		**Date Received:**	7/12/05 16:50
PWS ID#:		**Date Reported:**	7/21/2005
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: Bear Lake

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

p.3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Bear Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 1210 GAY
Sample Number: A052400-01

Report No.: A052400
Date/Time Sampled: 07/12/05 11:05
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	**36**		E502.2	**0.31**	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	**14**		E502.2	**0.38**	7/14/2005	16:12	E82574
2944	**Dibromochloromethane**		ug/L	**5.6** /55 G		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:** BEAR LAKE

Date/Time Rcvd: 7/12/05 16.50 **Log-In request number:** A052400

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	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
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: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

12.5

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 #: A052400
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.)
A052400-01	1	THMs (DW)	Drinking Water	7/12/2005	11:05	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

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

A052400

CLIENT NAME: Utilities Inc.	PROJECT NAME: Bear Lake
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:
Altamonte Springs, FL 32714	PROJECT LOCATION:
PHONE: 407-869-1919	FAX:
CONTACT:	SAMPLED BY: ALEXANDER LORENZO
TURN AROUND TIME: ☒ STANDARD ☐ RUSH _____	REMARKS/SPECIAL INSTRUCTIONS:

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 DATE	SAMPLING TIME	MATRIX	NO. COUNT	ANALYSIS REQUIRED: BOTTLE SIZE & TYPE	40mL Vials	THM'S						LAB NUMBER
							Preserv		I,T						
1	1210 GAY DR.	G	7/12/05	1105	~~WW~~ DW	3			X						1

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

Shipment	Method	Sample Kit	Cooler #		Relinquish by:	Date	Time	Received by:	Date	Time
Out _____	Via: _____	RB _____ D/T		1	Alexander Lorenzo	7/12/05	1650	Brian D. Newton	7/12/05	1650
		AB _____ D/T		2						
Ret _____	Via: _____	Trip Bl.		3						
				4						

Received on Ice ☒ Yes ☐ No QC ☐ sent ☐ received

revised 8/01

2.2

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

2.6

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: Bear Lake PWS I.D. #: 3 5 9 0 0 6 9

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

Address: 1345 Lake Asher Circle

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: A052636 Location Code (if known): MRT

Sample Date: 7-28-05 Sample Time: 0745 (AM) PM (Circle One)

Sample Location (be specific): 1210 Gay Street

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): .9 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)
☐Confirmation of MCL Exceedance*
☐Composite of Multiple Sites**
☐Clearance (permitting)
☐Other: _____

☐Quarterly (Which Quarter? _____)
☐Special (not for compliance with 62-550)
☐Violation Resolution
☐Replacement (of Invalidated Sample)

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 (Print Name), AREA MANAGER (Print Title),

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

Signature: [signature] 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: ~~6/30/2005~~ 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 A052636
Sample Number (From page 1) A052636

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
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	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 (Print Name), Laboratory Manager,

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

Signature: Myrna Santiago **Date:** 8/24/05

* 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:

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052636
Project Name:	Bear Lake	**Date Sampled:**	7/28/2005
Project Number:		**Date Received:**	7/28/05 14:35
PWS ID#:		**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: Bear Lake

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Bear Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 1210 GAY
Sample Number: A052636-01

Report No.: A052636
Date/Time Sampled: 07/28/05 7:45
Date/Time Received: 7/28/05 14:35

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	**13**		E552.2	**0.56**	8/5/2005	14:21	E82574
2452	**Trichloroacetic Acid**		ug/L	**17**		E552.2	**0.60**	8/5/2005	14:21	E82574
2453	**Bromoacetic Acid**		ug/L	**0.50**	i	E552.2	**0.34**	8/5/2005	14:21	E82574
2454	**Dibromoacetic Acid**		ug/L	**3.2**	/337	E552.2	**0.45**	8/5/2005	14:21	E82574

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

Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A) **Project name:** BEAR LAKE

Date/Time Rcvd: 7/28/05 14.35 **Log-In request number:** A052636

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	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
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: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

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

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

Project #: A052636
CustomerName: Utilities, Inc.
Collector: Kathy Sillitoe

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052636-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	7:45	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 PM

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: A052636

CLIENT NAME:	Utilities Inc.	PROJECT NAME:	Bear Lake
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:	Kathy Sillitoe

TURN AROUND TIME: ☐ STANDARD ☐ RUSH

REMARKS/SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE: 40mL Vials

ANALYSIS REQUIRED: HAA

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 DATE	SAMPLING TIME	MATRIX	NO. COUNT	Preserv	HAA (NH4Cl)	LAB NUMBER
1	1210 Gay St CL2=.9	G	7/28	0745	~~WW~~ DW	3		X	

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

Shipment	Method	Sample Kit	Cooler #		Relinquish by:	Date	Time	Received by:	Date	Time
Out	Via:	RB	D/T	1	Alexander [illegible]	7/28/05	1435	RJ	7/28/05	1435
		AB	D/T	2						
Ret	Via:	Trip Bl.		3						
				4						

Received on Ice ☑ Yes ☐ No QC ☐ sent ☐ received

revised 8/01

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 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

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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

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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

PK

Laboratory Scope of Accreditation

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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

pll

Bear Lake

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

2126.

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221		Total Population Served at End of Month: 795	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 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: 3590069 | Plant Name: Utilites, Inc. of Florida – BEAR LAKE

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	70,000										1.8	
2	24	53,000										1.3	
3	24	40,000										1.0	
4	24	72,000											
5	24	73,000										1.0	
6	24	54,000										0.8	
7	24	44,000										1.0	
8	24	52,000										1.0	
9	24	60,000										1.0	
10	24	37,000										1.1	
11	24	64,000											
12	24	69,000										1.0	
13	24	51,000										0.8	
14	24	54,000										1.0	
15	24	66,000										0.9	
16	24	47,000										1.0	
17	24	43,000										1.1	
18	24	69,000											
19	24	70,000										1.0	
20	24	54,000										1.0	
21	24	56,000										1.1	
22	24	56,000										1.0	
23	24	52,000										0.8	
24	24	36,000										1.0	
25	24	74,000										1.3	
26	24	74,000										1.3	
27	24	57,000										1.0	
28	24	45,000										1.0	
29	24	60,000										1.0	
30	24	49,000										1.0	
31	24	34,000										1.1	
Total		1,745,000											
Average		56,000											
Maximum		74,000											

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

6/16.

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221		Total Population Served at End of Month: 774	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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	Printed or Typed Name	License Number
Michael J Gavaletz 3/4/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590069	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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	66,000											
2	24	67,000										1.0	
3	24	50,000										1.0	
4	24	53,000										0.9	
5	24	57,000										0.8	
6	24	50,000										0.6	
7	24	26,000										0.7	
8	24	65,000											
9	24	66,000										1.0	
10	24	59,000										1.0	
11	24	55,000										1.0	
12	24	65,000										0.8	
13	24	55,000										1.0	
14	24	31,000										1.0	
15	24	65,000											
16	24	65,000										0.9	
17	24	47,000										1.0	
18	24	64,000										1.0	
19	24	64,000										0.9	
20	24	55,000										1.0	
21	24	44,000										0.8	
22	24	73,000											
23	24	73,000										0.7	
24	24	65,000										1.0	
25	24	53,000										0.9	
26	24	64,000										0.7	
27	24	52,000										1.0	
28	24	37,000										1.0	
29	24	74,000											
30													
31													
Total		1672,000											
Average		58,000											
Maximum		73,000											

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

6/6

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221		Total Population Served at End of Month: 774	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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	Printed or Typed Name	License Number
Michael J Gavaletz 4/5/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590069	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*										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/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	71,000										1.1	
2	24	47,000										1.0	
3	24	50,000										1.0	
4	24	61,000										0.9	
5	24	45,000										1.0	
6	24	42,000										0.8	
7	24	63,000											
8	24	64,000										0.9	
9	24	58,000										1.0	
10	24	51,000										1.0	
11	24	53,000										0.9	
12	24	63,000										0.9	
13	24	48,000										0.9	
14	24	75,000											
15	24	75,000										1.0	
16	24	45,000										0.8	
17	24	54,000										0.7	
18	24	55,000										1.0	
19	24	58,000										1.1	
20	24	72,000										1.1	
21	24	68,000											
22	24	68,000										1.0	
23	24	37,000										0.8	
24	24	65,000										1.2	
25	24	66,000										0.8	
26	24	41,000										1.0	
27	24	38,000										0.9	
28	24	80,000											
29	24	82,000										1.0	
30	24	47,000										1.0	
31	24	55,000										0.8	
Total		1,835,000											
Average		58,000											
Maximum		82,000											

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

6/10

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 5/5/04

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: 3590069	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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	65,000									1.0		
2	24	53,000									0.8		
3	24	49,000									0.9		
4	24	92,000											
5	24	97,000									0.8		
6	24	70,000									1.0		
7	24	59,000									1.0		
8	24	75,000									1.1		
9	24	55,000									1.0		
10	24	48,000									0.9		
11	24	86,000											
12	24	86,000									1.0		
13	24	60,000									0.9		
14	24	54,000									0.9		
15	24	56,000									1.0		
16	24	60,000									1.1		
17	24	45,000									1.0		
18	24	87,000											
19	24	84,000									0.9		
20	24	75,000									1.0		
21	24	83,000									1.1		
22	24	67,000									1.1		
23	24	78,000									0.8		
24	24	38,000									1.0		
25	24	76,000											
26	24	96,000									0.6		
27	24	55,000									1.2		
28	24	66,000									0.8		
29	24	80,000									0.8		
30	24	55,000									1.2		
31													
Total		2093,000											
Average		68,000											
Maximum		97,000											

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

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

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 6/4/04
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: 3590069	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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	46,000										1.3	
2	24	66,000											
3	24	67,000										1.0	
4	24	49,000										1.0	
5	24	64,000										1.2	
6	24	69,000										1.0	
7	24	62,000										1.1	
8	24	52,000										1.0	
9	24	79,000											
10	24	80,000										1.0	
11	24	67,000										1.6	
12	24	63,000										1.1	
13	24	75,000										1.0	
14	24	65,000										1.1	
15	24	51,000										1.1	
16	24	81,000											
17	24	82,000										1.0	
18	24	59,000										0.9	
19	24	75,000										1.0	
20	24	91,000										0.9	
21	24	58,000										1.0	
22	24	50,000										1.1	
23	24	99,000											
24	24	99,000										1.0	
25	24	66,000										0.8	
26	24	88,000										1.2	
27	24	83,000										1.0	
28	24	86,000										0.8	
29	24	56,000										1.0	
30	24	104,000											
31	24	104,000										0.9	
Total		2,236,000											
Average		72,000											
Maximum		104,000											

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

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

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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	Printed or Typed Name	License Number
Michael J Gavaletz 7/1/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590069 | Plant Name: Utilites, 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) ☐ 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	92,000										0.8	
2	24	102,000										1.0	
3	24	92,000										1.2	
4	24	81,000										1.5	
5	24	41,000										1.3	
6	24	79,000											
7	24	79,000										1.0	
8	24	66,000										0.9	
9	24	61,000										1.0	
10	24	41,000										1.3	
11	24	50,000										1.4	
12	24	33,000										1.3	
13	24	75,000											
14	24	76,000											
15	24	45,000										1.0	
16	24	5,000										1.1	
17	24	49,000										0.7	
18	24	64,000										1.0	
19	24	33,000										1.0	
20	24	76,000										1.2	
21	24	77,000											
22	24	47,000										1.0	
23	24	78,000										0.8	
24	24	57,000										1.2	
25	24	63,000										1.0	
26	24	45,000										0.8	
27	24	73,000										0.9	
28	24	74,000											
29	24	46,000										0.7	
30	24	58,000										0.8	
31												1.0	
Total		1869,000											
Average		62,000											
Maximum		102,000											

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

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

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm
	RAYMOND A 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 A Parrish 8-2-2004 FOR

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: 3590069 | Plant Name: Utilites, Inc. of Florida - Bear Lake

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: Peak Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp. of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	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	56,000										1.0	
2		48,000										0.8	
3		27,000										0.9	
4		67,000											
5		67,000										1.0	
6		59,000										1.0	
7		37,000										1.0	
8		82,000										1.0	
9		63,000										1.0	
10		48,000										1.2	
11		70,000											
12		71,000										1.3	
13		56,000										1.0	
14		55,000										0.9	
15		77,000										1.0	
16	↓	59,000										0.8	
17	24	41,000										1.2	
18		74,000											
19		74,000										1.3	
20		50,000										1.0	
21		56,000										1.0	
22		69,000										1.0	
23		74,000										0.8	
24		39,000										0.9	
25		95,000											
26		95,000										1.0	
27		45,000										1.0	
28		61,000										0.8	
29		51,000										0.9	
30	↓	66,000										1.0	
31	24	55,000										0.9	
Total		1749000	1881000										
Average		56,000	61000										
Maximum		134,000	95,000										

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

616

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: August 2004

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 8/3/04
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: 3590069	Plant Name: Utilites, 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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	65,000											
2	24	66,000										1.2	
3	24	50,000										1.4	
4	24	63,000										1.2	
5	24	51,000										1.0	
6	24	52,000										1.2	
7	24	58,000											
8	24	55,000										1.0	
9	24	56,000										1.0	
10	24	50,000										0.8	
11	24	49,000										1.0	
12	24	47,000										0.9	
13	24	56,000										0.7	
14	24	19,000											
15	24	0										0.8	Plant on Interconnect due to Clarity
16	24	0										0.6	
17	24	0										0.6	
18	24	0										0.7	
19	24	39,000										1.0	
20	24	59,000										1.1	
21	24	27,000											
22	24	50,000										0.9	
23	24	60,000										1.0	
24	24	37,000										1.0	
25	24	40,000										1.0	
26	24	50,000										0.8	
27	24	53,000										1.0	
28	24	42,000											
29	24	62,000										1.2	
30	24	62,000										1.0	
31	24	46,000										1.0	
Total		1652,000											
Average		53,000											
Maximum		66,000											

