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 9 of 11

System(s):

Oakland Shore
Park Ridge

Oakland Shores

Docket No. 060253-WS

Seminole/Orange County

Test Year Ended December 31, 2005

Oakland Shores

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Oakland Shores

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 $	1.98/LB	0.4 LBS/day

(so far)

(269 days so far)

Oakland Shores

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
Oakland Shores
PWS ID# 3590912

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

Enclosure

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

604

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: Oakland Shores PWS I.D. #: 3 5 9 0 9 1 2

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

Address: LAKE SHORE DR

City: Maitland State: FL ZIP Code: 32751

Phone #: 407-869-1919 Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051886-01 Location Code (if known):

Sample Date: 6/2/05 Sample Time: 11 00 (AM) PM (Circle One)

Sample Location (be specific): P.O.E @ OAKLAND SHORES 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 — Florida Certification #: E53076

Address: 528 S. North Lake Blvd., Suite 1016 — Certification Expiration Date: 6/30/2005

Altamonte Springs, FL 32701 — 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 A051886 — Sample Number (From page 1) A051886-01

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:** 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:

2.2

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A051886
Project Name:	Oakland Shores	**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: Oakland Shores

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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: Oakland Shores
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051886-01

Report No.: A051886
Date/Time Sampled: 06/02/05 11:00
Date/Time Received: 6/2/05 11:25

Sampled By: Terry Silhitoe
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	**Nitrate (as N)**	10	mg/L	**0.024**	i	SM4500NO3-F	**0.014**	6/3/2005	13:57	E82574
1041	**Nitrite (as N)**	1.0	mg/L	**0.013**	U	SM4500NO3-F	**0.013**	6/3/2005	13:57	E82574

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:** OAKLAND SHORES

Date/Time Rcvd: 6/2/2005 11.25 **Log-In request number:** A051886

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:**

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 #: A051886
CustomerName: Utilities, Inc.
Collector: Terry Silhitoe

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.)
A051886-01	1	Nitrate (J)-DW	Drinking Water	6/2/2005 11:00	6/2/05 11:25	6/3/2005		250mL Poly
A051886-01	1	Nitrite (J)-DW	Drinking Water	6/2/2005 11:00	6/2/05 11:25	6/3/2005		250mL Poly

Gainesville Relinquisher: RD
Shipping Relinquisher: AEL Courier
Shipping Receiver: AEL Courier
Jacksonville Receiver: D. Salter
Date/Time: 6/2/05 1pm
Date/Time: 6/3/05 0940

Advanced Environmental Laboratories, Inc.

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

LAB

Page

A051886

CLIENT NAME: Utilities Inc.	PROJECT NAME: Oakland Shores
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:
Altamonte Springs, FL 32714	PROJECT LOCATION: Oakland Shores WTP
PHONE: 407-448-1715	FAX:
CONTACT: Kathy Silitoe	SAMPLED BY: Ty Sullivan B12749
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: 250 mL	ANALYSIS REQUIRED: NO3/NO2	LAB NUMBER
							Preserv	I	
1	NO3/NO3 POE Oakland Shores	G	6/2/05	1100	DW	1		X	-01

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 Ty Sullivan	6/2/05	1125	Dian O. Martin	6/2/05	1125
2					
3					
4					

pment Method Via: ____ Via: ____ Sample Kit Cooler # RB ____ D/T AB ____ D/T Trip Bl.

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

revised 8/01

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 31, 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
Oakland Shores, Utilities, Inc.
PWS ID# 3590912

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 13, 2005 and July 28, 2005 for the above referenced analysis and system.

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe
Area Manager

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

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

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

SYSTEM INFORMATION	
PWS NAME: Oakland Shores	
PWS ID NUMBER: 3590912	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	44.6	Calculate the arithmetic average all HAA5s samples taken over the last year	25.24
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)**
101 E. Faith Terr.	MRT	7/13/05	0.4	Alexander Lorenzo	7/14/05	E502.2	Advanced Enviromental Laboratories # E82574	44.6

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)**
101 E. Faith Terr.	MRT	7/28/05	1.0	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	25.24

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: OAKLAND SHORES PWS I.D. #: 3590912

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

Address: LAKE SHORE DR.

City: MAITLAND 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: A052417-01 Location Code (if known):

Sample Date: 7/13/05 Sample Time: 7:30 (AM) PM (Circle One)

Sample Location (be specific): 101 E FAITH TERR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 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)
- ☐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):
Date Sample(s) Received: 7/13/2005 4:15:00
Lab Assigned Report Number or Job ID A052417
Sample Number (From page 1) A052417-01

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:** 7-22-05

* 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:

R2

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052417
Project Name:	Oakland Shores	**Date Sampled:**	7/13/2005
Project Number:		**Date Received:**	7/13/05 16:15
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: Oakland Shores

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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: Oakland Shores
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 101 Faith Ter
Sample Number: A052417-01

Report No.: A052417
Date/Time Sampled: 07/13/05 7:30
Date/Time Received: 7/13/05 16:15

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	**19**		E502.2	**0.31**	7/14/2005	16:12	E82574
2942	**Bromoform**		ug/L	**2.6**		E502.2	**0.36**	7/14/2005	16:12	E82574
2943	**Bromodichloromethane**		ug/L	**13**		E502.2	**0.38**	7/14/2005	16:12	E82574
2944	**Dibromochloromethane**		ug/L	**10**		E502.2	**0.28**	7/14/2005	16:12	E82574

44.6

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:** OAKLAND SHORES

Date/Time Rcvd: 7/13/05 16.15 **Log-In request number:** A052417

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:**

25

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 #: A052417
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.)
A052417-01	1	THMs (DW)	Drinking Water	7/13/2005	7:30	7/13/05 16:15	**7/27/2005**		40mL VOC vial

Orlando Relinquisher: [signature]

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: [signature]

Date/Time: 7/13/05 HW

Date/Time: 7/14/05 0915

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:

A052417

CLIENT NAME: Utilities Inc.	PROJECT NAME: Oakland Shores
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: 40mL Vials — ANALYSIS REQUIRED: THM'S						LAB NUMBER
							Preserv: I,T						
1	101 E. FAITH TERR.	G	7/13/05	0730	~~WW~~ DW	3	X						1

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 Alexander Lorenzo	7/13/05	1615		7/13/05	1615
2					
3					
4					

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

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

revised 8/01

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

7.8

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

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

System Name: Oakland Shores PWS I.D. #: 3 5 9 0 9 1 2

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

Address: 620 LAKE SHORE DRIVE

City: MAITLAND State: FL ZIP Code: 32751

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: A052628 Location Code (if known): MRT

Sample Date: 7-28-05 Sample Time: 0925 (AM) PM (Circle One)

Sample Location (be specific): 101 E. MAITH TERR.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 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: 8/30/05

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 A052628
Sample Number (From page 1) A052628

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:** 8-25-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

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

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

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052628
Project Name:	Oakland Shores	**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: Oakland Shores

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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: Oakland Shores
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 101 Faith Ter
Sample Number: A052628-01

Report No.: A052628
Date/Time Sampled: 07/28/05 9:25
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	**8.5**		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	**0.34**	U	E552.2	**0.34**	8/4/2005	23:26	E82574
2454	**Dibromoacetic Acid**		ug/L	**5.4**		E552.2	**0.45**	8/4/2005	23:26	E82574

/25.24

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:** OAKLAND SHORES

Date/Time Rcvd: 7/28/05 14.35 **Log-In request number:** A052628

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:**

05

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 #: A052628
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.)
A052628-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	9:25	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 17:00

Date/Time: 7/29/05 9:45

LAB NUMBER:

A052628

8601 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

AVERY® 5163

CLIENT NAME: Utilities Inc.	PROJECT NAME: Oakland Shores
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
1	101 E. FAITH TERR.	G	7/28/05	0925	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
	Via:	RB _____	D/T	1	Alexander Lorenzo	7/28/05	1435		7/28/05	1435
		AB _____	D/T	2						
	Via:	Trip Bl.		3						
				4						

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

revised 8/01

PLATE 5163® LAB NUMBER

www.avery.com 1-800-GO-AVERY

Utilisez le gabarit 5163®

AVERY® 5163®

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.

p8

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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
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.

Laboratory Scope of Accreditation

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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
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

P/O

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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

Oakland Shores

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 187		Total Population Served at End of Month: 655	
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: 360,000			
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 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 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: 3590912 | Plant Name: Utilites, Inc. of Florida – Oakland Shores

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	87,000										1.5	
2	24	69,000										1.7	
3	24	67,000										1.1	
4	24	101,000											
5	24	101,000											
6	24	52,000										0.9	
7	24	87,000										0.7	
8	24	79,000										1.1	
9	24	62,000										1.1	
10	24	58,000										1.1	
11	24	85,000										1.3	
12	24	85,000											
13	24	58,000										1.1	
14	24	87,000										1.0	
15	24	90,000										1.0	
16	24	65,000										0.9	
17	24	67,000										1.0	
18	24	85,000										1.0	
19	24	85,000											
20	24	47,000										0.8	
21	24	61,000										1.0	
22	24	83,000										1.2	
23	24	46,000										1.0	
24	24	56,000										1.1	
25	24	92,000										1.0	
26	24	92,000											
27	24	51,000										1.1	
28	24	64,000										1.0	
29	24	74,000										1.0	
30	24	66,000										0.9	
31	24	54,000										1.0	
Total		2,238,000										0.8	
Average		73,000											
Maximum		101,000											

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

604.