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

bb

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 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: 3590069 | Plant Name: Utilites, Inc. of Florida - SILVER LAKE

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 in Determining Four-Log Virus Inactivation if Applicable: Peak Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp. of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	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	2,000										1.0	
2	24	Ø										0.8	
3	24	Ø										0.7	
4	24	Ø										0.6	
5	24	Ø											
6	24	Ø											
7	24	Ø										0.7	PLANT RAN ON INTERCONNECT
8	24	Ø										0.6	DUE TO MAINTENANCE
9	24	Ø										0.6	
10	24	Ø										0.3	
11	24	Ø										0.7	
12	24	Ø											
13	24	Ø										0.7	
14	24	Ø										0.5	
15	24	Ø										0.7	
16	24	33,000										0.8	
17	24	49,000										1.0	
18	24	28,000										0.9	
19	24	52,000											
20	24	52,000										0.8	
21	24	52,000										1.0	
22	24	49,000										1.0	
23	24	36,000										1.0	
24	24	31,000										1.0	
25	24	30,000										1.2	
26	24	Ø											
27	24	Ø										1.2	PLANT RAN ON INTERCONNECT
28	24	Ø										0.8	DUE TO MAINTENANCE
29	24	39,000										1.1	
30	24	46,000										0.8	
31													
Total		709,000											
Average		17,000											
Maximum		52,000											

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

616

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: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221		Total Population Served at End of Month: 774	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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	Printed or Typed Name	License Number
Michael J Gavaletz 11/4/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590069	Plant Name: Utilites, 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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	41,000										1.0	
2	24	29,000										0.8	
3	24	62,000											
4	24	67,000										1.0	
5	24	49,000										0.8	
6	24	53,000										1.0	
7	24	55,000										1.0	
8	24	93,000										0.9	
9	24	40,000										1.0	
10	24	65,000											
11	24	63,000										0.8	
12	24	39,000										0.9	
13	24	59,000										1.0	
14	24	40,000										0.8	
15	24	56,000										1.0	
16	24	36,000										0.9	
17	24	56,000											
18	24	56,000										1.0	
19	24	54,000										0.8	
20	24	39,000										0.8	
21	24	39,000										0.9	
22	24	55,000										1.0	
23	24	39,000										1.2	
24	24	66,000											
25	24	67,000										1.0	
26	24	43,000										0.8	
27	24	57,000										1.0	
28	24	49,000										1.0	
29	24	53,000										0.8	
30	24	44,000										0.9	
31	24	63,000											
Total		1,585,000											
Average		51,000											
Maximum		67,000											

** 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: Bear Lake		PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 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: 3590069	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: CT Calculations: 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	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	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	64,000										0.7	
2	24	47,000										1.0	
3	24	65,000										1.0	
4	24	45,000										1.0	
5	24	42,000										0.8	
6	24	40,000										1.1	
7	24	64,000											
8	24	65,000											
9	24	48,000										1.0	
10	24	49,000										0.8	
11	24	53,000										1.0	
12	24	38,000										1.0	
13	24	40,000										0.8	
14	24	66,000										1.0	
15	24	67,000											
16	24	44,000										1.0	
17	24	68,000										1.0	
18	24	60,000										1.1	
19	24	58,000										1.3	
20	24	40,000										1.1	
21	24	70,000										1.0	
22	24	70,000											
23	24	52,000										1.0	
24	24	54,000										0.8	
25	24	50,000										0.8	
26	24	84,000										1.0	
27	24	38,000										0.8	
28	24	54,000										1.1	
29	24	53,000											
30	24	45,000										1.0	
31												0.8	
Total		1627,000											
Average		54,000											
Maximum		84,000											

** 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

6116

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 221	Total Population Served at End of Month: 774		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8am-4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8am-4:30pm

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 Alan Parrish 1/2/2005
Signature and Date

RAYMOND ALAN PARRISH
Michael J. Gavaletz
Printed or Typed Name

C-12740
C5642
License Number

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida – BEAR LAKE

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/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	57,000										1.0	
2		49,000										1.1	
3		54,000										1.3	
4		35,000										1.0	
5		62,000											
6		63,000										1.0	
7		44,000										0.7	
8		58,000										0.8	
9		48,000										1.0	
10		52,000										0.8	
11		34,000										1.1	
12		57,000											
13	↓	58,000										1.0	
14	24	43,000										1.0	
15		49,000										0.8	
16		48,000										0.9	
17		55,000										1.0	
18		36,000										1.2	
19		62,000											
20		63,000										1.0	
21		56,000										0.8	
22		54,000										1.0	
23		35,000										2.0	
24		44,000										1.8	
25		47,000										1.4	
26		48,500											
27		48,500										1.5	
28		35,000										1.5	
29		54,000										1.5	
30	↓	47,000										2.0	
31	24	50,000										2.0	
Total		1,551,000 ✓											
Average		50,000 ✓											
Maximum		63,000 ✓											

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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.

Signature and Date	Printed or Typed Name	License Number
2-2-5	Roy J. Mericle	C13808

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

PWS Identification Number: 3590069	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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	42,000										2.3	
2	24	60,000											
3	24	61,000										1.8	
4	24	39,000										1.5	
5	24	49,000										1.5	
6	24	54,000										1.3	
7	24	53,000										1.5	
8	24	38,000										0.7	
9	24	59,000											
10	24	60,000										2.5	
11	24	55,000										2.5	
12	24	49,000										2.5	
13	24	47,000										2.5	
14	24	44,000										3.1	
15	24	43,000										2.8	
16	24	55,000											
17	24	56,000										2.6	
18	24	44,000										2.4	
19	24	48,000										2.5	
20	24	51,000										2.5	
21	24	44,000										1.8	
22	24	58,000										1.4	
23	24	64,000											
24	24	64,000										1.8	
25	24	44,000										1.5	
26	24	41,000										2.0	
27	24	40,000										2.0	
28	24	59,000										1.7	
29	24	42,000										1.5	
30	24	65,000											
31	24	66,000										1.50	
Total		1,594,000											
Average		51,419											
Maximum		66,000											

** 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: February/2005

A. Public Water System (PWS) Information

PWS Name: Bear Lake		PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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.

Signature and Date	Printed or Typed Name	License Number
2-28-05	Roy J. Mericle	C13808

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

PWS Identification Number: 3590069 | 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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	51,000										1.5	
2	24	51,000										1.5	
3	24	46,000										1.4	
4	24	52,000										1.4	
5	24	36,000										1.4	
6	24	57,000											
7	24	57,000										1.5	
8	24	59,000										0.6	
9	24	49,000										2.8	
10	24	48,000										1.5	
11	24	51,000										1.3	
12	24	41,000										1.1	
13	24	57,000											
14	24	57,000										1.0	
15	24	46,000										1.0	
16	24	64,000										1.1	
17	24	68,000										1.0	
18	24	50,000										0.9	
19	24	51,000										0.8	
20	24	65,000											
21	24	66,000										1.0	
22	24	60,000										0.9	
23	24	59,000										2.5	
24	24	52,000										1.5	
25	24	61,000										1.5	
26	24	36,000										1.1	
27	24	55,000											
28	24	56,000										1.3	
29	24												
30	24												
31	24												
Total		1,501,000											
Average		53,607											
Maximum		68,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Bear Lake

MONTH/YEAR: Feb 05

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1/4"	5			3,000	WTP-ORP
29						
30						
31						

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

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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: Bear Lake		PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777	
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: 259,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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: 3590069	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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	42,000										2.3	
2	24	60,000											
3	24	61,000										1.8	
4	24	39,000										1.5	
5	24	49,000										1.5	
6	24	54,000										1.3	
7	24	53,000										1.5	
8	24	38,000										0.7	
9	24	59,000											
10	24	60,000										2.5	
11	24	55,000										2.5	
12	24	49,000										2.5	
13	24	47,000										2.5	
14	24	44,000										3.1	
15	24	43,000										2.8	
16	24	55,000											
17	24	56,000										2.6	
18	24	44,000										2.4	
19	24	48,000										2.5	
20	24	51,000										2.5	
21	24	44,000										1.8	
22	24	58,000										1.4	
23	24	64,000											
24	24	64,000										1.8	
25	24	44,000										1.5	
26	24	41,000										2.0	
27	24	40,000										2.0	
28	24	59,000										1.7	
29	24	42,000										1.5	
30	24	65,000											
31	24	66,000										1.50	
Total		1,594,000											
Average		51,419											
Maximum		66,000											

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

616

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: March/2005

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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.

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

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

PWS Identification Number: 3590069	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	55,000										1.3	
2	24	62,000										1.4	
3	24	62,000										1.3	
4	24	50,000										1.0	
5	24	43,000										0.8	
6	24	74,000											
7	24	74,000										2.0	
8	24	53,000										1.1	
9	24	53,000										1.4	
10	24	43,000										1.0	
11	24	47,000										0.9	
12	24	47,000										0.8	
13	24	62,000											
14	24	62,000										1.2	
15	24	63,000										1.2	
16	24	40,000										1.0	
17	24	37,000										1.2	
18	24	37,000										1.4	
19	24	34,000										1.1	
20	24	49,000											
21	24	49,000										1.0	
22	24	39,000										1.1	
23	24	35,000										1.2	
24	24	42,000										1.0	
25	24	40,000										1.3	
26	24	36,000										1.2	
27	24	48,000											
28	24	49,000										1.1	
29	24	54,000										0.8	
30	24	52,000										0.7	
31	24	54,000										1.60	
Total		1,545,000											
Average		49,838											
Maximum		74,000											

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

BEAR LAKE
PWS: 3590069
CUP: 8348

MONTH: March
YEAR: 2005
OPERATOR: C13808

DATE	TIME	PSI	TOTAL GPD	WELL					COMMENTS	
				FLOW METER	HOUR METER	HRS	Bleach Pump 1	Bleach Pump 2		
Previous		66	56,000	10743	350.3	4.5		2.75		
1	0900	62	55,000	10798	354.8	4.5		2.75	A/C	RJ
2	0900	54	62,000	10860	359.8	5.0		2.75	A/C	RJ
3	0700	52	62 000	10922	364.9	5.1		2.75	A/C	RJ
4	0825	52	50,000	10972	369.0	4.1		2.75	Bacts	RJ
5	2400	60	43000	11015	372.4	3.4		2.75	ADJ Stenner ↑	RJ
6										
7	0900	61	148,000	11163	384.5	12.1		2.75	ADJ Stenner ↓ TO 2.75	RJ
8	0910	66	53,000	11216	388.8	4.3		2.75	Bleach 80g	RJ
9	0855	62	53,000	11269	393.1	4.3		2.75	A/C	RJ
10	0915	67	43,000	11312	396.6	3.5		2.75	A/C	RJ
11	0745	64	47000	11359	400.5	3.9		2.75	A/C PRV install, Boil Water	RJ
12	0805	66	47,000	11406	404.3	3.8		2.75		RJ
13										
14	0850	60	124,000	11530	414.4	10.1		2.75	A/C	RJ
15	1325	56	63,000	11593	419.4	5.0		2.75		RJ
16	1005	61	40,000	11633	422.7	3.3		2.75	Stenner #2 3.00	RJ
17	0720	59	37 000	11670	425.7	3.0		3.00	A/C See Log	RJ
18	0700	60	37,000	11707	428.8	3.1		3.00	A/C See Log	RJ
19	2400	56	34,000	11741	431.5	2.7		3.0		RJ
20										
21	0815	60	98,000	11839	439.5	8.0		3.0		RJ
22	0845	55	39,000	11878	442.6	3.1		3.0		RJ
23	0700	62	35 000	11913	445.5	2.9		3.0		RJ
24	0750	64	42,000	11955	448.9	3.4		3.0		RJ
25	0730	60	40,000	11995	452.1	3.2		3.0		RJ
26	0800	64	36,000	12031	455.0	2.9		3.0		RJ
27										
28	0915	60	97,000	12128	462.9	7.9		3.0	INTERCONNECT - SEE LOG	RJ
29	0925	58	54,000	12182	467.2	4.3		3.0	Stenner ↑ 3.5	RJ
30	0915	62	52,000	12234	471.4	4.2		3.5	Stenner ↑ 3.75	RJ
31	2400	60	54,000	12288	475.8	4.4		3.75		
AVG										
MIN										
MAX										
TOTAL										

BEAR LAKE
PWS: 3590069
CUP: 8348

MONTH: March
YEAR: 2005
OPERATOR: C13808

INTERCONNECT		HSP #1		HSP #2		CHLORINE						
FLOW METER	GALLONS	HOUR METER	HRS	HOUR METER	HRS	ORP	POE	Remote	Gallons Read	Gallons Used	Gallons Calculated	DOSE
267400		6290.4	3.5	6091.9	3.4	705	1.7	1.3	225	7.5	4.4	8.2
		6293.9	3.5	6095.4	3.5	715	1.8	1.3	220	5.0	4.4	8.4
267700		6298.0	4.1	6099.2	3.8	705	1.7	1.4	215	5.0	4.9	8.2
		6302.1	4.1	6103.1	3.9	705	2.0	1.3	210	5.0	5.0	8.4
		6305.3	3.2	6106.2	3.1	705	1.2	1.0	205	5.0	4.0	8.4
		6308.1	2.8	6108.2	2.0	700	1.0	0.8	200	5.0	3.3	8.1
											6.4	9.0
		6317.8	9.7	6118.0	9.8	710	2.4	2.0			6.5	9.2
		6321.1	3.3	6121.3	3.3	705	1.4	1.1			4.2	8.3
		6324.4	3.3	6124.5	3.2	705	1.5	1.4				
267700		6327.3	2.9	6127.3	2.8	705	1.5	1.0				
		6330.7	3.1	6130.2	2.9	705	1.5	0.9				
		6333.7	3.0	6133.1	2.9	705	1.5	0.8				
		6341.4	8.0	6140.8	7.7	700	2.0	1.2				
		6345.4	4.0	6144.6	3.8	700	1.4	1.2				
		6348.0	2.6	6147.1	2.5	685	1.2	1.0				
		6350.4	2.4	6149.4	2.3	695	1.6	1.2				
274500		6352.7	2.3	6151.6	2.5	705	1.5	1.4				
		6355.0	2.3	6153.7	2.2	700	1.3	1.1				
		6361.6	6.6	6160.5	6.4	705	1.5	1.0				
584000	31,700	6364.1	2.5	6162.9	2.4	690	1.4	1.1				
74.900		6366.5	2.4	6165.2	2.3	695	1.4	1.2				
		6369.2	2.7	6167.8	2.6	690	1.6	1.0				
		6372.0	2.8	6170.5	2.8	690	1.7	1.3				
		6374.3	2.3	6172.8	2.3	680	1.5	1.2				
951746		6380.8	6.3	6178.9	6.1	690	1.4	1.1				
		6384.3	3.5	6182.3	3.4	675	1.2	0.8				
951,000	36,700	6387.7	3.4	6185.5	3.2	690	1.5	0.7				
		6391.4	3.7	6189.0	4.5	705	2.1	1.6				
	68,400											

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

616.