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: ~~Weathersfield~~ OAKLAND SHORES MP			PWS Identification Number: ~~3591451~~ 3570912 MP
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 252	Total Population Served at End of Month: 882		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilites, Inc. of Florida		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl	Zip Code: 32714
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: ~~1.12 MGD~~ 360,000 MP			
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 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: ~~3591451~~ 3590912 mf | 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*										
			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	72,000											
2	24	72,000										1.0	
3	24	47,000										1.1	
4	24	62,000										0.8	
5	24	75,000										1.0	
6	24	57,000										1.1	
7	24	47,000										1.0	
8	24	88,000											
9	24	84,000										0.9	
10	24	58,000										1.0	
11	24	82,000										1.1	
12	24	84,000										1.0	
13	24	58,000										1.0	
14	24	63,000										0.8	
15	24	73,000											
16	24	74,000										0.9	
17	24	48,000										1.0	
18	24	78,000										1.1	
19	24	82,000										1.0	
20	24	68,000										0.9	
21	24	60,000										0.9	
22	24	102,000											
23	24	103,000										1.0	
24	24	62,000										0.8	
25	24	68,000										0.8	
26	24	70,000										1.0	
27	24	48,000										0.8	
28	24	52,000										0.8	
29	24	91,000											
30													
31													
Total		2024000											
Average		70,000											
Maximum		103,000											

** 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: March 2004

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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 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 4/5/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590912	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*										
			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	92,000										0.9	
2	24	53,000										1.0	
3	24	81,000										0.8	
4	24	89,000										1.0	
5	24	63,000										1.0	
6	24	62,000										0.8	
7	24	98,000											
8	24	99,000										1.0	
9	24	79,000										0.8	
10	24	88,000										1.0	
11	24	92,000										1.0	
12	24	93,000										0.8	
13	24	109,000										0.9	
14	24	124,000											
15	24	125,000										1.0	
16	24	60,000										0.9	
17	24	72,000										1.1	
18	24	76,000										1.0	
19	24	82,000										1.2	
20	24	81,000										1.0	
21	24	102,000											
22	24	106,000										1.3	
23	24	78,000										1.0	
24	24	87,000										0.8	
25	24	107,000										1.0	
26	24	70,000										0.7	
27	24	65,000										0.7	
28	24	131,000											
29	24	132,000										1.0	
30	24	88,000										0.8	
31	24	90,000										0.8	
Total		2,764,000											
Average		89,000											
Maximum		132,000											

** 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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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 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 5/5/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590912	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	126,000										0.9	
2	24	89,000										0.8	
3	24	82,000										0.9	
4	24	118,000											
5	24	118,000										0.7	
6	24	93,000										1.0	
7	24	119,000										0.8	
8	24	125,000										1.0	
9	24	95,000										0.8	
10	24	91,000										1.0	
11	24	128,000											
12	24	129,000										1.0	
13	24	57,000										0.9	
14	24	83,000										1.0	
15	24	95,000										1.0	
16	24	77,000										1.1	
17	24	77,000										1.0	
18	24	136,000											
19	24	136,000										1.1	
20	24	108,000										1.0	
21	24	144,000										1.0	
22	24	114,000										0.9	
23	24	100,000										1.0	
24	24	81,000										0.9	
25	24	138,000											
26	24	138,000										0.9	
27	24	89,000										1.0	
28	24	101,000										1.2	
29	24	122,000										0.9	
30	24	85,000										0.7	
31													
Total		3,192,000											
Average		106,000											
Maximum		144,000											

** 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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 235	Total Population Served at End of Month: 788		
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: 360,000			
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 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: 3590912	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*										
			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	59,000										0.9	
2	24	95,000											
3	24	96,000										0.8	
4	24	57,000										1.0	
5	24	88,000										0.8	
6	24	80,000										0.9	
7	24	75,000										0.8	
8	24	91,000										1.0	
9	24	123,000											
10	24	123,000										0.9	
11	24	63,000										1.3	
12	24	112,000										1.4	
13	24	116,000										1.0	
14	24	91,000										0.8	
15	24	86,000										1.0	
16	24	121,000											
17	24	121,000										0.8	
18	24	103,000										1.0	
19	24	137,000										1.0	
20	24	123,000										1.3	
21	24	105,000										1.0	
22	24	97,000										0.8	
23	24	158,000											
24	24	158,000										1.0	
25	24	109,000										0.8	
26	24	168,000										1.0	
27	24	156,000										1.2	
28	24	131,000										1.0	
29	24	119,000										1.0	
30	24	173,000											
31	24	174,000										0.8	
Total		3,503,000											
Average		113,000											
Maximum		174,000											

** 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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 235	Total Population Served at End of Month: 788		
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: 360,000			
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 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
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: 3590912	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	137,000										1.0	
2	24	159,000										1.2	
3	24	144,000										1.0	
4	24	121,000										1.2	
5	24	82,000										1.3	
6	24	107,000											
7	24	108,000										1.0	
8	24	107,000										0.8	
9	24	99,000										1.2	
10	24	94,000										1.5	
11	24	53,000										1.6	
12	24	67,000										1.5	
13	24	98,000											
14	24	98,000										1.0	
15	24	53,000										0.8	
16	24	76,000										1.0	
17	24	77,000										1.0	
18	24	61,000										1.1	
19	24	67,000										1.1	
20	24	110,000											
21	24	110,000										1.0	
22	24	65,000										0.8	
23	24	81,000										0.9	
24	24	86,000										1.0	
25	24	85,000										0.9	
26	24	82,000										1.0	
27	24	97,000											
28	24	97,000										0.7	
29	24	55,000										1.0	
30	24	94,000										1.1	
31													
Total		2770000											
Average		92,000											
Maximum		159,000											

** 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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 187	Total Population Served at End of Month: 655		
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: 360,000			
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 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 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: 3590912 | Plant Name: Utilites, Inc. of Florida - OAKLAND SHORES

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*										
			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, $mW \cdot sec/cm^2$	Minimum UV Dose Required, $mW \cdot sec/cm^2$	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	97,000										1.0	
2		64,000										0.8	
3		57,000										0.7	
4		82,000											
5		82,000										0.7	
6		65,000										1.0	
7		74,000										0.9	
8		105,000										1.0	
9		66,000										0.8	
10		88,000										1.1	
11		118,000											
12		119,000										1.0	
13		76,000										0.8	
14		106,000										1.0	
15	↓	122,000										1.0	
16		84,000										1.1	
17	24	87,000										1.2	
18		109,000											
19		110,000										1.0	
20		59,000										1.3	
21		93,000										0.8	
22		97,000										1.9	
23		99,000										1.1	
24		92,000										1.0	
25		153,000											
26		154,000										0.8	
27		58,000										1.0	
28		77,000										1.0	
29		32,000										0.7	
30	↓	112,000										0.9	
31	24	80,000										1.0	
Total		2807000											
Average		90,000											
Maximum		154,000											

* *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 2004

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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 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 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: 3590912 | 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		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	61,000										1.0	
2	24	62,000										1.0	
3	24	65,000										0.8	
4	24	75,000										1.0	
5	24	72,000										0.9	
6	24	70,000										1.0	
7	24	84,000											
8	24	77,000										0.9	
9	24	78,000										1.0	
10	24	63,000										0.8	
11	24	78,000										1.0	
12	24	84,000										0.8	
13	24	68,000										1.0	
14	24	23,000										0.8	
15	24	0										0.5	
16	24	0											Plant on interconnect due to Charley
17	24	0										0.7	
18	24	56,000										0.6	
19	24	60,000										0.8	
20	24	65,000										1.0	
21	24	54,000										0.8	
22	24	76,000										0.7	
23	24	72,000											
24	24	58,000										0.8	
25	24	54,000										1.0	
26	24	57,000										0.8	
27	24	54,000										0.8	
28	24	50,000										1.0	
29	24	78,000										1.0	
30	24	78,000											
31	24	54,100										0.8	
Total		1,908,000										0.8	
Average		62,000											
Maximum		95,000											

* *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: Sept 2004

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 325	Total Population Served at End of Month: 788		
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: 360,000			
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 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 10/5/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida - Oakwood Shores

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 *										
			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 in 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										1.1	
2	24	54,000										1.0	
3	24	53,000										1.0	
4	24	56,000										0.6	
5	24	20,000											
6	24	30,000											
7	24	25,000										-	
8	24	34,000										0.7	
9	24	45,000										0.7	
10	24	71,000										0.8	
11	24	53,000										0.8	
12	24	57,000										1.0	
13	24	58,000											
14	24	38,000										1.0	
15	24	58,000										0.6	
16	24	42,000										0.8	
17	24	45,000										1.0	
18	24	31,000										1.0	
19	24	76,000										0.9	
20	24	77,000											
21	24	76,000										1.0	
22	24	64,000										1.0	
23	24	59,000										0.8	
24	24	48,000										1.0	
25	24	44,000										1.0	
26	24	42,000										1.1	
27	24	42,000											
28	24	53,000										1.0	
29	24	52,000										1.0	
30	24	54,000										0.8	
31												1.2	
Total		1,514,000											
Average		51,000											
Maximum		77,000											

** 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: Oct 2004

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3590912	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	60,000										1.0	
2	24	92,000										1.0	
3	24	103,000											
4	24	103,000										0.8	
5	24	65,000										1.0	
6	24	50,000										1.0	
7	24	76,000										0.9	
8	24	67,000										1.0	
9	24	41,000										1.1	
10	24	107,000											
11	24	107,000										1.0	
12	24	60,000										1.0	
13	24	0										0.7	PLANT ON INTERCONNECT
14	24	0										0.6	NEW POWER LINE INSTALLED
15	24	0										0.7	FOR PLANT.
16	24	30,000										0.8	
17	24	96,000											
18	24	97,000										0.8	
19	24	76,000										1.0	
20	24	68,000										0.7	
21	24	55,000										0.8	
22	24	60,000										1.0	
23	24	52,000										1.2	
24	24	95,000											
25	24	96,000										1.0	
26	24	97,000										0.8	
27	24	99,000										0.7	
28	24	90,000										1.0	
29	24	72,000										0.8	
30	24	69,000										0.9	
31	24	99,000											
Total		2,113,000											
Average		68,000											
Maximum		107,000											