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222		Total Population Served at End of Month: 777	
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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.

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

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

PWS Identification Number: 3590069 | Plant Name: Utilites, Inc. of Florida

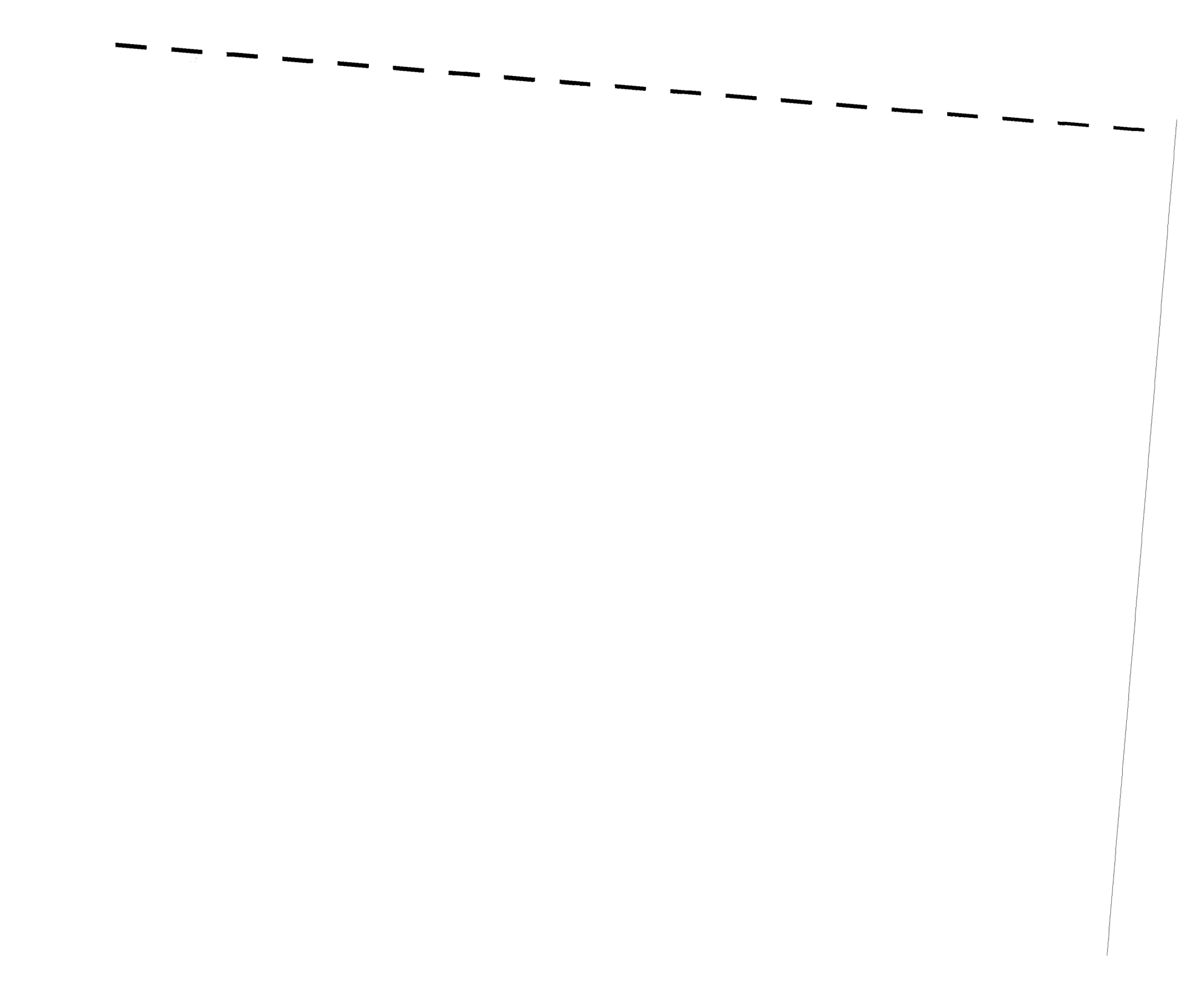
III. Daily Data for the Month/Year of: April/2005

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	60,000										1.3	
2	24	37,000										1.3	
3	24	63,000											
4	24	63,000										2.0	
5	24	57,000										1.8	
6	24	56,000										1.7	
7	24	69,000										1.8	
8	24	36,000										2.0	
9	24	50,000										2.0	
10	24	81,000											
11	24	82,000										1.6	
12	24	57,000										3.0	
13	24	60,000										2.2	
14	24	60,000										1.9	
15	24	54,000										1.8	
16	24	51,000										1.6	
17	24	81,000											
18	24	82,000										1.8	
19	24	58,000										1.6	
20	24	73,000										1.6	
21	24	71,000										1.5	
22	24	52,000										1.5	
23	24	56,000										1.5	
24	24	71,000											
25	24	71,000										1.4	
26	24	39,000										1.4	
27	24	55,000										1.4	
28	24	60,000										1.2	
29	24	51,000										1.2	
30	24	57,000										1.4	
31													
Total		1,813,000											
Average		60,433											
Maximum		82,000											

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



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

616

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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. & Wed. Days
	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Roy Mericle	C	13808	Tues.- Fri. Days 5/1 - 5/17/05
	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.

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

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

PWS Identification Number: 3590069	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*									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	61,000											
2	24	61,000										1.4	
3	24	48,000										1.5	
4	24	54,000										1.6	
5	24	37,000										1.6	
6	24	47,000										2.2	
7	24	44,000										1.8	
8	24	65,000											
9	24	65,000										1.8	
10	24	55,000										1.5	
11	24	59,000										1.5	
12	24	50,000										1.4	
13	24	52,000										1.2	
14	24	64,000										1.3	
15	24	79,500											
16	24	79,500										1.8	
17	24	61,500											Daily check not completed reported to P. Morrison
18	24	61,500										1.8	
19	24	36,000										1.6	
20	24	80,000										1.4	
21	24	50,000										1.2	
22	24	82,000											
23	24	82,000										1.6	
24	24	57,000										2.0	
25	24	53,000										1.2	
26	24	6,000										1.0	
27	24	44,000										1.3	
28	24	70,000										1.4	
29	24	81,500											
30	24	81,500										2.0	
31	24	61,000										1.80	
Total		1,828,000											
Average		58,967											
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: 3590069	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.*

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

616

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 7-28-05

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: 3590069	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	61,000										1.60	
2	24	41,000										1.80	
3	24	56,000										1.60	
4	24	60,000										1.60	
5	24	60,500											
6	24	60,500										1.80	
7	24	49,000										1.20	
8	24	40,000										1.00	
9	24	51,000										1.40	Collected Bacts
10	24	29,000										1.60	
11	24	55,000										1.40	
12	24	62,500											
13	24	62,500										1.20	
14	24	39,000										1.60	
15	24	56,000										1.40	
16	24	52,000										1.00	
17	24	56,000										1.20	
18	24	60,000										1.20	
19	24	73,000											
20	24	73,000										1.00	
21	24	60,000										0.80	
22	24	64,000										0.80	
23	24	45,000										1.40	
24	24	59,000										1.10	
25	24	42,000										1.30	
26	24	69,000											
27	24	69,000										1.00	
28	24	46,000										0.80	
29	24	54,000										1.00	
30	24	50,000										1.20	
31	24												
Total		1,655,000											
Average		55,166											
Maximum		73,000											

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

616

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/2005

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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 8-3-05	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: 3590069	Plant Name: Utilites, 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	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	37,000										0.8	
2	24	50,000										0.6	
3	24	61,000											
4	24	61,000										1.2	
5	24	51,000										1.4	
6	24	64,000										1.2	
7	24	52,000										1.4	collected Bacts
8	24	49,000										1.0	
9	24	48,000										0.70	
10	24	50,500											
11	24	50,500										1.2	
12	24	46,000										0.6	
13	24	46,000										0.8	
14	24	39,000										0.4	
15	24	39,000										1.2	
16	24	40,000										0.8	
17	24	66,000											
18	24	66,000										0.8	
19	24	60,000										0.6	
20	24	46,000										0.8	
21	24	60,000										1.0	
22	24	54,000										0.7	
23	24	71,000										0.6	
24	24	64,000											
25	24	64,000										1.0	
26	24	61,000										1.0	
27	24	66,000										1.8	
28	24	77,000										1.3	
29	24	80,000										1.00	
30	24	64,000										0.80	
31	24												
Total		1,683,000											
Average		56,100											
Maximum		80,000											

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

616

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: AUG 05

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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
	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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

K. Sillitoe 9-6-05

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: 3590069 | 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*									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	140,000										1.20	Bacts collected
2	24	51,000										1.00	
3	24	72,000										0.90	
4	24	77,000										0.70	
5	24	46,000										0.90	
6	24	76,000										0.80	
7	24	111,500											
8	24	111,500										0.60	
9	24	68,000										1.80	
10	24	40,000										1.00	
11	24	54,000										0.70	Malfuction Boil water bacts pulled
12	24	27,000										0.70	Malfuction Boil water bacts pulled
13	24	49,000										1.00	
14	24	62,000											
15	24	62,000										0.6	
16	24	42,000										0.8	
17	24	76,000										0.6	
18	24	63,000										0.7	
19	24	53,000										0.7	
20	24	64,000										0.6	
21	24	62,500											
22	24	62,500										0.9	
23	24	55,000										0.8	
24	24	53,000										1.2	
25	24	77,000										0.9	
26	24	47,000										1.0	
27	24	44,000										2.1	
28	24	64,500											
29	24	64,500										1.2	
30	24	54,000										1.1	
31	24	57,000										1.1	
Total		1,986,000											
Average		64,064											
Maximum		140,000											

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

616

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: September 2005

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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	13756	Thur. Fri. & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Dominic 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 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: 3590069 | Plant Name: Utilites, 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	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	43000										1.1	
2	24	47000										1.2	
3	24	43000										1.2	
4	24	63500											
5	24	63500										1.1	
6	24	55000										1.0	
7	24	51000										1.0	
8	24	47000										0.9	
9	24	51000										0.9	
10	24	26000										1.2	
11	24	77000											
12	24	77000										1.0	
13	24	44000										0.9	
14	24	72000										0.9	
15	24	67000										0.8	
16	24	68000										0.8	
17	24	55000										2.2	
18	24	72000											
19	24	72000										0.9	
20	24	72000										0.8	
21	24	59000										0.8	
22	24	58000										0.9	
23	24	40000										1.1	
24	24	60000										1.2	
25	24	78000											
26	24	78000										1.0	
27	24	62000										1.2	
28	24	60000										0.8	
29	24	50000										0.8	
30	24	64000										0.8	
31	24												
Total		~~0~~	1,775,000										
Average		59,166											
Maximum		~~0~~	~~78,000~~ 78,000										

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

616

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: October 2005

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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	13756	Thur. Fri. & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Dominic 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 11-1-05
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590069	Plant Name: Utilites, 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	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24		57,000									0.8	
2	24		63,000										
3	24		63,000									0.8	
4	24		86,000									0.7	
5	24		98,000									0.7	
6	24		40,000									0.8	
7	24		61,000									0.7	
8	24		48,000									0.6	
9	24		60,000										
10	24		60,000									0.4	
11	24		57,000									0.7	
12	24		62,000									0.6	
13	24		62,000									0.7	collected 3 bacts
14	24		67,000									0.7	
15	24		58,000									0.7	
16	24		67,500										
17	24		67,500									0.6	
18	24		55,000									0.7	
19	24		54,000									0.9	
20	24		25,000									0.6	
21	24		63,000									1.1	
22	24		49,000									1.0	
23	24		73,500										
24	24		73,500									0.9	
25	24		59,000									0.8	
26	24		55,000									0.8	
27	24		51,000									0.9	
28	24		48,000									0.9	
29	24		66,000									1.2	
30	24		70,000										
31	24		70,000									1.0	
Total		1,889,000	1,889,000										
Average		60,935											
Maximum		98,000											

** 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

616.

See page 4 for instructions.