** 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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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 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: 3590912	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	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	99,000										0.8	
2	24	85,000										1.0	
3	24	97,000										0.9	
4	24	106,000										1.0	
5	24	72,000										0.8	
6	24	68,000										1.1	
7	24	109,000											
8	24	110,000										1.0	
9	24	93,000										0.8	
10	24	85,000										1.0	
11	24	105,000										1.0	
12	24	61,000										0.8	
13	24	50,000										1.0	
14	24	27,000											
15	24	77,000										1.0	
16	24	84,000										1.0	
17	24	99,000										0.8	
18	24	97,000										1.0	
19	24	68,000										0.9	
20	24	66,000										1.1	
21	24	126,000											
22	24	137,000										1.0	
23	24	84,000										1.0	
24	24	97,000										0.7	
25	24	90,000										0.8	
26	24	89,000										1.0	
27	24	59,000										1.1	
28	24	89,000											
29	24	90,000										1.0	
30	24	74,000										1.0	
31													
Total		2,635,000											
Average		88,000											
Maximum		137,000											

** 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 604

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 187	Total Population Served at End of Month: 655		
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: 360,000			
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 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
Raymond Alan Parrish 1/2/2005	Raymond Alan Parrish Michael J. Gavaletz	C-12740 C5642

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida – OAKLAND SHORES

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*										
			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	92,000										1.0	
2		87,000										0.8	
3		65,000										1.1	
4		57,000										0.9	
5		105,000											
6		106,000										1.0	
7		68,000										1.0	
8		91,000										0.8	
9		88,000										0.7	
10		62,000										1.0	
11		58,000										1.1	
12		93,000											
13	V	87,000										1.0	
14	24	68,000										0.8	
15		67,000										1.0	
16		98,000										0.8	
17		66,000										1.0	
18		45,000										1.1	
19		96,000											
20		96,000										1.0	
21		65,000										0.8	
22		76,000										0.8	
23		83,000										0.7	
24		64,000										0.9	
25		68,000										1.1	
26		75,000											
27		75,000										1.0	
28		69,000										1.0	
29		77,000										1.0	
30	V	68,000										1.2	
31	24	67,000										1.4	
Total		2,346,000											
Average		76,000											
Maximum		106,000											

* *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

604

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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: 3590912	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	69,000										1.3	
2	24	90,000											
3	24	91,000										1.5	
4	24	62,000										1.8	
5	24	63,000										1.6	
6	24	81,000										1.2	
7	24	73,000										0.4	
8	24	59,000										1.2	
9	24	97,000											
10	24	98,000										1.4	
11	24	64,000										1.3	
12	24	62,000										2.0	
13	24	112,000										1.8	
14	24	54,000										1.8	
15	24	62,000										1.3	
16	24	67,000											
17	24	67,000										1.8	
18	24	61,000										1.6	
19	24	67,000										1.5	
20	24	83,000										1.0	
21	24	54,000										1.4	
22	24	56,000										1.1	
23	24	88,000											
24	24	89,000										2.0	
25	24	63,000										2.0	
26	24	83,000										2.4	
27	24	87,000										2.0	
28	24	51,000										1.5	
29	24	57,000										1.3	
30	24	94,000											
31	24	95,000										1.50	
Total		2,299,000											
Average		74,161											
Maximum		112,000											

** 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

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See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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: 3590912 | 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	56,000										1.6	
2	24	63,000										1.5	
3	24	71,000										1.6	
4	24	63,000										1.5	
5	24	42,000										1.3	
6	24	82,000											
7	24	82,000										1.5	
8	24	60,000										1.0	
9	24	69,000										1.6	
10	24	88,000										1.2	
11	24	79,000										1.5	
12	24	66,000										1.5	
13	24	91,000											
14	24	92,000										2.0	
15	24	63,000										1.3	
16	24	80,000										1.6	
17	24	104,000										1.5	
18	24	83,000										1.2	
19	24	82,000										1.3	
20	24	119,000											
21	24	120,000										1.5	
22	24	92,000										1.1	
23	24	95,000										3.0	
24	24	92,000										2.0	
25	24	71,000										2.0	
26	24	61,000										1.7	
27	24	81,000											
28	24	81,000										1.5	
29	24												
30	24												
31	24												
Total		2,228,000											
Average		79,571											
Maximum		120,000											

** 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: March/2005

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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: 3590912	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	59,000										1.6	
2	24	68,000										1.7	
3	24	94,000										1.5	
4	24	61,000										1.4	
5	24	79,000										1.4	
6	24	103,000											
7	24	104,000										1.5	
8	24	61,000										1.0	
9	24	82,000										1.6	
10	24	82,000										1.7	
11	24	63,000										1.5	
12	24	77,000										1.4	
13	24	107,000											
14	24	108,000										1.5	
15	24	54,000										1.4	
16	24	73,000										1.6	
17	24	80,000										1.2	
18	24	53,000										1.5	
19	24	64,000										1.3	
20	24	99,000											
21	24	100,000										1.0	
22	24	56,000										1.0	
23	24	73,000										1.5	
24	24	67,000										1.2	
25	24	66,000										1.3	
26	24	68,000										1.6	
27	24	68,000											
28	24	69,000										1.6	
29	24	50,000										1.4	
30	24	66,000										1.3	
31	24	99,000										1.40	
Total		2,353,000											
Average		75,903											
Maximum		108,000											

* *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

604

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225		Total Population Served at End of Month: 788	
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: 360,000			
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.

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

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

PWS Identification Number: 3590912 | Plant Name: Utilites, Inc. of Florida

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

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

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

Day 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*									Loweut 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	69,000										1.2	
2	24	42,000										1.3	
3	24	82,000											
4	24	82,000										1.4	
5	24	76,000										1.5	
6	24	82,000										1.7	
7	24	87,000										1.8	
8	24	52,000										2.1	
9	24	51,000										2.3	
10	24	109,000											
11	24	109,000										2.0	
12	24	55,000										2.2	
13	24	92,000										1.7	
14	24	89,000										1.6	
15	24	69,000										1.6	
16	24	79,000										1.4	
17	24	127,000											
18	24	128,000										1.4	
19	24	67,000										1.4	
20	24	90,000										1.4	
21	24	112,000										1.4	
22	24	119,000										1.2	
23	24	82,000										1.2	
24	24	95,000										1.0	
25	24	95,000											
26	24	91,000										1.0	
27	24	62,000										1.2	
28	24	100,000										0.9	
29	24	57,000										1.4	
30	24	75,000										2.5	
31												1.7	
Total		2,525,000											
Average		84,166											
Maximum		128,000											

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

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604

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: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000				
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:	Terry Sillitoe	B	12749	Thur.Fri.Sat. Days
	Roy Mericle	C	13808	Tues. - Fri. Days From 5/1 Thru 5/17
	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	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: 3590912 | 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	81,500											
2	24	81,500										1.2	
3	24	61,000										1.3	
4	24	67,000										1.4	
5	24	62,000										1.5	
6	24	53,000										1.3	
7	24	50,000										1.3	
8	24	79,500											
9	24	79,500										1.0	
10	24	76,000										1.0	
11	24	78,000										1.4	
12	24	93,000										2.0	
13	24	95,000										1.1	
14	24	71,000										1.3	
15	24	114,500											
16	24	114,500										1.8	
17	24	115,000										1.9	
18	24	93,000										1.8	
19	24	110,000										1.6	
20	24	67,000										1.2	
21	24	119,000										1.5	
22	24	128,500											
23	24	128,500										1.8	
24	24	125,000										1.5	
25	24	104,000										1.6	
26	24	156,000										1.7	
27	24	127,000										1.6	
28	24	87,000										1.6	
29	24	99,500											
30	24	99,500										1.4	
31	24	79,000										1.30	
Total		2,895,000											
Average		93,387											
Maximum		156,000											

** 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: 3590912	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

604

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores		PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788	
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: 360,000			
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.

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

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

PWS Identification Number: 3590912	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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	46,000										0.6	
2	24	77,000										2.0	
3	24	50,000										2.0	
4	24	57,000										1.9	
5	24	55,500											
6	24	55,500										1.6	
7	24	73,000										1.8	
8	24	50,000										1.8	
9	24	90,000										1.5	
10	24	41,000										1.7	
11	24	55,000										1.6	
12	24	61,000											
13	24	61,000										1.8	
14	24	41,000										1.6	
15	24	71,000										2.0	
16	24	63,000										2.2	
17	24	58,000										1.6	
18	24	64,000										1.4	
19	24	74,500											
20	24	74,500										0.6	
21	24	75,000										0.6	
22	24	65,000										2.2	
23	24	66,000										2.0	
24	24	55,000										0.3	
25	24	33,000										1.5	
26	24	78,000											
27	24	78,000										0.6	
28	24	32,000										0.4	
29	24	64,000										1.4	
30	24	49,000										0.8	
31	24												
Total		595,000											
Average		59,500											
Maximum		90,000											

** 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: 3590912	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: Oakland Shores		PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788	
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: 360,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Kathy Sillitoe	C	13094	Mon. - Fri. Days
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
Kathy Sillitoe 8-4-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590912	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

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	24	37,000										0.7	
2	24	44,000										0.9	
3	24	51,000											
4	24	51,000										1.0	
5	24	58,000										0.8	
6	24	59,000										1.0	
7	24	87,000										0.6	
8	24	105,000										1.0	
9	24	42,000										0.8	
10	24	58,500											
11	24	58,500										0.8	
12	24	54,000										0.6	
13	24	50,000										0.4	
14	24	56,000										0.4	
15	24	36,000										0.2	
16	24	46,000										0.5	
17	24	69,000											
18	24	69,000										0.4	
19	24	70,000										0.4	
20	24	46,000										0.2	
21	24	76,000										0.6	
22	24	81,000										1.3	
23	24	80,000										1.3	
24	24	79,500											
25	24	79,500										1.0	
26	24	104,000										1.2	
27	24	113,000										1.4	
28	24	93,000										1.0	
29	24	114,000										1.0	
30	24	76,000										0.7	
31	24												
[illegible]		2,043,000											
[illegible]		68,100											
[illegible]		114,000											

** 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: Oakland Shores		PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788	
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: 360,000			
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. - 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.