I. General Information for the Month/Year of: November2005

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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. - 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 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	Printed or Typed Name	License Number
K S 12-2-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590069	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: November2005

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	44,000										0.80	
2	24	36,000										0.70	
3	24	47,000										0.70	Collected 3 bacts
4	24	59,000										0.70	
5	24	40,000										0.60	
6	24	56,000											
7	24	56,000										0.70	
8	24	45,000										0.60	
9	24	52,000										0.70	
10	24	57,000										0.70	
11	24	49,000										0.60	
12	24	41,000										0.70	
13	24	70,000											
14	24	70,000										0.70	
15	24	48,000										0.70	
16	24	50,000										0.80	
17	24	49,000										0.80	
18	24	40,000										0.90	
19	24	42,000										0.70	
20	24	62,500											
21	24	62,500										0.70	
22	24	29,000										0.70	
23	24	76,000										1.20	
24	24	54,000										1.40	
25	24	42,000										1.60	
26	24	60,000										1.00	
27	24	57,000											
28	24	57,000										1.80	Flushed 8,300 gallons
29	24	52,000										1.40	
30	24	34,000										1.0	
31	24												
Total		1,537,000											
Average		51,233											
Maximum		76,000											

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

6\6

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

FILE COPY

Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Bear Lake			PWS Identification Number: 3590069
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 222	Total Population Served at End of Month: 777		
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: 259,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	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. - 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

DEP Form 62-555 900(3)
Effective August 28, 2003

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

PWS Identification Number: 3590069 | Plant Name: Utilites, 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	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	36,000										1.2	
2	24	34,000										0.9	
3	24	34,000										1.0	
4	24	62,000											
5	24	62,000										1.2	
6	24	48,000										1.1	
7	24	49,000										0.9	
8	24	46,000										1.0	
9	24	16,000										1.0	on interconnect - G.S.T level sensor problem
10	24	29,000										0.7	
11	24	52,000											
12	24	52,000										0.7	
13	24	40,000										0.8	
14	24	50,000										0.7	Bact Samples
15	24	49,000										0.7	Repeat well BACT
16	24	41,000										0.5	Repeat well BACT
17	24	40,000										0.7	
18	24	50,000											
19	24	50,000										0.6	Repeat well BACT 5 consecutive
20	24	34,000										0.6	
21	24	55,000										0.7	
22	24	42,000										0.7	
23	24	43,000										0.8	
24	24	51,000										0.8	
25	24	47,500											
26	24	47,500										0.7	
27	24	44,000										0.8	
28	24	66,000										0.7	
29	24	46,000										0.7	
30	24	51,000										0.8	
31	24	49,000										0.8	
Total		1,417000											
Average		45,709											
Maximum		66,000											

** 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: 3590069	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: * **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 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.*

Bear Lake

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 BEAR LAKE MANOR County Seminole PWS ID # 3590069
Plant Location Lake Asher Circle, 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
"As-Built" dated 4/5/60
Hypochlorination mod 7/29/03

☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Single family home subdivision and church

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* --- *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 old MOR form
Total, average & max flows sometimes incorrect.

Number of Service Connections 222 (MOR)
Population Served 777 Basis 3.5/svc. cx.
Average Day (from MORs) 0.052 MGD
Max. Day (from MORs) .140 MGD 08/05
Max-day Design Capacity .288 MGD
Comments

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☒ Emergency Water Source 3590785 SCES/SW
Emergency Water Capacity 4" manual interconnect

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 Automatic pressure differential valve on interconnect opens when system pressure drops below 40 psi. Meets auxiliary power requirement.

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination; Aeration

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 3" Badger
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections Irrigation
Written Cross-connection Control Program: *Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments
*Appropriate backflow prevention assembly on irrigation line from pressure tank (RPZ).

PWS ID # 3590069
Date 10/27/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1958			
Depth Drilled		400'			
Drilling Method		Unknown			
Type of Grout		Unknown			
Static Water Level		70'			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Unknown			
Length (outside casing)		Unknown			
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	~50'			
	Reuse Water	N/A			
	WW Plumbing	w/in 100'			
	Other Sanitary Hazard	None observed			
PUMP	Type	Submersible			
	Manufacturer Name	Goulds			
	Model Number	Unknown			
	Rated Capacity (gpm)	220			
	Motor Horsepower	10			
Well casing 12" above grade?		No			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		----			

COMMENTS Septic tank & wastewater plumbing setback distances previously accepted by the Department under condition of continued satisfactory bacteriologicals and good chlorine residuals. Well casing <12" previously accepted by DEP. 4" interconnect accepted in lieu of 2nd well. Well 1- AAH2578

PWS ID # 3590069
Date 10/27/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 85x2 gpd
Chlorine Feed Rate 3.5
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 3.0 Remote 2.0
Remote tap location 1210 Gay St.
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Into aerator basin
Booster Pump Info N/A
Comments Have chlorine ORP meter.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade (4 trays) Capacity 200 gpm
Aerator Condition OK
Bloodworm Presence None observed
Visible Algae Growth None observed
Protective Screen Condition Good
Comments Per operator, inspected weekly & cleaned 2x/month. Fiberglass trays.

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

Tank Type/Number	G	H	
Capacity (gal)	13,800	3,000	
Material	Concrete	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	*	Yes	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	----	55/70	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	----	----	
Height to Max. Water Level	----	----	

Comments Tank inspection due first quarter 2006.
*The GST has probe low-level alarm lights.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	3656	3656	
Capacity (gpm)	200	200	
Motor HP	10	10	
Date Installed	1989	1988	
Maintenance	Weekly	Weekly	

Comments

PWS ID # 3590069
Date 10/27/05

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**".

MONITORING AND REPORTING:

- Bacteriologicals due monthly
- Nitrate/Nitrite due 2006
- Primary Inorganics due 2006
- Lead and Copper Tap Sampling due 06/2007-09/2007
- SOCs due 2006
- Radiologicals due 2006
- 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.

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

RESPONSE:

Please indicate changes to the following:

PWS ID Number: 3590069

PWS Name: Bear Lake Manor

Attn: Patrick Flynn, Utilities, Inc. of Florida

Mailing Address: _____

_____

Date: _____

Business Name: _____

_____

Owner(s) Name: _____

_____

Mailing Address: _____

_____

Phone Number(s): _____

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:

Deficiency Item No.	**Corrective Action Done**	**Date Done**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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
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: 3590069

Business Name: Utilities, Inc. of Florida

PWS Name: Bear Lake Manor

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:

Deficiency Item No.	Corrective Action Done	Date Done
1	The monthly operations report contained corrections for the month of	December 2005
	November 2005. All future MORs will be legible and completed accurately.	
2	Unable to locate any additional information for the spaces marked "unkown."	

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: [signature] 12/19/05

Name of PWS Owner/Representative: Patrick C. Flynn, Regional Director

(Please Type or Print)

Bear Lake

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

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429
TELEPHONE 904-329-4500 SUNCOM 904-860-4500
TDD 904-329-4450 TDD SUNCOM 860-4450
FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4315 (Administration/Finance) 329-4508

SERVICE CENTERS

618 E. South Street
Orlando, Florida 32801
407-897-4300
TDD 407-897-5960

7775 Baymeadows Way
Suite 102
Jacksonville, Florida 32256
904-730-6270
TDD 904-448-7900

PERMITTING:
305 East Drive
Melbourne, Florida 32904
407-984-4940
TDD 407-722-5368

OPERATIONS:
2133 N. Wickham Road
Melbourne, Florida 32935-8109
407-752-3100
TDD 407-752-3102

November 15, 2000

Pf-01F

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

NOV 22
NC

SUBJECT: Consumptive Use Permit Number 8348
BEAR LAKE

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, 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. 8348 **DATE ISSUED:** November 15, 2000
PROJECT NAME: BEAR LAKE

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 28.9 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 676

LOCATION:

Site: BEAR LAKE
Seminole County
Section(s): 18 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 8348
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 8348 plainly labeled on the submittals.

13. This permit will expire on November 15, 2020.

14. Maximum annual ground water withdrawals must not exceed 28.9 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 are 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. 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.

19. 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

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.

23. 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 Sections120.569 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 reqarding 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 desision 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:

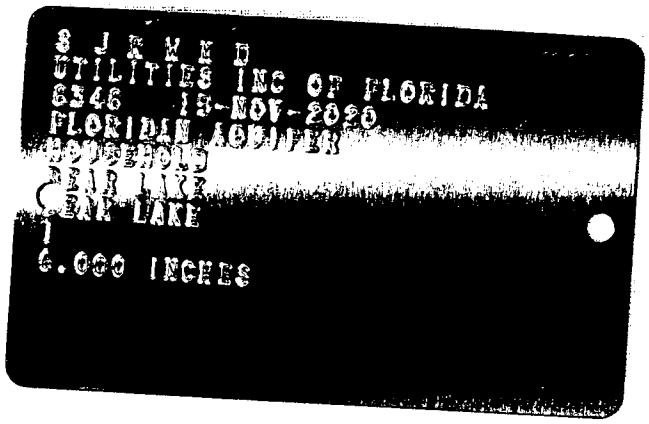
Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

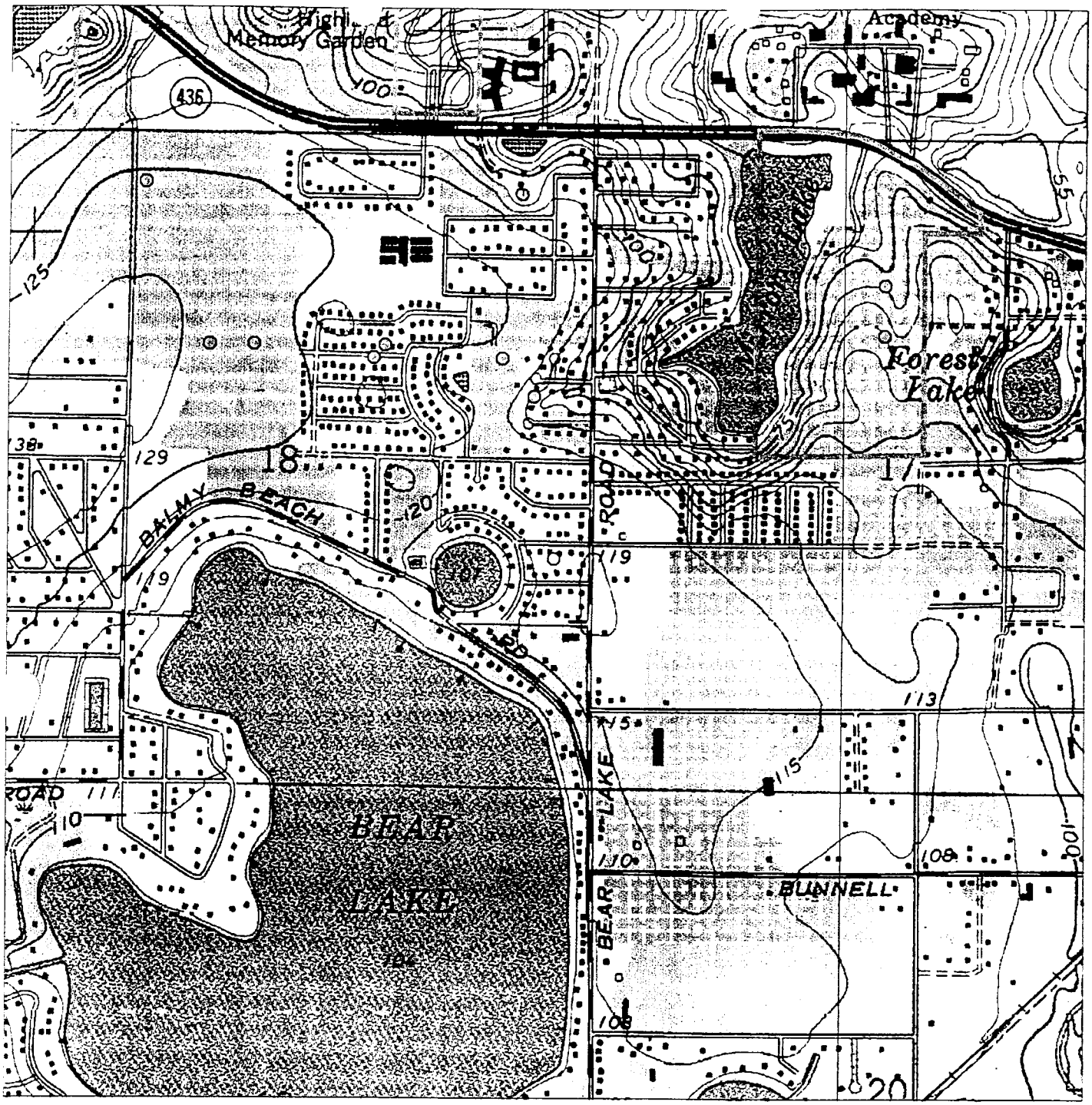
at 4:00 p.m. this 15th day of November, 2000.

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: 8348


S J R M E D
UTILITIES INC OF FLORIDA
6346 13-NOV-2020
FLORIDIN AQUIFER
6.000 INCHES



8348

N
W E
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0.08 0 0.08 Miles

Scale 1:13549

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.

Source: /work/cupdata/maping.apr 09/22/1999

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8348** ~ PLAN LAKE

Permittee Name: **Utilities Inc of Florida**

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

Pump Capacity: **218 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

36204

St. Johns River Water Management Distri
P. O. Box 142
Palatka, Florida 32178-142

WATER USE RECORD FORM EN - 50

CUP# **8348** PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID OWNERS ID

PERMITTEE **Utilities Inc of Florida** PROJECT **BEAR LAKE**

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

Step 3. CONTACT NAME _____

PHONE NUMBER _____

15590

36204

St. Johns River Water Management Distri
P. O. Box 142
Palatka, Florida 32178-142

WATER USE RECORD

FORM EN - 50

CUP# **8348**

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

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **BEAR LAKE**

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 _____

15590

Bear Lake

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Bear Lake

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 Pinelles Counties:
Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License)
Jack Adkins, Operator ("C" Water License)

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

Seminole and Orange Counties:
Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader
Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech
James Roger Adlay, Operator
Robert K Cooper, Field Tech
Robb Douglas Crow, Operator
Michael John Gavaletz, Operator
Jimmie H. Hollister, Field Tech
Alexander Lorenzo, Operator
Roy Mericle, Operator
Raymond Alan Parrish, Operator
Jeffrey Pinder, Field Supervisor
Frederick E Quinlan II, Field Tech
Roberto Remigio, Meter Reader
Mickey A Shue, Field Tech
Ronald D. White, Field Supervisor
William B Willingham, Field Tech
James Dennis Yingling, PT Field Tech
James Howard Pendarvis, Field Tech
Preston S Boardway, PT Field Tech
James Edward Carroll, Operator
Leonard E Ledwell, Operator
David Ryniak, Operator

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.

Bear Lake

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	1GCEC14V91E265755	MATTHEW MORRELL	$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	$31,061.22	Utilities, Inc, of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	$15,000.00	Utilities, Inc, of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	$35,922.85	Utilities, Inc, of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	$16,750.47	Utilities, Inc, of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	$16,471.74	Utilities, Inc, of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	$18,923.65	Utilities, Inc, of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	$16,461.98	Utilities, Inc, of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	$17,763.05	Utilities, Inc, of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	$17,503.53	Utilities, Inc, of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	$19,053.10	Utilities, Inc, of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	$21,654.48	Utilities, Inc, of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	$28,037.52	Utilities, Inc, of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	$24,891.62	Utilities, Inc, of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	$27,109.73	Utilities, Inc, of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	$37,478.51	Utilities, Inc, of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	$32,505.83	Utilities, Inc, of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	$0.00	Utilities, Inc, of Florida
242	02 CHEVY IMPALA	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

Bear Lake

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.

Crystal Lake

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Crystal Lake

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Crystal Lake

Docket No. 060253-WS

25.30-440(2)
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

Crystal Lake

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
Crystal Lake Utilities, Inc.
PWS ID# 3590258

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 15, 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

612

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

MONITORING FREQUENCY: ☐QUARTERLY X☐ANNUALLY	YEAR: 2005
QUARTERLY REPORTING PERIOD: July 2005 thur June 2006	

SYSTEM INFORMATION	
PWS NAME: Crystal Lake	
PWS ID NUMBER:3590258	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	39.7	Calculate the arithmetic average all HAA5s samples taken over the last year	18.6
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)**
155 Fairway Drive	MRT	7/15/05	0.6	Alexander Lorenzo	7/20/05	E502.2	Advanced Enviromental Laboratories # E82574	39.7

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)**
155 Fairway Drive	MRT	7/28/05	1.4	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	18.6

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: CRYSTAL LAKE PWS I.D. #: 3 5 9 0 2 5 8

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

Address: SUNSET DR.

City: SANFORD 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: A052440-01 Location Code (if known):

Sample Date: 7/15/05 Sample Time: 2:05 AM (PM) (Circle One)

Sample Location (be specific): 155 FAIRWAY DR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 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)
- ☐Confirmation of MCL Exceedance*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other:
- ☐Quarterly (Which Quarter?)
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

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: N/A

CERTIFICATION (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 8/9/05

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: 7/15/2005 3:40:00
Lab Assigned Report Number or Job ID A052440
Sample Number (From page 1) A052440-01

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
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	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 (Print Name), Laboratory Manager,

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

Signature: Myrna Santiago **Date:** 8/3/05

* 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:

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052440
Project Name:	Crystal Lake	**Date Sampled:**	7/15/2005
Project Number:		**Date Received:**	7/15/05 15:40
PWS ID#:		**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: Crystal Lake

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

A-3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Crystal Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 155 Fairway Dr
Sample Number: A052440-01

Report No.: A052440
Date/Time Sampled: 07/15/05 14:05
Date/Time Received: 7/15/05 15:40

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	**28**		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	**9.5**		E502.2	**0.38**	7/20/2005	1:11	E82574
2944	**Dibromochloromethane**		ug/L	**2.2**		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

39.7

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:** CRYSTAL LAKE

Date/Time Rcvd: 7/15/05 15.40 **Log-In request number:** A052440

Received by: BDM **Completed by:** KEG

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	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
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: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

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

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

Project #: A052440
CustomerName: Utilities, Inc.
Collector: Alexander Lorenzo

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052440-01	1	THMs (DW)	Drinking Water	7/15/2005	14:05	7/15/05 15:40	**7/29/2005**		40mL VOC vial

Orlando Relinquisher: _____ **Shipping Receiver:** AEL Courier **Date/Time:** 7/18/05 17:30

Shipping Relinquisher: AEL Courier **Jacksonville Receiver:** _____ **Date/Time:** 7/19/05 0900

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

A052440

CLIENT NAME: Utilities Inc.	PROJECT NAME: Crystal Lake
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:
Altamonte Springs, FL 32714	PROJECT LOCATION:
PHONE: 407-869-1919	FAX:
CONTACT:	SAMPLED BY: ALEXANDER LORENZO
TURN AROUND TIME: ☒ STANDARD ☐ RUSH _____	REMARKS/SPECIAL INSTRUCTIONS:

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 DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: 40mL Vials THM'S							LAB NUMBER
							Preserv	I,T							
1	155 FAIRWAY DR.	G	7/15/05	1405	~~WW~~ DW	3		X							-01

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

Shipment	Method	Sample Kit	Cooler #
Out _____	Via: _____	RB _____ D/T	
Ret _____	Via: _____	AB _____ D/T	
		Trip Bl.	

	Relinquish by:	Date	Time	Received by:	Date	Time
1	Alexander Lorenzo	7/15/05	1543	Brian D. Melton	7/15/05	1543
2						
3						
4						

Received on Ice ☒ Yes ☐ No QC ☐ sent ☐ received

revised 8/01

P.2

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

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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: Crystal Lake PWS I.D. #: 3 5 9 0 2 5 8

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

Address: SUNSET DRIVE

City: SANFORD State: FL ZIP Code: 32773

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: A052631 Location Code (if known): HRT

Sample Date: 7-28-05 Sample Time: 1240 AM (PM) (Circle One)

Sample Location (be specific): 155 FAIRWAY DR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 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: N/A

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO (Print Name), OPERATOR (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 A052631
Sample Number (From page 1) A052631

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 (Print Name), Laboratory Manager,

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

Signature: Myrna Santiago **Date:** 8-23-05

* 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: _____

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052631
Project Name:	Crystal Lake	**Date Sampled:**	7/28/2005
Project Number:		**Date Received:**	7/28/05 14:35
PWS ID#:		**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: Crystal Lake

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Crystal Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 155 Fairway Dr
Sample Number: A052631-01

Report No.: A052631
Date/Time Sampled: 07/28/05 12:40
Date/Time Received: 7/28/05 14:35

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**	8/4/2005	23:26	E82574
2451	**Dichloroacetic Acid**		ug/L	**7.6**		E552.2	**0.56**	8/4/2005	23:26	E82574
2452	**Trichloroacetic Acid**		ug/L	**11**		E552.2	**0.60**	8/4/2005	23:26	E82574
2453	**Bromoacetic Acid**		ug/L	**0.46**	i	E552.2	**0.34**	8/4/2005	23:26	E82574
2454	**Dibromoacetic Acid**		ug/L	**1.7**	i	E552.2	**0.45**	8/4/2005	23:26	E82574

18.6

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:** CRYSTAL LAKE

Date/Time Rcvd: 7/28/05 14.35 **Log-In request number:** A052631

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	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
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: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

p5

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

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

Project #: A052631
CustomerName: Utilities, Inc.
Collector: Alexander Lorenzo

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052631-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	12:40	7/28/05 14:35	**8/11/2005**		40mL Vial Amber

Orlando Relinquisher: [signature]

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: [signature]

Date/Time: 7/28/05 1700

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:

A052631

CLIENT NAME: Utilities Inc.	PROJECT NAME: Crystal Lake
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: ☒ STANDARD ☐ RUSH _____	REMARKS/SPECIAL INSTRUCTIONS:

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 DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE: 40mL Vials — ANALYSIS REQUIRED: HAA — Preserv: NH4Cl	LAB NUMBER
1	155 FAIRWAY DR.	G	7/28/05	1240	~~WW~~ DW	3	X	

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 Alexander Lorenzo	7/28/05	1435		7/28/05	1435
2					
3					
4					

Shipment Out _____ Ret _____ Method Via: _____ Via: _____ Sample Kit RB _____ AB _____ Trip Bl. Cooler # _____ D/T _____ D/T

Received on Ice ☐ Yes ☐ No QC ☐ sent ☐ received

revised 8/01

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 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.

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.

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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

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

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 20, 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
Crystal Lake
PWS ID# 3590258

Dear Mr. Morrison:

Enclosed please find the results of samples taken June 3, 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: Crystal Lake PWS I.D. #: 3 5 9 0 2 5 8

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

Address: Sunset DR.

City: Sanford State: FL ZIP Code: 32773

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

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051924-01 Location Code (if known):

Sample Date: 6/3/05 Sample Time: 1200 AM (PM) (Circle One)

Sample Location (be specific): P.O.E @ Crystal Lake 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)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

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 Silltoe

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 Silltoe (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 Silltoe Date: 6/20/05

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: 6/3/2005 12:45:00
Lab Assigned Report Number or Job ID A051924
Sample Number (From page 1) A051924-01

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
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☑ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☑ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☑ Yes ☐ No
If yes, please provide DOH certification number E84589
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago (Print Name), Laboratory Manager,

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

Signature: Myrna Santiago **Date:** 6/13/05

* 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:

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A051924
Project Name:	Crystal Lake	**Date Sampled:**	6/3/2005
Project Number:		**Date Received:**	6/3/05 12:45
PWS ID#:		**Date Reported:**	6/11/2005

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: Crystal Lake

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Crystal Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051924-01

Report No.: A051924
Date/Time Sampled: 06/03/05 12:00
Date/Time Received: 6/3/05 12:45

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	**0.027**	U	SM4500NO3-F	**0.027**	6/3/2005	15:54	E84589
1041	**Nitrite (as N)**	1.0	mg/L	**0.034**	U	SM4500NO3-F	**0.034**	6/3/2005	15:54	E84589

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

Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A) **Project name:** CRYSTAL LAKE

Date/Time Rcvd: 6/3/05 12.45 **Log-In request number:** A051924

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	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
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: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

2.5

Chain-of-Custody for AEL Orlando to AEL Tampa

AEL Orlando
528 South North Lake Blvd, Suite 1016
Altamonte Springs FL 32701
Contact Person: Myrna Santiago

AEL Tampa
5810-D Breckinridge Parkway
Tampa, FL 33610
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

Project #: A051924
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.)
A051924-01	1	Nitrate (T)-DW	Drinking Water	6/3/2005	12:00	6/3/05 12:45	***6/3/2005***		250mL Poly
A051924-01	1	Nitrite (T)-DW	Drinking Water	6/3/2005	12:00	6/3/05 12:45	***6/3/2005***		250mL Poly

Gainesville Relinquisher: [signature] **Shipping Receiver:** AEL Courier **Date/Time:** 6/3/05 1300

Shipping Relinquisher: AEL Courier **Tampa Receiver:** [signature] **Date/Time:** 6/3/05 1530

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: **A051924**

IENT NAME: Utilities Inc.	PROJECT NAME: Crystal Lake
RESS: 200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:
Altamonte Springs, FL 32714	PROJECT LOCATION: Crystal Lake WTP
)NE: 407-448-1715	FAX:
NTACT: Kathy Silitoe	SAMPLED BY: TJ Sullivan BI2749
TURN AROUND TIME:	REMARKS/SPECIAL INSTRUCTIONS:
STANDARD	
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 DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: 250 mL NO3/NO2						LAB NUMBER
							Preserv	I						
1	NO2/NO3 POE Crystal Lake	G	6/3/05	1200	DW	1		X						1

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

	Relinquish by:	Date	Time	Received by	Date	Time
1	TJ Sullivan	6/3/05	1215		6/3/05	1245
2						
3						
4						

hipment Method Sample Kit Cooler #
it Via: RB D/T
AB D/T
et Via: Trip Bl.

eceived on Ice Yes No QC sent received

revised 8/01

Laboratory Scope of Accreditation

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

State Laboratory ID: E84589 **EPA Lab Code: FL01092** **(813) 630-9616**

E84589
Advanced Environmental Laboratories, Inc. - Tampa
9610 Princess Palm Avenue
Tampa, FL 33619

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Alkalinity as CaCO3	SM 2320 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Amenable cyanide	SM 4500-CN G	Primary Inorganic Contaminants	NELAP	10/11/2002
Bromide	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Chloride	EPA 300.0	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chloride	SM 4500 Cl- E	Secondary Inorganic Contaminants	NELAP	10/11/2002
Chlorite	EPA 300.0	Primary Inorganic Contaminants	NELAP	8/20/2003
Color	EPA 110.2	Secondary Inorganic Contaminants	NELAP	10/11/2002
Conductivity	SM 2510 B	Primary Inorganic Contaminants	NELAP	10/11/2002
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	10/11/2002
Fecal coliforms	SM 9221 E	Microbiology	NELAP	2/14/2003
Fluoride	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Fluoride	SM 4500 F-C	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	10/11/2002
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	10/11/2002
Nitrate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	10/11/2002
pH	EPA 150.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 300.0	Primary Inorganic Contaminants	NELAP	10/11/2002
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	10/11/2002
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total coliforms	SM 9222 B	Microbiology	NELAP	2/14/2003
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	2/14/2003
Total dissolved solids	EPA 160.1	Secondary Inorganic Contaminants	NELAP	10/11/2002
Total nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	10/11/2002
Total organic carbon	SM 5310B	Primary Inorganic Contaminants	NELAP	10/11/2002
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	10/11/2002

Crystal Lake

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

612.