Kathy 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: 3590912	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	124,000										0.80	
2	24	71,000										0.80	BACTS COLLECTED
3	24	57,000										0.80	
4	24	55,000										0.90	
5	24	62,000										1.00	
6	24	51,000										1.20	
7	24	92,000											
8	24	92,000										0.60	
9	24	52,000										0.20	
10	24	59,000										0.80	
11	24	83,000										0.80	
12	24	73,000										0.80	
13	24	61,000										0.70	
14	24	55,500											
15	24	55,500										0.60	
16	24	76,000										0.40	
17	24	82,000										0.80	
18	24	104,000										0.70	
19	24	60,000										0.60	
20	24	75,000										0.40	
21	24	100,500											
22	24	100,500										0.50	
23	24	93,000										0.40	
24	24	84,000										1.60	
25	24	122,000										1.40	
26	24	67,000										1.00	
27	24	63,000										1.60	
28	24	99,000											
29	24	99,000										0.80	
30	24	94,000										0.60	
31	24	75,000										0.50	
Total		2,437,000											
Average		78,612											
Maximum		124,000											

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

604

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

FILE COPY

· instructions.

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

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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
	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.

Signature and Date	Printed or Typed Name	License Number
Allan Finch 10-3-05	Allan Finch	C- 7806

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

PWS Identification Number: 3590912	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*										
			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	71000										0.5	0.3
2	24	56000										0.7	0.8
3	24	55000										0.8	0.6
4	24	82000										0.6	
5	24	92000										0.5 AK	0.5
6	24	85000										0.8	0.3
7	24	62000										0.3	1.0
8	24	62000										1.0	0.9
9	24	36000										0.9	1.1
10	24	94000										0.9	
11	24	88000											
12	24	88000										0.9	
13	24	82000										0.7	
14	24	88000										0.6	
15	24	111,000										0.7	
16	24	99000										0.6	
17	24	85000										0.71	
18	24	121500											
19	24	121,500										0.6	
20	24	76000										0.7	
21	24	63000										0.6	
22	24	74000										1.0	
23	24	38000										0.9	
24	24	68000										0.6	
25	24	83000											
26	24	83000										0.6	
27	24	81000										0.8	
28	24	58000										0.8	
29	24	55000										0.7	
30	24	54000										0.7	
31	24												
Total		2,254000											
Average		75,133											
Maximum		121500											

** 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: October2005

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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
	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: 3590912	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: October2005

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	52,000										1.8	
2	24	75,000											
3	24	75,000										0.7	
4	24	61,000										0.6	COLLECTED 3 BACTS
5	24	51,000										0.9	
6	24	52,000										0.8	
7	24	53,000										0.8	
8	24	44,000										1.2	
9	24	60,000											
10	24	60,000										0.8	
11	24	64,000										0.7	
12	24	56,000										0.7	
13	24	66,000										0.7	
14	24	63,000										0.6	
15	24	50,000										0.5	
16	24	81,500											
17	24	81,500										0.5	
18	24	85,000										0.5	
19	24	77,000										0.7	
20	24	89,000										0.6	
21	24	70,000										0.5	
22	24	62,000										0.7	
23	24	64,500											
24	24	64,500										0.7	
25	24	52,000										0.7	
26	24	49,000										1.4	
27	24	56,000										0.9	
28	24	57,000										0.9	
29	24	68,000										0.8	
30	24	75,000											
31	24	75,000										0.7	
Total		1,989,000											
Average		64,161											
Maximum		89,000											

* *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: November2005

A. Public Water System (PWS) Information

PWS Name: Oakland Shores			PWS Identification Number: 3590912
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 225	Total Population Served at End of Month: 788		
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: 360,000			
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.

Kathy Sillitoe 12-2-05 — Signature and Date

Kathy Sillitoe — Printed or Typed Name

C-13094 — License Number

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

PWS Identification Number: 3590912 | 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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	64,000										0.60	
2	24	55,000										0.70	
3	24	61,000										0.60	
4	24	60,000										0.70	
5	24	56,000										0.50	
6	24	87,000											
7	24	87,000										1.10	
8	24	76,000										0.80	
9	24	74,000										0.80	
10	24	84,000										0.80	Collected 3 bacts
11	24	60,000										0.60	
12	24	63,000										0.70	
13	24	100,500											
14	24	100,500										0.60	collected well repeat sample
15	24	75,000										0.60	collected well repeat sample
16	24	78,000										0.70	
17	24	104,000										0.70	
18	24	67,000										0.60	
19	24	75,000										0.80	
20	24	86,500											
21	24	86,500										0.80	
22	24	61,000										0.70	
23	24	93,000										0.60	
24	24	76,000										0.60	
25	24	66,000										1.60	
26	24	80,000										1.00	
27	24	99,000											
28	24	99,000										1.80	Flushed 12,450 gallons
29	24	62,000										1.20	
30	24	64,000										1.80	
31	24												
Total		2,300,000											
Average		76,666											
Maximum		104,000											

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

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

604

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: Oakland Shores

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

PWS Identification Number: 3590912

Number of Service Connections at End of Month: 225

Total Population Served at End of Month: 788

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 Address: 200 Weathersfield Ave.

Plant Telephone Number: 407-869-1919

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: 360,000

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 1-2-06

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: 3590912 | 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	66,000										1.2	
2	24	50,000										1.8	
3	24	70,000										1.3	
4	24	78,000											
5	24	78,000										1.2	
6	24	86,000										1.0	
7	24	60,000										1.0	
8	24	78,000										0.8	
9	24	52,000										0.6	
10	24	52,000										0.9	
11	24	63,500											
12	24	63,500										0.8	
13	24	51,000										0.8	
14	24	58,000										0.8	Collected 3 Bact
15	24	73,000										0.9	
16	24	50,000										0.9	Collected Repeat Samples
17	24	41,000										1.1	Collected Repeat samples
18	24	65,500											
19	24	65,500										0.9	
20	24	55,000										0.9	
21	24	63,000										0.8	
22	24	72,000										0.8	
23	24	62,000										0.9	
24	24	57,000										0.6	
25	24	57,500											
26	24	57,500										0.9	
27	24	60,000										0.9	
28	24	62,000										0.8	
29	24	84,000										0.9	
30	24	54,000										0.8	
31	24	55,000										0.9	
Total		1,940,000											
Average		62,580											
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

PWS Identification Number: 3590912	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.*

Oakland Shores

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: OAKLAND SHORES County Seminole PWS ID # 3590912
Plant Location Lakeshore Drive, Altamonte Springs, FL Phone 407.869.1919
Owner Name Utilities, Inc. of Florida Phone 407.869.1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick Flynn/Kathy Sillitoe Title Reg. Director/Mgr. Phone 407.869.1919/407.869.8588 x229
This Survey Date 10/27/05 Last Survey Date 10/29/02 Last C.I. Date 4/3/03

PWS TYPE & CLASS

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

PWS STATUS

☒ Approved system with approval number & date
Serial #936 dated 1/22/52, As-builts dated 2/8/61
replaced previous info. WC59-0080875 11/21/99
WC59-0080875 7/29/03
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Single family home subdivision and business offices
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

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

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* --- *Actual* ---
Days/wk: *Required* 5+1 *Actual* 5+1
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Total, average & max flows sometimes incorrect.
Wrong form used

Number of Service Connections 264 (MOR)
Population Served 924 Basis 3.5/svc. cx.
Average Day (from MORs) 0.076 MGD
Max. Day (from MORs) 0.156 MGD 05/05
Max-day Design Capacity 0.333 MGD
Comments

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☒ Emergency Water Source City of Altamonte
Emergency Water Capacity 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 50 psi.

TREATMENT PROCESSES IN USE

Disinfection-hypo-chlorination; Aeration, Corrosion Control (Lead and Copper)

What additional treatment is needed?
None at this time
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 6" Badger
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: No
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments At the time of inspection, there was no CCCP on site. The operator assured us there was one available and would be replaced immediately.

PWS ID # 3590912
Date 10/27/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		Prior to 1958			
Depth Drilled		385'			
Drilling Method		Unknown			
Type of Grout		Unknown			
Static Water Level		29'			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Unknown			
Length (outside casing)		118'			
Diameter (outside casing)		8"			
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	>100'			
	Other Sanitary Hazard	Lake Charity ~100'			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-Rite			
	Model Number	Unknown			
	Rated Capacity (gpm)	395@ 40'TDH			
	Motor Horsepower	15			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		No			
Fence/Housing		Yes			
Well Vent Protection		N/A			

COMMENTS Well 1 – AAH2576 The absence of an above-ground check valve has been accepted by the Department since the chlorine is injected by separate line into the GST, which has an air gap.