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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.

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

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

PWS Identification Number: 3590258	Plant Name: Utilites, Inc. of Florida – Crystal Lake

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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	36,000										1.0	
2	24	41,000										1.0	
3	24	44,000										0.9	
4	24	48,000											
5	24	48,000										0.8	
6	24	31,000										0.9	
7	24	41,000										1.0	
8	24	36,000										1.0	
9	24	59,000										1.0	
10	24	26,000										0.9	
11	24	40,000											
12	24	40,000										1.0	
13	24	36,000										1.0	
14	24	40,000										1.1	
15	24	34,000										0.8	
16	24	33,000										1.0	
17	24	38,000										0.8	
18	24	42,000											
19	24	42,000										1.0	
20	24	30,000										0.8	
21	24	34,000										0.9	
22	24	30,000										1.0	
23	24	30,000										1.0	
24	24	29,000										0.9	
25	24	41,000											
26	24	42,000										1.0	
27	24	33,000										1.0	
28	24	40,000										1.0	
29	24	39,000										1.0	
30	24	31,000										1.0	
31	24	27,000										0.9	
Total		1,161,000											
Average		38,000											
Maximum		59,000											

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

612

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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.

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

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

PWS Identification Number: 3590258	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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	36,000										1.0	
2	24	36,000										0.8	
3	24	37,000										1.0	
4	24	37,000										0.9	
5	24	33,000										1.0	
6	24	34,000										0.8	
7	24	34,000											
8	24	40,000										1.0	
9	24	41,000										1.0	
10	24	35,000										0.9	
11	24	41,000										1.0	
12	24	28,000										0.8	
13	24	35,000										0.9	
14	24	50,000											
15	24	38,000										1.0	
16	24	37,000										0.8	
17	24	29,000										0.7	
18	24	34,000										0.9	
19	24	34,000										0.7	
20	24	33,000										0.8	
21	24	42,000											
22	24	43,000										1.0	
23	24	44,000										1.0	
24	24	35,000										1.1	
25	24	26,000										1.0	
26	24	27,000										0.9	
27	24	29,000										0.9	
28	24	34,000										1.0	
29	24	41,000											
30													
31													
Total		1040 000											
Average		36,000											
Maximum		50,000											

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

612

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 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: 3590258 | 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	46,000										1.0	
2	24	31,000										1.0	
3	24	47,000										1.3	
4	24	37,000										1.0	
5	24	37,000										1.0	
6	24	49,000										0.8	
7	24	42,000											
8	24	42,000										1.0	
9	24	43,000										0.9	
10	24	39,000										1.1	
11	24	38,000										1.0	
12	24	42,000										1.2	
13	24	53,000										0.9	
14	24	49,000											
15	24	50,000										1.0	
16	24	35,000										0.8	
17	24	40,000										1.0	
18	24	38,000										0.9	
19	24	56,000										1.0	
20	24	35,000										0.9	
21	24	25,000											
22	24	55,000										1.0	
23	24	48,000										1.3	
24	24	42,000										1.0	
25	24	38,000										1.2	
26	24	37,000										1.0	
27	24	45,000										0.8	
28	24	67,000											
29	24	67,000										1.0	
30	24	48,000										1.0	
31	24	67,000										1.0	
Total		1,411,000											
Average		46,000											
Maximum		67,000											

** 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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 5/5/04	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: 3590258 | 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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	53,000										1.0	
2	24	31,000										0.8	
3	24	55,000										0.9	
4	24	59,000											
5	24	59,000										1.0	
6	24	58,000										1.0	
7	24	61,000										0.9	
8	24	70,000										1.1	
9	24	48,000										0.9	
10	24	35,000										0.9	
11	24	81,000											
12	24	85,000										0.3	
13	24	27,000										0.8	
14	24	41,000										1.3	
15	24	37,000										1.1	
16	24	49,000										1.0	
17	24	39,000										0.9	
18	24	62,000											
19	24	63,000										1.0	
20	24	60,000										1.1	
21	24	60,000										1.0	
22	24	50,000										1.0	
23	24	55,000										1.1	
24	24	48,000										0.8	
25	24	75,000											
26	24	76,000										0.7	
27	24	57,000										1.0	
28	24	55,000										1.0	
29	24	68,000										0.8	
30	24	43,000										1.1	
31													
Total		1,651,000											
Average		55,000											
Maximum		85,000											

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

6/2

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

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 6/4/04
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: 3590258	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?									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	30,000										1.1	
2	24	44,000											
3	24	44,000										1.0	
4	24	35,000										1.0	
5	24	36,000										0.9	
6	24	34,000										0.8	
7	24	46,000										1.0	
8	24	52,000										0.8	
9	24	60,000											
10	24	61,000										1.0	
11	24	35,000										1.0	
12	24	55,000										1.0	
13	24	50,000										0.8	
14	24	50,000										0.8	
15	24	56,000										0.8	
16	24	61,000											
17	24	67,000										1.0	
18	24	49,000										0.8	
19	24	51,000										1.0	
20	24	54,000										0.9	
21	24	51,000										1.1	
22	24	53,000										0.8	
23	24	70,000											
24	24	70,000										1.0	
25	24	49,000										0.7	
26	24	83,000										1.0	
27	24	68,000										1.0	
28	24	84,000										1.1	
29	24	71,000										1.0	
30	24	75,000											
31	24	74,000										1.1	
Total		1,711,000											
Average		55,000											
Maximum		84,000											

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

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

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 7/1/04	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: 3590258 | Plant Name: Utilites, 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) ☐ 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/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	68,000										1.0	
2	24	64,000										1.0	
3	24	34,000										0.7	
4	24	0										0.7	NEW WELL AND PUMP INSTALL
5	24	0										0.6	PLANT OFF LINE
6	24	0											ON INTERCONNECT
7	24	0										1.2	WITH CITY OF SANFORD.
8	24	0										1.3	
9	24	0										1.0	
10	24	0										1.1	
11	24	0										1.0	
12	24	0										0.7	
13	24	0											
14	24	0										0.7	
15	24	0										1.0	
16	24	0										1.0	
17	24	0										0.7	
18	24	0										0.6	
19	24	0										0.5	
20	24	0											
21	24	0										0.5	
22	24	0										0.6	
23	24	0										0.7	
24	24	0										0.8	
25	24	0										1.5	
26	24	46,000										0.8	
27	24	54,000											
28	24	53,000										0.6	
29	24	55,000										0.6	
30	24	40,000										0.7	
31													
Total		596,000											
Average		50,000											
Maximum		69,000											

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

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

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 A 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 A Parrish 8-2-2004 — Signature and Date

Michael J. Gavaletz for Raymond A Parrish — Printed or Typed Name

C5642 — License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida - Crystal Lake

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 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/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	45,000										0.6	
2		37,000										0.8	
3		35,000										0.9	
4		33,000											
5		33,000										1.0	
6		40,000										1.0	
7		36,000										1.0	
8		27,000										1.0	
9		51,000										1.0	
10		22,000										1.0	
11		42,000											
12		42,000										1.1	
13	↓	36,000										1.0	
14	24	47,000										1.1	
15		35,000										1.0	
16		38,000										1.2	
17		37,000										1.2	
18		51,000											
19		52,000										1.0	
20		31,000										1.2	
21		41,000										0.9	
22		45,000										1.0	
23		54,000										1.0	
24		43,000										0.9	
25		72,000											
26		72,000										1.0	
27		29,000										0.8	
28		50,000										1.2	
29		21,000										1.0	
30	↓	61,000										0.8	
31	24	42,000										0.8	
Total		1,300,000											
Average		42,000											
Maximum		72,000											

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

612.

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: August 2004

A. Public Water System (PWS) Information

PWS Name: Crystal Lake		PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606	
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: 172,000			
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.

Signature and Date	Printed or Typed Name	License Number
Michael J Gavaletz 8/3/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590258	Plant Name: Utilites, 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*										
			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/cm²	Minimum UV Dose Required, mW-sec/cm²	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	42,000											
2	24	43,000										1.0	
3	24	33,000										1.0	
4	24	33,000										1.0	
5	24	42,000										1.0	
6	24	46,000										1.0	
7	24	21,000										1.1	
8	24	42,000											
9	24	43,000										1.0	
10	24	44,000										0.8	
11	24	38,000										1.0	
12	24	38,000										1.1	
13	24	40,000										0.7	
14	24	29,000										0.5	
15	24	0										0.5	Plant on Interconnect due to Charly.
16	24	0										0.7	
17	24	0										0.6	
18	24	0										0.8	
19	24	37,000										1.0	
20	24	44,000										0.8	
21	24	29,000											
22	24	44,000										1.0	
23	24	43,000										0.8	
24	24	31,000										1.0	
25	24	33,000										1.0	
26	24	34,000										1.0	
27	24	31,000										1.0	
28	24	27,000										0.7	
29	24	54,000											
30	24	55,000										1.0	
31	24	35,000										1.0	
Total		1026,000											
Average		33,000											
Maximum		55,000											

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

612

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 10/5/04

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: 3590258 | Plant Name: Utilites, Inc. of Florida - Clayton Lake

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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	42,000										1.0	
2	24	36,000										1.0	
3	24	41,000										0.8	
4	24	43,000										1.0	
5	24	40,000											
6	24	44,000										-	
7	24	0										0.6	PLANT RAN ON INTERCONNECT due to Hurricane
8	24	0										0.6	
9	24	40,000										1.0	
10	24	38,000										1.2	
11	24	45,000										1.0	
12	24	53,000											
13	24	52,000										bd	
14	24	32,000										1.0	
15	24	41,000										0.8	
16	24	46,000										1.0	
17	24	46,000										0.8	
18	24	33,000										0.7	
19	24	54,000											
20	24	54,000										0.8	
21	24	36,000										1.0	
22	24	37,000										1.1	
23	24	34,000										1.0	
24	24	40,000										0.8	
25	24	34,000										1.1	
26	24	18,000											
27	24	18,000										1.0	
28	24	0										0.8	PLANT RAN ON INTERCONNECT due to Hurricane
29	24	26,000										0.8	
30	24	27,000										1.0	
31													
Total		1,009,000											
Average		34,000											
Maximum		54,000											

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

612

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 11/4/04

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: 3590258	Plant Name: Utilites, 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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	32,000										1.0	
2	24	30,000										0.9	
3	24	46,000											
4	24	47,000										1.0	
5	24	32,000										1.0	
6	24	30,000										1.2	
7	24	53,000										1.0	
8	24	36,000										0.9	
9	24	33,000										0.9	
10	24	47,000											
11	24	48,000										1.0	
12	24	39,000										1.2	
13	24	45,000										1.0	
14	24	40,000										0.8	
15	24	43,000										1.0	
16	24	26,000										0.3	
17	24	49,000											
18	24	49,000										1.0	
19	24	43,000										0.9	
20	24	35,000										0.8	
21	24	43,000										1.0	
22	24	37,000										0.9	
23	24	33,000										1.0	
24	24	49,000											
25	24	49,000										0.8	
26	24	43,000										0.6	
27	24	43,000										1.0	
28	24	57,000										1.0	
29	24	29,000										1.1	
30	24	47,000										1.0	
31	24	33,000											
Total		1,268,000											
Average		41,000											
Maximum		57,000											

** 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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606		
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: 172,000			
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 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: 3590258 | Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: NOV 2009

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*: CT Calculations: 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	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	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	33,000										1.0	
2	24	33,000										1.0	
3	24	42,000										0.9	
4	24	33,000										1.0	
5	24	39,000										0.9	
6	24	36,000										1.0	
7	24	55,000											
8	24	55,000										0.4	
9	24	46,000										0.7	
10	24	42,000										1.0	
11	24	38,000										1.0	
12	24	38,000										0.8	
13	24	40,000										1.1	
14	24	47,000											
15	24	47,000										1.5	
16	24	44,000										1.5	
17	24	44,000										1.2	
18	24	42,000										1.0	
19	24	42,000										0.8	
20	24	52,000										0.9	
21	24	57,000											
22	24	58,000										1.0	
23	24	40,000										1.1	
24	24	93,000										1.0	
25	24	90,000										1.0	
26	24	91,000										0.8	
27	24	34,000										0.8	
28	24	50,000											
29	24	51,000										1.0	
30	24	40,000										0.9	
31													
Total		1,364,000	1,200,000 MH										
Average		46,000											
Maximum		93,000											

* *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 612

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake		PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 173	Total Population Served at End of Month: 606	
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: 172,000			
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.

Raymond Alan Parrish 1/2/2005
Signature and Date

RAYMOND ALAN PARRISH
Michael J. Gavaletz
Printed or Typed Name

C-12740
C5642
License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, Inc. of Florida -CRYSTAL LAKE

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*									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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	46,000										1.0	
2		35,000										1.0	
3		38,000										1.1	
4		34,000										0.9	
5		46,000											
6		46,000										1.0	
7		38,000										1.0	
8		48,000										0.8	
9		45,000										1.0	
10		38,000										1.0	
11		39,000										0.9	
12		43,000											
13		44,000										1.0	
14	↓	41,000										0.8	
15	24	41,000										1.0	
16		39,000										1.0	
17		42,000										0.8	
18		34,000										1.2	
19		52,000											
20		52,000										1.0	
21		28,000										0.8	
22		54,000										1.0	
23		43,000										1.2	
24		43,000										1.2	
25		39,000										1.0	
26		41,500											
27		41,500										1.5	
28		47,000										1.8	
29		41,000										1.4	
30	↓	47,000										0.5	
31	24	25,000										0.9	
Total		1,291,000											
Average		42,000											
Maximum		54,000											

** 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: 3590258	Plant Name: CRYSTAL LAKE

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2004

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): 1.05 mg/L
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 0
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.*

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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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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.

Roy J. Mericle 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: 3590258	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*									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	49,000										1.2	
2	24	47,000											
3	24	48,000										1.5	
4	24	49,000										1.9	
5	24	51,000										1.8	
6	24	47,000										2.1	
7	24	49,000										2.0	
8	24	36,000										1.9	
9	24	55,000											
10	24	55,000										1.5	
11	24	28,000										0.8	
12	24	48,000										1.0	
13	24	42,000										1.0	
14	24	48,000										1.2	
15	24	34,000										1.1	
16	24	31,000											
17	24	31,000										1.3	
18	24	42,000										1.2	
19	24	33,000										1.5	
20	24	37,000										1.6	
21	24	45,000										1.5	
22	24	36,000										1.4	
23	24	39,000											
24	24	40,000										1.5	
25	24	44,000										2.0	
26	24	30,000										1.0	
27	24	86,000										1.5	
28	24	30,000										0.9	
29	24	36,000										1.2	
30	24	36,000											
31	24	37,000										2.50	
Total		1,319,000											
Average		42,548											
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

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
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: 172,000			
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: 3590258 | 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	32,000										1.1	
2	24	43,000										1.3	
3	24	32,000										1.3	
4	24	30,000										1.2	
5	24	40,000										0.9	
6	24	49,000											
7	24	50,000										2.0	
8	24	34,000										0.8	
9	24	51,000										1.3	
10	24	32,000										0.7	
11	24	38,000										0.6	
12	24	34,000										0.7	
13	24	46,000											
14	24	47,000										2.0	
15	24	44,000										1.0	
16	24	49,000										1.0	
17	24	47,000										1.0	
18	24	47,000										0.8	
19	24	52,000										0.8	
20	24	53,000											
21	24	53,000										1.6	
22	24	41,000										1.0	
23	24	57,000										1.5	
24	24	37,000										1.4	
25	24	43,000										1.5	
26	24	40,000										0.9	
27	24	41,000											Hydro tank leak - using interconnect
28	24	41,000										0.4	Hydro tank leak - using interconnect
29	24												
30	24												
31	24												
Total		1,203,000											
Average		42,964											
Maximum		57,000											

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

612

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: March/2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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.

3-31-5

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: 3590258 | 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	29,000										0.6	
2	24	50,000										1.1	
3	24	40,000										0.8	
4	24	35,000										1.0	
5	24	32,000										0.9	
6	24	54,000											
7	24	54,000										1.0	
8	24	40,000										1.1	
9	24	40,000										1.1	
10	24	35,000										1.2	
11	24	26,000										1.0	
12	24	37,000										1.3	
13	24	56,000											
14	24	57,000										1.5	
15	24	30,000										0.9	
16	24	43,000										1.3	
17	24	27,000										1.3	
18	24	29,000										1.0	
19	24	40,000										0.8	
20	24	46,000											
21	24	47,000										1.5	
22	24	39,000										1.3	
23	24	30,000										1.5	
24	24	38,000										1.3	
25	24	31,000										1.0	
26	24	33,000										1.3	
27	24	43,000											
28	24	43,000										1.8	
29	24	20,000										1.2	
30	24	49,000										1.2	
31	24	28,000										1.10	
Total		1,201,000											
Average		38,741											
Maximum		57,000											

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

612

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: April/2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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.

5-3-05

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: 3590258 | 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	40,000										1.5	
2	24	37,000										1.2	
3	24	51,000											
4	24	52,000										1.2	
5	24	41,000										1.5	
6	24	49,000										1.4	
7	24	39,000										1.7	
8	24	42,000										1.3	
9	24	40,000										1.0	
10	24	51,000											
11	24	52,000										1.4	
12	24	63,000										1.3	
13	24	50,000										1.3	
14	24	45,000										1.4	
15	24	45,000										1.4	
16	24	37,000										1.2	
17	24	62,000											
18	24	62,000										1.4	
19	24	66,000										1.2	
20	24	57,000										1.2	
21	24	62,000										1.4	
22	24	52,000										1.6	
23	24	58,000										1.2	
24	24	53,000											
25	24	54,000										1.4	
26	24	51,000										0.9	
27	24	34,000										1.1	
28	24	45,000										1.2	
29	24	60,000										1.3	
30	24	54,000										1.5	
31													
Total		1,504,000											
Average		50,133											
Maximum		66,000											

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

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612

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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	Thur.Fri.Sat. Days
	Roy Mericle	C	13808	Tues. - Fri. Days
	Alexander 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 6-3-05
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: 3590258	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*									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	64,000											
2	24	64,000										1.4	
3	24	39,000										1.1	
4	24	50,000										1.2	
5	24	34,000										1.7	
6	24	30,000										1.6	
7	24	35,000										1.3	
8	24	63,000											
9	24	63,000										1.4	
10	24	45,000										1.5	
11	24	53,000										1.6	
12	24	43,000										1.3	
13	24	43,000										1.5	
14	24	45,000										1.3	
15	24	73,500											
16	24	73,500										1.6	
17	24	54,000										2.0	
18	24	57,000										1.8	
19	24	57,000										1.7	
20	24	65,000										1.6	
21	24	47,000										1.8	
22	24	58,000											
23	24	58,000										1.0	
24	24	36,000										1.2	
25	24	56,000										.8	
26	24	70,000										.8	
27	24	58,000										1.1	
28	24	41,000										1.2	
29	24	65,500											
30	24	65,500										1.4	
31	24	65,000										1.40	
Total		1,671,000											
Average		53,903											
Maximum		73,500											

** 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: 3590258	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

612 FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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	Thu.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.

Signature and Date	Printed or Typed Name	License Number
7-5-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590258 | 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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	50,000										0.6	
2	24	42,000										1.2	
3	24	36,000										1.5	
4	24	29,000										1.2	
5	24	34,500											
6	24	34,500										0.8	
7	24	33,000										0.8	
8	24	48,000										1.0	
9	24	37,000										0.8	
10	24	36,000										0.8	
11	24	25,000										1.0	
12	24	46,500											
13	24	46,500										2.2	
14	24	38,000										2.0	
15	24	54,000										2.0	
16	24	27,000										1.8	
17	24	39,000										1.8	
18	24	35,000										1.6	
19	24	43,000											
20	24	43,000										1.6	
21	24	28,000										1.8	
22	24	36,000										1.6	
23	24	42,000										1.4	
24	24	22,000										1.4	
25	24	31,000										1.5	
26	24	40,500											
27	24	40,500										0.8	
28	24	39,000										1.0	
29	24	21,000										1.6	
30	24	36,000										1.8	
31	24												
Total		1,113,000											
Average		37,100											
Maximum		54,000											

** 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: 3590258	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 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.*

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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 /2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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. - 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.

Signature and Date	Printed or Typed Name	License Number
8.4.05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590258	Plant Name: Utilites, 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	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	37,000										1.1	
2	24	30,000										1.0	
3	24	32,500											
4	24	32,500										0.8	
5	24	50,000										1.0	
6	24	38,000										1.4	Collected Bacts
7	24	60,000										1.0	
8	24	35,000										0.8	
9	24	30,000										0.7	
10	24	46,500											
11	24	46,500										1.0	
12	24	26,000										1.0	
13	24	38,000										1.2	
14	24	37,000										1.4	
15	24	29,000										0.6	
16	24	25,000										0.8	
17	24	48,500											
18	24	48,500										1.4	
19	24	42,000										1.2	
20	24	42,000										1.4	
21	24	42,000										1.4	
22	24	45,000										1.0	
23	24	41,000										0.8	
24	24	49,000											
25	24	49,000										1.0	
26	24	36,000										1.60	
27	24	54,000										1.00	
28	24	44,000										1.40	
29	24	46,000										0.80	
30	24	40,000										0.80	
31	24												
Total		1,220,000											
Average		40,666											
Maximum		60,000											

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

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

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: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000				
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. - 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 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	Printed or Typed Name	License Number
Kathy Sillitoe 7-6-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590258 | Plant Name: Utilites, 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	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	88,000										0.60	
2	24	33,000										1.20	
3	24	31,000										0.90	
4	24	55,000										1.00	
5	24	55,000										1.00	
6	24	24,000										1.00	
7	24	41,000											
8	24	41,000										0.90	
9	24	36,000										1.60	
10	24	39,000										0.90	
11	24	39,000										0.70	
12	24	30,000										0.80	
13	24	42,000										0.90	
14	24	39,000											
15	24	39,000										1.00	
16	24	45,000										0.80	
17	24	35,000										0.80	
18	24	46,000										0.70	
19	24	50,000										0.70	
20	24	44,000										0.60	
21	24	51,000											
22	24	51,000										0.60	
23	24	46,000										0.70	
24	24	52,000										0.60	
25	24	46,000										0.80	Bacts collected
26	24	36,000										0.60	
27	24	47,000										1.00	
28	24	43,500											
29	24	43,500										1.00	
30	24	40,000										0.80	
31	24	45,000										0.50	
Total		1,353,000											
Average		43,645											
Maximum		88,000											

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

612

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: September /2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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 Sillitoc	B	12749	Thur. - 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 10-3-05

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3590258 | Plant Name: Utilites, 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	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	41000										0.5	
2	24	47000										0.6	
3	24	34000										0.6	
4	24	405[illegible]00											
5	24	405[illegible]00										0.6	
6	24	39000										0.4	
7	24	31000										0.6	
8	24	35000										0.7	
9	24	32000										0.7	
10	24	26000										1.0	
11	24	47000											
12	24	47000										0.7	
13	24	43000										0.6	
14	24	45000										0.7	
15	24	45000										0.7	
16	24	43000										0.7	
17	24	58000										2.4	
18	24	52000										0.7	
19	24	52000										0.7	
20	24	46000										0.8	
21	24	27000										0.6	
22	24	34000										0.6	
23	24	34000										0.7	
24	24	36000										0.6	
25	24	40500											
26	24	40500										0.5	
27	24	42000										0.6	
28	24	26000										0.6	
29	24	39000										0.5	
30	24	31000										0.5	
31	24												
Total		~~1,000,000~~	1,194,000										
Average		~~40,000~~	39,800										
Maximum		~~60,000~~	58,000										

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

612

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: October /2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 174	Total Population Served at End of Month: 609		
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: 172,000			
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. - 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 11-1-05
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number

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

PWS Identification Number: 3590258	Plant Name: Utilites, 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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	31,000										0.6	
2	24	46,500											
3	24	46,500										0.6	Collected 3 Bact's
4	24	21,000										0.5	
5	24	35,000										0.7	
6	24	33,000										0.7	
7	24	37,000										0.6	
8	24	28,000										0.8	
9	~~24~~ 24	37,500											
10	24	37,500										0.6	
11	24	36,000										0.6	
12	24	28,000										0.6	
13	24	32,000										0.6	
14	24	35,000										0.5	
15	24	33,000										0.6	
16	~~24~~ 24	43,000											
17	24	43,000										0.5	
18	24	38,000										0.6	
19	24	51,000										0.6	
20	24	52,000										0.7	
21	24	32,000										0.6	
22	24	35,000										0.6	
23	24	36,000											
24	~~24~~ 24	36,000										0.7	
25	24	28,000										0.4	
26	24	32,000										0.5	
27	24	42,000										0.5	
28	24	41,000										0.5	
29	24	39,000										0.6	
30	~~24~~ 24	45,500											
31	24	45,500										0.5	
Total		~~1,000,000~~	1,156,000										
Average		~~40,000~~	37,290										
Maximum		~~60,000~~	52,000										

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

612

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: November /2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
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: 172,000			
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. - 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 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	Printed or Typed Name	License Number
Kathy Sillitoe 12-1-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590258 | Plant Name: Utilites, 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	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	30,000										0.70	
2	24	31,000										0.7	
3	24	29,000										0.60	
4	24	36,000										0.80	
5	24	37,000										0.90	
6	24	41,500											
7	24	41,500										0.20	
8	24	33,000										0.60	
9	24	51,000										0.60	collected 3 bacts
10	24	31,000										0.70	Flushed system 5,810
11	24	37,000										0.70	
12	24	40,000										0.70	
13	24	46,000											
14	24	46,000										0.60	changed packing and proformed well maint.
15	24	34,000										0.60	
16	24	42,000										0.70	
17	24	39,000										0.70	
18	24	40,000										0.60	
19	24	37,000										0.70	
20	24	49,500											
21	24	49,500										0.70	
22	24	45,000										0.60	
23	24	27,000										0.80	
24	24	46,000										0.60	
25	24	40,000										1.00	
26	24	38,000										0.80	
27	24	47,000											
28	24	47,000										1.40	Flushed system 4,100
29	24	24,000										1.20	
30	24	34,000										1.20	
31	24												
Total		1,169,000											
Average		38,966											
Maximum		51,000											

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

612

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: December /2005

A. Public Water System (PWS) Information

PWS Name: Crystal Lake			PWS Identification Number: 3590258
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 175	Total Population Served at End of Month: 613		
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: 172,000			
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. - Sat. Days
	Alex Lorenzo	C	13756	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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Allan Finch 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: 3590258	Plant Name: Utilites, 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	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	36,000										1.3	
2	24	38,000										1.6	
3	24	27,000										1.4	
4	24	46,500											
5	24	46,500										1.2	BHCT Samples
6	24	41,000										0.2	
7	24	33,000										0.8	Flushed 5000 gal
8	24	45,000										1.2	
9	24	32,000										1.2	
10	24	30,000										0.9	
11	24	38,500											
12	24	38,500										0.3	
13	24	32,000										0.9	
14	24	32,000										1.0	
15	24	39,000										1.0	
16	24	35,000										1.0	
17	24	42,000										0.6	
18	24	31,000											
19	24	31,000										0.9	
20	24	54,000										0.7	
21	24	37,000										0.8	
22	24	37,000										0.9	
23	24	34,000										1.0	
24	24	40,000										1.3	
25	24	37,000											
26	24	37,000										1.1	
27	24	37,000										0.9	
28	24	37,000										0.8	
29	24	42,000										0.7	
30	24	36,000										0.7	
31	24	36,000										0.8	
Total		1,158,000											
Average		37,350											
Maximum		54,000											

** 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: 3590258	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: * 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 PO_4 or mg/L of silicate as SiO_2 = 0.74 mg/l
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.*

Crystal Lake

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 CRYSTAL LAKE County Seminole PWS ID # 3590258
Plant Location Sunset Dr./Lot #1 of Loch Arbor, Sanford, 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 10/18/05 Last Survey Date 10/30/02 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 #1786 dated 12/21/55 accepted.
WC59-2031 dated 11/18/83

☐ 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* --- *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 old MOR form. Messy data entry.