PWS ID # 3590912
Date 10/27/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 85x2 gpd
Chlorine Feed Rate 5x2
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.5 Remote 1.0
Remote tap location 604 Endsley Ave.
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Into GST
Booster Pump Info N/A
Comments There is a 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 Forced draft Capacity 500 gpm
Aerator Condition OK
Bloodworm Presence None observed
Visible Algae Growth No
Protective Screen Condition Good
Comments

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

Tank Type/Number	G	H	
Capacity (gal)	16,800	7000	
Material	Concrete	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	----	55/65	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	----	----	
Height to Max. Water Level	----	----	

Comments

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	3656	3656	
Capacity (gpm)	250	250	
Motor HP	15	15	
Date Installed	1993	1993	
Maintenance	----	----	

Comments

PWS ID # 3590912
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".

3. Please provide an Interconnect flushing schedule.

4. There was no cross connection control plan on site.

MONITORING AND REPORTING:

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

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

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

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

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

PWS ID # 3591061
Date 10/27/05

MONITORING AND REPORTING (Continued...)

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

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

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

RESPONSE:

Please indicate changes to the following:

PWS ID Number: 3590912

Business Name: _____

PWS Name: Oakland Shores

Owner(s) Name: _____

Attn: Patrick Flynn, Utilities, Inc. of Florida

Mailing Address: _____

Mailing Address: _____

Date: _____

Phone Number(s): _____

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

Attention: 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: 3590912

Business Name: Utilities, Inc. of Florida

PWS Name: Oakland Shores

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 November	December 2005
	2005. All future MORs will be legible and completed accurately.	
2	Unable to locate any additional information for the spaces marked "unknown."	
3	The interconnect with the City of Altamonte Springs was added to a bi-weekly flushing rotation.	
4	The Cross Connection Control Plan was put on site October 31, 2005.	October 31, 2005
	(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)

Oakland Shores

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-[illegible]
TDD 904-329-4450 TDD SUNCOM 86[illegible]50
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

DO-UIF

NOV 22 [illegible]

November 15, 2000

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

SUBJECT: Consumptive Use Permit Number 8345
Oakland Shores

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

PERMIT NO. 8345 **DATE ISSUED:** November 15, 2000
PROJECT NAME: Oakland Shores

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 35.36 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 788, and a maximum of 0.58 million gallons per day for essential use, for fire protection

LOCATION:

Site: Oakland Shores
Seminole County
Section(s): 24 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: D.T. Jenkins
Dwight T Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8345
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 8345 plainly labeled on the submittals.

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

14. Maximum annual ground water withdrawals must not exceed 35.36 million gallons.

15. Maximum daily ground water withdrawals for essential use, for fire protection, must not exceed 0.58 million gallons.

16. 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.

17. The permittee must assure that all service connections are metered.

18. The permittee must implement the Water Conservation Plan submitted to the District on March 31, 2000, in accordance with the schedule contained therein.

19. 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.

20. 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

21. 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.

22. 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.

23. 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.

24. 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 31st 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:

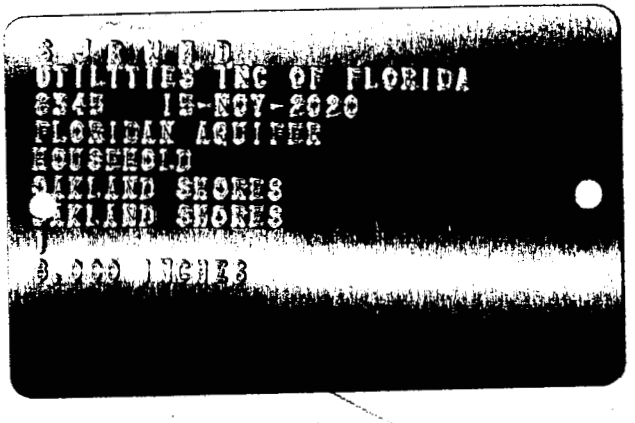
Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

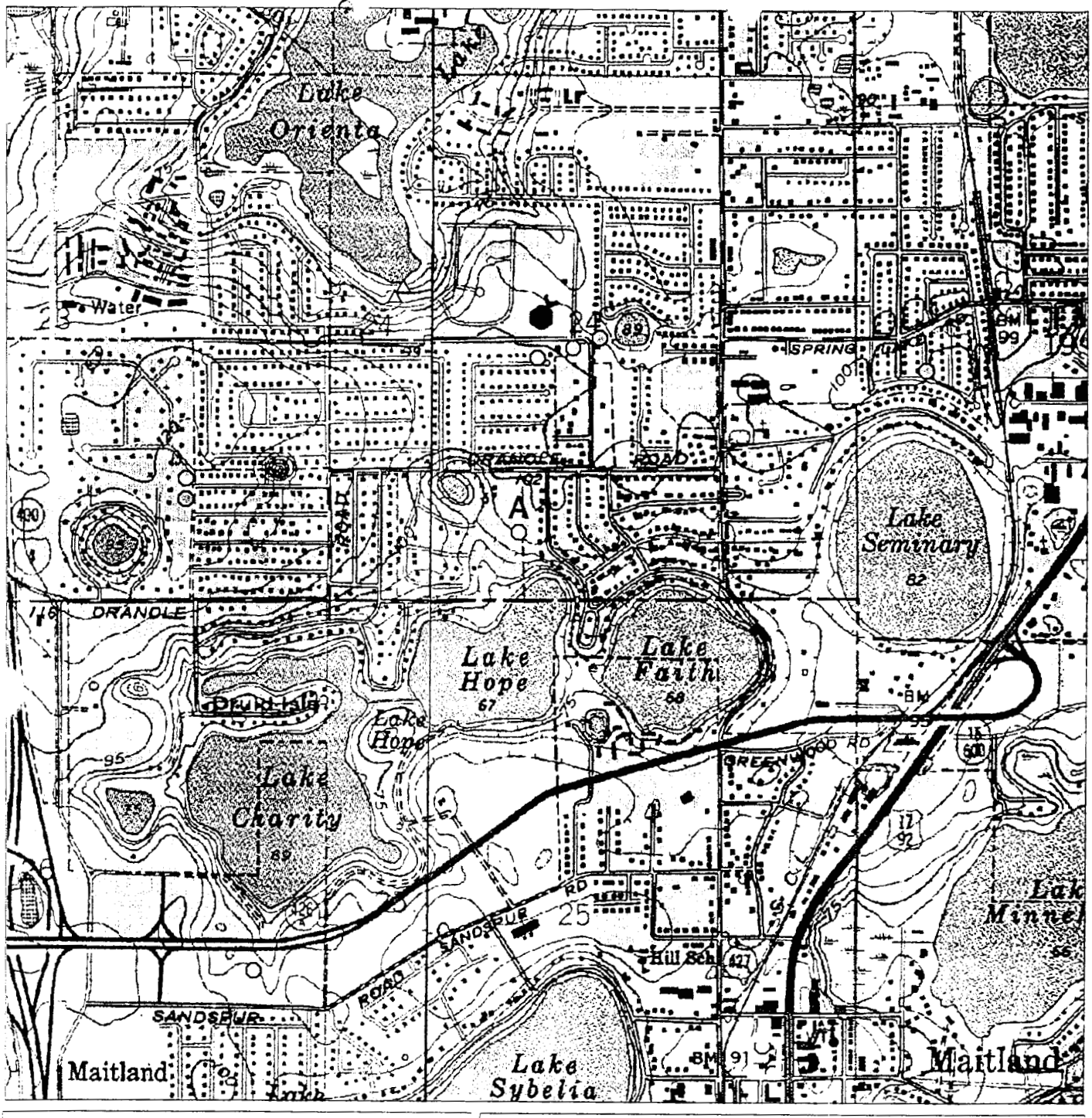
at 4:00 p.m. this ~~15th~~ 21st day of November, 2000.

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: 8345


UTILITIES INC OF FLORIDA
6345 15-NOV-2020
FLORIDAN AQUIFER
HOUSEHOLD
OAKLAND SHORES
OAKLAND SHORES
5/8 INCHES



8345

0.1 0 0.1 Miles

Scale 1:16473

- Area of Interest
- Quad Index 100K NAD83
- CUP Boundaries
- ○ CUP Wells
- △ CUP Pumps

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

Source: /home/jeri/cupwork.apr 08/23/1999

FLOW METER WATER CALIBRATION RECORD - EN51

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

Consumptive Use Permit Number: **8345**

Permittee Name: **Utilities Inc of Florida** - OAKLAND SHORES

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

Pump Capacity: **395 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# **8345** PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID OWNERS ID

PERMITTEE **Utilities Inc of Florida** PROJECT **Oakland Shores**

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 _____

15585

36204

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

WATER USE RECORD FORM EN - 50

CUP# 8345 PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID OWNERS ID

PERMITTEE Utilities Inc of Florida PROJECT Oakland Shores

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 _____

15585

Oakland Shores

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Oakland Shores

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

Oakland Shores

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

Oakland Shores

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.