Number of Service Connections 174 (MOR)
Population Served 609 Basis 3.5/svc. cx.
Average Day (from MORs) 0.043 MGD
Max. Day (from MORs) 0.093 MGD 11/04
Max-day Design Capacity 0.173 MGD
Comments

RAW WATER SOURCE

☒ GROUND; Number of Wells: 1
☒ Emergency Water Source: 3590205 City of Sanford
Emergency Water Capacity: 6" automatic interconnect

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 Automatic pressure differential valve on interconnect opens when system pressure drops below 45 psi. Meets auxiliary power requirement.

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination; Iron sequestration - Stiles Kem Aquadene-sodium polyphosphate

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 500 gpm Badger
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 3590258
Date 10/18/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1955			
Depth Drilled		260'			
Drilling Method		Unknown			
Type of Grout		Unknown			
Static Water Level		17'			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		240 gpm			
Strainer		Bronze @ 45'			
Length (outside casing)		82'			
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	>100'			
	Reuse Water	N/A			
	WW Plumbing	~90'			
	Other Sanitary Hazard	See comments			
PUMP	Type	Vertical turbine			
	Manufacturer Name	Goulds			
	Model Number	5-CHC-5			
	Rated Capacity (gpm)	Unknown			
	Motor Horsepower	15			
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 Well 1- AAH2572
The wastewater plumbing setback distance previously accepted by the Department under condition of continued satisfactory bacteriological and chemical sampling results. 6" interconnect accepted in lieu of 2nd well.

PWS ID # 3590258
Date 10/18/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 4
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.0 Remote 0.5
Remote tap location Ridge Drive
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydro tank
Booster Pump Info
Comments Have ORP (chlorine meter also)

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

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)	4,500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	No		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	ARV		
On/Off Pressure	----		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	----		
Height to Max. Water Level	----		

Comments ARV tested OK 2/28/05. The plant may be taken off-line for tank cleaning due to the inter-connect. Tank inspection scheduled first quarter 2006.

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. The interconnect was found to be full of stagnant and discolored water. Please provide an interconnect flushing schedule.

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 2006
- 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 10/18/05

MONITORING AND REPORTING (cont.)

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 10/18/05

Approved by _____ Title Environmental Manager Date 12/1/05

RESPONSE:

Please indicate changes to the following:

PWS ID Number: 3590258

PWS Name: Crystal Lake

Attn: Patrick Flynn, Utilities, Inc. of Florida

Mailing Address: _____

_____

Date: _____

Business Name: _____

_____

Owner(s) Name: _____

_____

Mailing Address: _____

_____

Phone Number(s): _____

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 18, 2005**, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	**Corrective Action Done**	**Date Done**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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
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: 3590258

Business Name: Utilities, Inc. of Florida

PWS Name: Crystal Lake

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 18, 2005**, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	Corrective Action Done	Date Done
1	The monthly operations report contained corrections for November 2005. All future MORs will be legible and completed accurately.	December 2005
2	Unable to locate any additional information for spaces marked "unknown."	
3	The interconnect with Seminole County was added to a bi-weekly flushing rotation.	

(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)

Crystal Lake

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

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429
TELEPHONE 904-329-4500 SUNCOM 904-860-4500
TDD 904-329-4450 TDD SUNCOM 860-4450
FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4315 (Administration/Finance) 329-4508

SERVICE CENTERS

618 E. South Street
Orlando, Florida 32801
407-897-4300
TDD 407-897-5960

7775 Baymeadows Way
Suite 102
Jacksonville, Florida 32256
904-730-6270
TDD 904-448-7900

PERMITTING:
305 East Drive
Melbourne, Florida 32904
407-984-4940
TDD 407-722-5368

OPERATIONS:
2133 N. Wickham Road
Melbourne, Florida 32935-8109
407-752-3100
TDD 407-752-3102

FILE

November 15, 2000

AF - UIF

NOV 22 2000

NC

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

SUBJECT: Consumptive Use Permit Number 8351
CRYSTAL LAKE

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. 8351 **DATE ISSUED:** November 15, 2000
PROJECT NAME: CRYSTAL LAKE

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 20.19 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 520.

LOCATION:

Site: CRYSTAL LAKE
Seminole County
Section(s): 4 Township(s): 20S Range(s): 30E

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 8351
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 8351 plainly labeled on the submittals.

13. This permit will expire on November 15, 2020.

14. Maximum annual ground water withdrawals must not exceed 20.19 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. 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.

19. 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

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.

23. 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 Sections120.569 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 reqarding 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 desision 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

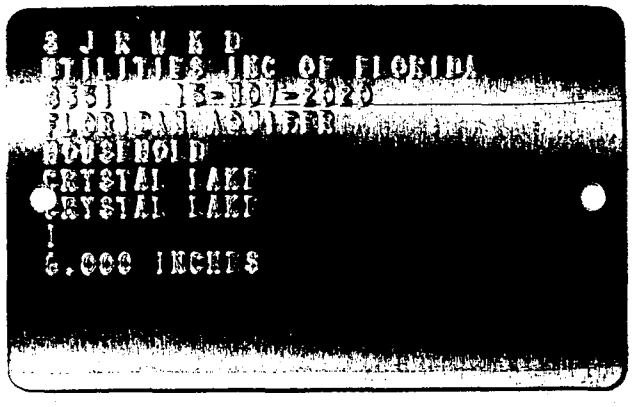
at 4:00 p.m. this ~~15th~~ 21st day of November, 2000.

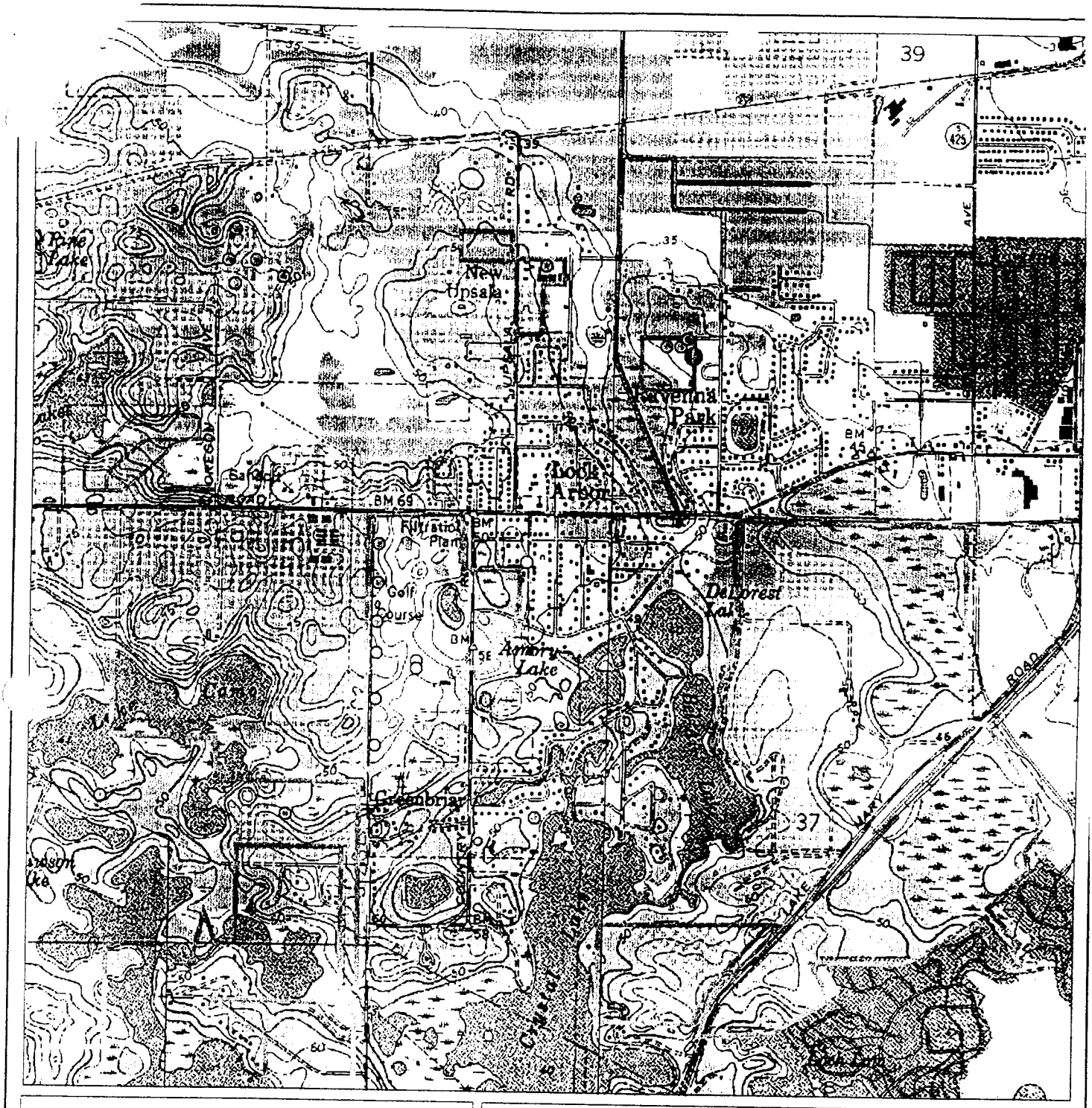
Gloria Glen Lewis

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: 8351


S J K W A D
UTILITIES INC OF FLORIDA
8331 15-DEC-2020
FLORIDAN POWER
HOUSEHOLD
CRYSTAL LAKE
CRYSTAL LAKE
1
6.000 INCHES



8351

N

W E

S

0.1 0 0.1 Miles

Scale 1:21170

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.

Source: /work/cupdate/maping.apr 09/22/1999

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **8351** - CRYSTAL LAKES

Permittee Name: **Utilities Inc of Florida**

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

Pump Capacity: **240 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

36204

St. Johns River Water Management Distri
P. O. Box 142
Palatka, Florida 32178-142

WATER USE RECORD FORM EN - 50

CUP# **8351** PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID OWNERS ID

PERMITTEE **Utilities Inc of Florida** PROJECT **CRYSTAL LAKE**

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

Step 3. CONTACT NAME _____

PHONE NUMBER _____

15593

36204

St. Johns River Water Management Distri
P. O. Box 142
Palatka, Florida 32178-142

WATER USE RECORD FORM EN - 50

CUP# **8351** PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID OWNERS ID

PERMITTEE **Utilities Inc of Florida** PROJECT **CRYSTAL LAKE**

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 _____

15593

Crystal Lake

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Crystal Lake

Docket No. 060253-WS

25.30-440(8)
Field Employees

Test Year Ended December 31, 2005

Facilities:

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

Duties and Responsibilities:

a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.

b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.

c) Submit complete, accurate and timely periodic plant operating reports.

d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.

e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.

f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.

g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.

h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.

i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

Pasco and Pinelles Counties:
Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License)
Jack Adkins, Operator ("C" Water License)

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

Seminole and Orange Counties:
Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader
Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech
James Roger Adlay, Operator
Robert K Cooper, Field Tech
Robb Douglas Crow, Operator
Michael John Gavaletz, Operator
Jimmie H. Hollister, Field Tech
Alexander Lorenzo, Operator
Roy Mericle, Operator
Raymond Alan Parrish, Operator
Jeffrey Pinder, Field Supervisor
Frederick E Quinlan II, Field Tech
Roberto Remigio, Meter Reader
Mickey A Shue, Field Tech
Ronald D. White, Field Supervisor
William B Willingham, Field Tech
James Dennis Yingling, PT Field Tech
James Howard Pendarvis, Field Tech
Preston S Boardway, PT Field Tech
James Edward Carroll, Operator
Leonard E Ledwell, Operator
David Ryniak, Operator

Crystal Lake

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	1GCEC14V91E265755	MATTHEW MORRELL	$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	$31,061.22	Utilities, Inc, of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	$15,000.00	Utilities, Inc, of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	$35,922.85	Utilities, Inc, of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	$16,750.47	Utilities, Inc, of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	$16,471.74	Utilities, Inc, of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	$18,923.65	Utilities, Inc, of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	$16,461.98	Utilities, Inc, of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	$17,763.05	Utilities, Inc, of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	$17,503.53	Utilities, Inc, of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	$19,053.10	Utilities, Inc, of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	$21,654.48	Utilities, Inc, of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	$28,037.52	Utilities, Inc, of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	$24,891.62	Utilities, Inc, of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	$27,109.73	Utilities, Inc, of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	$37,478.51	Utilities, Inc, of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	$32,505.83	Utilities, Inc, of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	$0.00	Utilities, Inc, of Florida
242	02 CHEVY IMPALA	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

Crystal Lake

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.