Park Ridge

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Park Ridge

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Park Ridge

Docket No. 060253-WS

25.30-440(2)
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

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

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Weathersfield	Chlorine	40-45 gpd	$ 1.15/gal
Seminole	Oakland Shores	Chlorine	20-25 gpd	$ 1.15/gal
Seminole	Little Wekiva	Chlorine	3-4 gpd	$ 1.15/gal
Seminole	Park Ridge	Chlorine	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)

Park Ridge

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

4th Qtr 05

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

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

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

January 6, 2005

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

Re: Quarterly TTHM and HAA5s, 2005
Park Ridge Utilities, Inc.
PWS ID# 3590993

Dear Mr. Morrison:

Enclosed please find the results of samples taken December 12, 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

\\100.0.4.10\operations\600\608\3\ 2\2005\Park Ridge TTHMDEC2005 doc.doc

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

MONITORING FREQUENCY: x☐QUARTERLY ☐ANNUALLY	YEAR: 2005
QUARTERLY REPORTING PERIOD: Oct 2005 thur Dec 2005	

SYSTEM INFORMATION	
PWS NAME: Park Ridge	
PWS ID NUMBER: 3590993	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			July 05	Dec. 05	Actual Quarter/Year			July 05	
Provide the number of TTHM samples taken during the last quarter*				1	Provide the number of HAA5 samples taken during the last quarter*				N/A
Provide the arithmetic average of all TTHM samples taken in each quarter for the last four quarters			98.3	67.1	Provide the arithmetic average of all HAA5 samples taken in each quarter for the last four quarters			47.99	N/A
Calculate the Running Annual Average (RAA) for TTHMs (i.e., calculate the arithmetic average of the quarterly arithmetic averages for the last four quarters)				41.35	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)				NO	Does the RAA for HAA5s violate the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/NO)				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.

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)**
161 Canal street	MRT	12/12/05	0.5	Alan Finch	7/20/05	EPA 524.2	Flowers Chemical Laboratories # E83018	67.1

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Park Ridge PWS ID #: 3590993

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

Address: 101 W. Ridge Drive

City: Sanford State: FL ZIP Code: 32773

Phone #:

E-Mail Address: K.Sillitoe@Utilities Inc-usa.com

Sample Information (to be completed by sampler)

Sample Number: 14060 Location Code (if known): 161 Canal St.

Sample Date: _____ Sample Time: _____ AM PM (circle one)

Sample Location (be specific): _____

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

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☐ Routine Compliance (with 62-550)	☒ Quarterly (which quarter?) _____
☐ Entry Point (for Distribution)	☐ Confirmation of MCL Exceedance *	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated sample)
☒ Max Residence Time	☒ Other: Quartly Sampling	
☐ Avg Residence Time	Sampling Procedure Used or Other Comments:	
☐ Near First Customer		

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

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: Alan Finch

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

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, Allan Finch, C water operator

(Print Name) (Print Title)

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

Signature: Allan Finch Date: 1-3-06

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2006
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 14060

Report Number: 1406020051212
Date Sample Received: 12/12/05

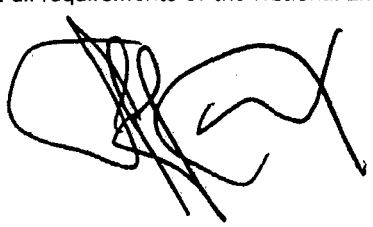
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☑ Trihalomethanes
☐ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐ All 14 ☐ Partial	

Were any analyses subcontracted? ☐ Yes ☑ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 12/23/05

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical 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

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Disinfection Byproducts: 62-550.310(3) Lab ID: 14060 PWS ID: 3590993 Sample ID: 161 Canal St.

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2941	Chloroform	ug/L	N/A	16.9		EPA524.2	0.500	12/19/05	
2942	Bromoform	ug/L	N/A	3.50		EPA524.2	0.500	12/19/05	
2943	Bromodichloromethane	ug/L	N/A	24.0		EPA524.2	0.500	12/19/05	
2944	Dibromochloromethane	ug/L	N/A	22.7		EPA524.2	0.500	12/19/05	
2950	Total Trihalomethanes	ug/L	80	67.1		EPA524.2	0.500	12/19/05	

FLOWERS CHEMICAL LABORATORIES INCORPORATED

☐ **Flowers Chemical Laboratories, Inc.**
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110
www.flowerslabs.com

☐ **Flowers Chemical Labs-South**
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

Client: Utilities Inc, ~~Wedgefield~~ Park Ridge
Address:
Phone:
Sampled By (PRINT): Allan Finch
Sampler Signature: Allan Finch
Date Sampled: 12-12-05

Public Water System Name: 3590993
PWS ID#:
P.O. #:
FCL Lab Coordinator:
Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☐ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	Primary Inorg.	Secondaries	VOCs	SOCs	NO_2 / NO_3	TTHM	THAA	Pb/Cu	GA / RA228	RA226	Asbestos	Field pH	Field Cl_2 Res
1	161 Canal St.	12-12-05	0930	14060	3					✓						✓							0.5
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
										12/12/05	1001

• **WHITE** - Ship with Samples / To Be Returned with Results

• **YELLOW** - Field Copy / Retain For Your Records

PDW 02-04

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

3rd Qtr. 05

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
Park Ridge Utilities, Inc.
PWS ID# 3590993

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe
Area Manager

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

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

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

SYSTEM INFORMATION	
PWS NAME: Park Ridge	
PWS ID NUMBER: 3590993	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	98.3	Calculate the arithmetic average all HAA5s samples taken over the last year	47.99
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/NO)**	Yes	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)**
161 Canal street	MRT	7/14/05	0.4	Alexander Lorenzo	7/20/05	E502.2	Advanced Enviromental Laboratories # E82574	98.3

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)**
161 Canal Street	MRT	7/28/05	1.0	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	47.99

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: PARK RIDGE PWS I.D. #: 3 5 9 0 9 9 3

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

Address: W. RIDGE 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: A052433-01 Location Code (if known):

Sample Date: 7/14/05 Sample Time: 1:20 AM (PM) (Circle One)

Sample Location (be specific): 161 CANAL ST.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 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)
- ☐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: 7/14/2005 3:56:00
Lab Assigned Report Number or Job ID A052433
Sample Number (From page 1) A052433-01

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:** 7-28-05

* 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.:**	A052433
Project Name:	Park Ridge	**Date Sampled:**	7/14/2005
Project Number:		**Date Received:**	7/14/05 15:56
PWS ID#:		**Date Reported:**	7/28/2005
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: Park Ridge

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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 =

P. 3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Park Ridge
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 161 Canal St
Sample Number: A052433-01

Report No.: A052433
Date/Time Sampled: 07/14/05 13:20
Date/Time Received: 7/14/05 15:56

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	* Chloroform		ug/L	42		E502.2	1.6	7/20/2005	1:11	E82574
2942	Bromoform		ug/L	4.3		E502.2	0.36	7/20/2005	1:11	E82574
2943	Bromodichloromethane		ug/L	29		E502.2	0.38	7/20/2005	1:11	E82574
2944	Dibromochloromethane		ug/L	23		E502.2	0.28	7/20/2005	1:11	E82574

98.3

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

P.4

Advanced Environmental Labs Inc

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

Client: UTILITIES, INC. (UTL-A) **Project name:** PARK RIDGE

Date/Time Rcvd: 7/14/05 15.56 **Log-In request number:** A052433

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:**

P.1

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

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

Project #: A052433
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.)
A052433-01	1	THMs (DW)	Drinking Water	7/14/2005	13:20	7/14/05 15:56	**7/28/2005**		40mL VOC vial

Orlando Relinquisher: [signature] **Shipping Receiver:** AEL Courier **Date/Time:** 7/14/05 1700

Shipping Relinquisher: AEL Courier **Jacksonville Receiver:** [signature] **Date/Time:** 7/15/05 0900

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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

A052433

CLIENT NAME: Utilities Inc.	PROJECT NAME: Park Ridge
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: 40mL Vials	ANALYSIS REQUIRED: THM'S	LAB NUMBER
							Preserv	I,T	
1	161 CANAL ST.	G	7/14/05	1320	WW	3		X	-01

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

	Relinquish by:	Date	Time	Received by:	Date	Time
1	Alexander Lorenzo	7/14/05	1556	Bometan	7/14/05	1556
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

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: Park Ridge PWS I.D. #: 3 5 9 0 9 9 3

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

Address: 103 W Park Ridge Drive

City: Sanford State: FL ZIP Code: 32773

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

E-Mail Address: S.L.Haws@Utilities Inc-usa.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052629 Location Code (if known): MRT

Sample Date: 7-28-05 Sample Time: 1120 (AM) PM (Circle One)

Sample Location (be specific): 161 Canal St.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

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

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

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

Sampler's Name: ALEXANDER LORENZO

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

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, ALEXANDER LORENZO (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 A052629
Sample Number (From page 1) A052629

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:** 8/2T/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
- ☒ Missing Analyte Sheet(s)
- ☒ Other:
- ☒ Detection(s)
- ☒ Location Unsatisfactory
- ☒ Incomplete Report
- ☒ Analysis Unsatisfactory

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.:**	A052629
Project Name:	Park Ridge	**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: Park Ridge

Approved By: _____

Myrna Santiago, Laboratory Manager

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

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: Park Ridge
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 161 Canal St
Sample Number: A052629-01

Report No.: A052629
Date/Time Sampled: 07/28/05 11:20
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	**18**		E552.2	**0.56**	8/4/2005	23:26	E82574
2452	**Trichloroacetic Acid**		ug/L	**15**		E552.2	**0.60**	8/4/2005	23:26	E82574
2453	**Bromoacetic Acid**		ug/L	**0.99**	i	E552.2	**0.34**	8/4/2005	23:26	E82574
2454	**Dibromoacetic Acid**		ug/L	**14**		E552.2	**0.45**	8/4/2005	23:26	E82574

/47.99

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:** PARK RIDGE

Date/Time Rcvd: 7/28/05 14.35 **Log-In request number:** A052629

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 #: A052629
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.)
A052629-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	11:20	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 nw

Date/Time: 7/29/05 925

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: A052629

CLIENT NAME: Utilities Inc.	PROJECT NAME: Park Ridge
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	161 CANAL ST.	G	7/28/05	1120	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 Cooler # _____ RB _____ D/T _____ AB _____ D/T _____ 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
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

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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
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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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
Park Ridge
PWS ID# 3590993

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: Park Ridge PWS I.D. #: 3 5 9 0 9 9 3

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

Address: 103 W. Ridge Drive

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: A051925-01 Location Code (if known):

Sample Date: 6/3/05 Sample Time: 1045 (AM) PM (Circle One)

Sample Location (be specific): P.O.E @ Park Ridge 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 Sillitoe 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 A051925
Sample Number (From page 1) A051925-01

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 E84589
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

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

* 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.:**	A051925
Project Name:	Park Ridge	**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: Park Ridge

Approved By: Myrna Santiago

Myrna Santiago, Laboratory Manager

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

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: Park Ridge
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051925-01

Report No.: A051925
Date/Time Sampled: 06/03/05 10:45
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:** PARK RIDGE

Date/Time Rcvd: 6/3/05 12.45 **Log-In request number:** A051925

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 #: A051925
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.)
A051925-01	1	Nitrate (T)-DW	Drinking Water	6/3/2005	10:45	6/3/05 12:45	**6/3/2005**		250mL Poly
A051925-01	1	Nitrite (T)-DW	Drinking Water	6/3/2005	10:45	6/3/05 12:45	**6/3/2005**		250mL Poly

Gainesville Relinquisher: _____ **Shipping Receiver:** AEL Courier **Date/Time:** 6/3/05 1300

Shipping Relinquisher: AEL Courier **Tampa Receiver:** _____ **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:

A051925

CLIENT NAME:	Utilities Inc.	PROJECT NAME:	Park Ridge
ADDRESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:	
	Altamonte Springs, FL 32714	PROJECT LOCATION:	Park Ridge WTP
PHONE:	407-448-1715	FAX:	
CONTACT:	Kathy Silitoe	SAMPLED BY:	Team Silitoe B12348

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: 250 mL	ANALYSIS REQUIRED: NO3/NO2	LAB NUMBER
							Preserv	I	
1	NO2/NO3 Rpt Park Ridge	G	6/3/05	1045	DW	1		X	1

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 Tyra Silitoe	6/3/05	1245		6/3/05	1245
2					
3					
4					

Shipment Out Ret

Method Via: Via:

Sample Kit Cooler # RB D/T AB D/T 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: 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

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

P-3

Park Ridge

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

608

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
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: 246,000			
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 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 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: 3590993	Plant Name: Utilites, Inc. of Florida – Park R1068

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	20,000										1.5	
2	24	20,000										1.0	
3	24	21,000										0.9	
4	24	23,000											
5	24	22,000										0.8	
6	24	18,000										1.0	
7	24	17,000										1.0	
8	24	15,000										1.0	
9	24	13,000										1.0	
10	24	10,000										1.1	
11	24	14,000											
12	24	19,000										0.9	
13	24	18,000										1.0	
14	24	15,000										0.8	
15	24	14,000										1.0	
16	24	14,000										0.7	
17	24	12,000										0.7	
18	24	19,000										0.8	
19	24	19,000											
20	24	15,000										1.0	
21	24	12,000										0.8	
22	24	12,000										1.0	
23	24	18,000										1.0	
24	24	10,000										1.2	
25	24	21,000										0.8	
26	24	22,000											
27	24	14,000										1.0	
28	24	14,000										0.9	
29	24	14,000										0.9	
30	24	13,000										1.0	
31	24	10,000										0.8	
Total		497,000											
Average		16,000											
Maximum		23,000											

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

608

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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: 3590993	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	18,000											
2	24	18,000										0.8	
3	24	13,000										0.8	
4	24	12,000										1.0	
5	24	16,000										1.0	
6	24	15,000										1.1	
7	24	10,000										0.6	
8	24	16,000											
9	24	17,000										6.6	
10	24	16,000										0.8	
11	24	13,000										1.0	
12	24	18,000										0.8	
13	24	22,000										1.0	
14	24	16,000										0.7	
15	24	19,000											
16	24	19,000										1.0	
17	24	15,000										1.0	
18	24	14,000										0.9	
19	24	14,000										1.0	
20	24	13,000										0.8	
21	24	16,000										0.8	
22	24	20,000											
23	24	21,000										1.0	
24	24	15,000										1.0	
25	24	13,000										1.1	
26	24	16,000										1.0	
27	24	12,000										0.9	
28	24	11,000										0.6	
29	24	19,000											
30													
31													
Total		452,000											
Average		16,000											
Maximum		22,000											

WATER QUALITY TESTING FEB 2004

TEMP	PH	PO_4 mg/L
E-1-2-3-24°	– 7.5	– 1.0
D-1-2-3-24°	– 7.6	– 1.0
E-1-2-17-27°	– 7.5	– 1.1
D-1-2-17-16°	– 7.5	– 1.0

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

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000				
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 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: 3590993	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

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer 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	20,000										1.0	
2	24	14,000										1.0	
3	24	15,000										0.8	
4	24	16,000										0.7	
5	24	16,000										0.7	
6	24	16,000										0.6	
7	24	20,000											
8	24	20,000										0.4	
9	24	19,000										0.4	
10	24	19,000										0.3	
11	24	18,000										1.3	
12	24	12,000										0.6	
13	24	14,000										0.5	
14	24	26,000											
15	24	26,000										0.8	
16	24	16,000										0.9	
17	24	15,000										0.8	
18	24	14,000										1.0	
19	24	21,000										1.1	
20	24	13,000										0.8	
21	24	25,000											
22	24	25,000										1.0	
23	24	20,000										1.1	
24	24	17,000										1.0	
25	24	17,000										1.3	
26	24	21,000										1.5	
27	24	21,000										0.8	
28	24	21,000											
29	24	22,000										1.0	
30	24	16,000										1.0	
31	24	22,000										0.9	
Total		577,000											
Average		19,000											
Maximum		26,000											

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

WATER QUALITY / TESTING - MARCH 2004

	PH	TEMP	CO_2MG/L
E-1	7.6	56°	1.0
D-1	7.5	26°	1.1
E-1	7.6	27°	1.2
D-1	7.5	26°	1.1
E-1	7.5	27°	1.1

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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 5/5/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590993	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*										
			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	22,000										0.8	
2	24	13,000										1.0	
3	24	19,000										0.9	
4	24	25,000											
5	24	26,000										0.8	
6	24	28,000										1.0	
7	24	24,000										1.0	
8	24	14,000										0.9	
9	24	32,000										0.7	
10	24	14,000										0.9	
11	24	25,000											
12	24	26,000										1.1	
13	24	17,000										1.0	
14	24	14,000										1.0	
15	24	14,000										0.8	
16	24	18,000										1.0	
17	24	16,000										0.9	
18	24	21,000											
19	24	22,000										1.0	
20	24	24,000										1.0	
21	24	20,000										1.1	
22	24	18,000										1.1	
23	24	20,000										1.0	
24	24	17,000										0.8	
25	24	31,000											
26	24	32,000										0.9	
27	24	28,000										1.0	
28	24	13,000										1.0	
29	24	25,000										1.0	
30	24	16,000										0.9	
31													
Total		635,000											
Average		21,000											
Maximum		32,000											

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

WATER QUALITY TESTING APRIL 2004

	TEMP	PH	PO4 MG/L
E-1 -4/8	27°	7.6	1.1
D-1 -4/8	27°	7.6	1.2
E-1 -4/22	28°	7.5	1.1
D-1 -4/22	27°	7.6	1.2

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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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
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: 246,000			
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 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: 3590993 | 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	10,000										0.9	
2	24	21,000											
3	24	22,000										0.8	
4	24	15,000										0.6	
5	24	16,000										0.9	
6	24	16,000										1.0	
7	24	15,000										0.8	
8	24	13,000										1.0	
9	24	26,000											
10	24	27,000										1.0	
11	24	21,000										1.5	
12	24	19,000										1.2	
13	24	20,000										0.9	
14	24	23,000										1.0	
15	24	16,000										1.0	
16	24	30,000											
17	24	30,000										0.9	
18	24	19,000										0.7	
19	24	20,000										1.0	
20	24	30,000										1.2	
21	24	30,000										1.0	
22	24	16,000										0.9	
23	24	29,000											
24	24	29,000										1.0	
25	24	23,000										1.1	
26	24	25,000										1.0	
27	24	26,000										1.0	
28	24	31,000										0.9	
29	24	20,000										1.0	
30	24	28,000											
31	24	29,000										0.8	
Total		685,000											
Average		23,000											
Maximum		31,000											

WATER QUALITY TESTING MAY 2004

	TEMP		pH		PO_4 MG/L
E-1-6/4	28°	–	7.6	–	1.2
D-1-6/4	29°	–	7.6	–	1.2
E-1-6/18	29°	–	7.5	–	1.2

* *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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101		Total Population Served at End of Month: 354	
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: 246,000				
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 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 Gavalet 7/1/04
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: 3590993	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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	26,000										0.7	
2	24	24,000										1.0	
3	24	20,000										0.8	
4	24	22,000										1.0	
5	24	15,000										0.8	
6	24	26,000											
7	24	26,000										0.7	
8	24	18,000										0.9	
9	24	17,000										1.0	
10	24	17,000										0.8	
11	24	20,000										1.0	
12	24	19,000										0.9	
13	24	26,000											
14	24	26,000										1.0	
15	24	19,000										1.0	
16	24	15,000										0.8	
17	24	18,000										1.0	
18	24	24,000										1.1	
19	24	15,000										1.0	
20	24	25,000											
21	24	25,000										1.0	
22	24	16,000										0.6	
23	24	18,000										1.0	
24	24	21,000										1.0	
25	24	22,000										0.9	
26	24	22,000										0.9	
27	24	22,000											
28	24	23,000										1.0	
29	24	16,000										0.9	
30	24	16,000										0.7	
31													
Total		619,000											
Average		21,000											
Maximum		26,000											

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

WATER QUALITY TESTING JUNE 2004

	TEMP C°	PH	FE mg/L
E-1 - 6/8/04	25	7.5	0.8
D-1 - 6/8/04	26	7.5	0.7
E-1 - 6/22/04	25	7.6	0.9

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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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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 8-2-04 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: 3590993 | Plant Name: Utilites, Inc. of Florida - PARK RIDGE

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	17,000										0.9	
2		18,000										0.7	
3		12,000										0.8	
4		17,000											
5		18,000										1.2	
6		20,000										1.0	
7		17,000										1.0	
8		16,000										1.0	
9		21,000										1.2	
10		10,000										1.2	
11		31,000											
12		31,000										1.1	
13	V	18,000										1.0	
14	24	21,000										1.0	
15		18,000										0.8	
16		14,000										1.0	
17		11,000										1.1	
18		20,000											
19		24,000										1.0	
20		14,000										1.0	
21		17,000										0.8	
22		18,000										1.0	
23		20,000										1.0	
24		15,000										1.1	
25		25,000											
26		26,000										1.0	
27		12,000										1.0	
28		13,000										0.8	
29		28,000										0.9	
30	V	28,000										0.6	
31	24	30,000										0.9	
Total		657,000											
Average		21,000											
Maximum		25,000											

** 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 2004

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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: 3590993	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	22,000											
2	24	22,000										1.0	
3	24	18,000										1.2	
4	24	13,000										1.3	
5	24	16,000										1.3	
6	24	23,000										1.0	
7	24	7,000										1.2	
8	24	19,000											
9	24	20,000										1.0	
10	24	16,000										0.9	
11	24	15,000										1.0	
12	24	16,000										1.1	
13	24	16,000										1.0	
14	24	12,000										0.3	
15	24	21,000											
16	24	24,000										0.8	
17	24	24,000										1.0	
18	24	17,000										0.8	
19	24	18,000										1.0	
20	24	17,000										1.0	
21	24	11,000										1.1	
22	24	24,000											
23	24	22,000										1.0	
24	24	14,000										0.8	
25	24	12,000										1.0	
26	24	15,000										1.0	
27	24	16,000										0.8	
28	24	14,000										0.9	
29	24	19,000											
30	24	20,000										1.0	
31	24	14,000										1.0	
Total		534,000											
Average		17,000											
Maximum		24,000											

WATER QUALITY TESTING AUGUST 2004

	TEMP		pH		POLY MG/L
E-1 -	24°	—	7.6	—	1.1
D-1 -	24°	—	7.6	—	1.0
E-1 -	24°	—	7.6	—	0.8
D-1 -	25°	—	7.5	—	0.6
E-1 -	24°	—	7.5	—	0.8

** 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: Sept 2004

A. Public Water System (PWS) Information

PWS Name: Park Ridge		PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354	
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: 246,000			
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 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	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: 3590993	Plant Name: Utilites, Inc. of Florida – Park Ridge

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 in 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	17,000										1.0	
2	24	15,000										1.0	
3	24	17,000										0.8	
4	24	18,000										1.0	
5	24	19,000											
6	24	19,000										—	
7	24	16,000										1.0	
8	24	14,000										1.0	
9	24	19,100										1.0	
10	24	13,000										1.1	
11	24	17,000										1.0	
12	24	19,000											
13	24	20,000										1.0	
14	24	11,000										0.8	
15	24	16,000										1.0	
16	24	15,000										0.8	
17	24	16,000										1.0	
18	24	11,000										0.8	
19	24	18,000											
20	24	18,000										1.0	
21	24	19,000										1.0	
22	24	14,000										0.8	
23	24	12,000										1.5	
24	24	19,000										1.1	
25	24	11,000										1.2	
26	24	19,000											
27	24	14,000										0.3	
28	24	19,000										1.0	
29	24	17,000										1.2	
30	24	14,000										1.4	
31													
Total		475,000											
Average		16,000											
Maximum		20,000											

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

WATER QUALITY TESTING SEPT 2004

	TEMP		PH		Poly mg/L
E-1	25°	—	7.6	—	0.6
D-1	25°	—	7.6	—	0.7
E-1	25°	—	7.5	—	0.7

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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: Oct 2004

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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: 3590993	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*										
			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, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
1	24	18,000										1.0	
2	24	10,000										0.8	
3	24	21,000											
4	24	22,000										1.0	
5	24	17,000										0.8	
6	24	7,000										1.0	
7	24	20,000										1.2	
8	24	13,000										1.0	
9	24	10,000										0.9	
10	24	24,000											
11	24	25,000										1.0	
12	24	35,000										0.8	
13	24	32,000										0.8	
14	24	23,000										1.0	
15	24	26,000										1.0	
16	24	12,000										0.8	
17	24	24,000											
18	24	22,000										1.0	
19	24	18,000										0.9	
20	24	13,000										1.0	
21	24	15,000										1.0	
22	24	14,000										0.8	
23	24	8,000										1.1	
24	24	21,000											
25	24	22,000										1.0	
26	24	18,000										1.0	
27	24	16,000										0.8	
28	24	17,000										0.7	
29	24	12,000										1.0	
30	24	12,000										0.8	
31	24	21,000											
Total		564,000											
Average		18,000											
Maximum		35,000											

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

WATER QUALITY TESTING OCT 2004

	DATE	TEMP	PH	POLY mg/L
E-1	10/12	25°	7.6	0.2
D-1	10/12	25°	7.6	0.3
E-1	10/26	25°	7.6	0.7
D-1	10/26	25°	7.5	0.6

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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 12/2/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3590993	Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable**										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer 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	21,000										0.8	
2	24	19,000										1.0	
3	24	22,000										1.0	
4	24	18,000										0.9	
5	24	19,000										1.0	
6	24	15,000										1.1	
7	24	22,000											
8	24	23,000										1.0	
9	24	18,000										1.0	
10	24	16,000										0.9	
11	24	13,000										1.0	
12	24	14,000										0.8	
13	24	10,000										1.2	
14	24	19,000											
15	24	19,000										1.0	
16	24	18,000										1.3	
17	24	18,000										1.2	
18	24	15,000										1.0	
19	24	16,000										1.0	
20	24	12,000										0.8	
21	24	20,000											
22	24	20,000										1.0	
23	24	16,000										0.8	
24	24	16,000										1.0	
25	24	14,000										0.8	
26	24	23,000										1.0	
27	24	14,000										1.1	
28	24	23,000											
29	24	22,000										1.0	
30	24	16,000										0.9	
31													
Total		519,000											
Average		17,000											
Maximum		23,000											

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

WATER QUALITY TESTING NOV 2004

DATE	TEMP C	PH	PO4 MG/L
E-1-11/9	26°	7.6	0.6
D-1-11/9	25°	7.6	0.7
E-1-11/23	26°	7.5	0.8
D-1-11/23	25°	7.6	0.7

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

FILE COPY 608

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 101	Total Population Served at End of Month: 354		
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: 246,000			
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 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
Raymond Alan Parrish 1/2/2005	RAYMOND ALAN PARRISH Michael J. Gavaletz	C-12740 C5642

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

PWS Identification Number: 3590993 | Plant Name: Utilites, Inc. of Florida - Park Ridge

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*									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	15,000										1.0	
2		14,000										1.0	
3		14,000										1.1	
4		15,000										0.8	
5		18,000											
6		18,000										1.0	
7		15,000										0.8	
8		14,000										1.0	
9		20,000										0.9	
10		14,000										0.8	
11		21,000										0.7	
12		14,000											
13	V	14,000										1.0	
14	24	15,000										0.8	
15		18,000										1.0	
16		18,000										1.0	
17		14,000										0.8	
18		12,000										0.7	
19		23,000											
20		24,000										0.8	
21		18,000										0.7	
22		18,000										0.6	
23		18,000										0.9	
24		20,000										1.0	
25		20,000										0.8	
26		13,500											
27		13,500										0.9	
28		20,000										1.5	
29		16,000										1.2	
30	V	20,000										1.6	
31	24	10,000										1.8	
Total		517,000											
Average		17,000											
Maximum		24,000											

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

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

PWS Identification Number: 3590993	Plant Name: PARK Ridge

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): 0,75 mg/L
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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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.

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: 3590993 | 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	17,000										1.1	
2	24	17,000											
3	24	18,000										1.5	
4	24	20,000										1.4	
5	24	20,000										1.3	
6	24	13,000										1.5	
7	24	18,000										1.3	
8	24	8,000										0.9	
9	24	21,000											
10	24	22,000										1.0	
11	24	12,000										0.9	
12	24	14,000										0.9	
13	24	16,000										1.0	
14	24	18,000										1.8	
15	24	9,000										1.3	
16	24	15,000											
17	24	16,000										2.5	
18	24	20,000										2.0	
19	24	13,000										2.5	
20	24	13,000										1.8	
21	24	20,000										1.9	
22	24	11,000										2.1	
23	24	22,000											
24	24	22,000										2.5	
25	24	18,000										2.5	
26	24	11,000										2.1	
27	24	16,000										2.2	
28	24	18,000										3.0	
29	24	9,000										2.8	
30	24	19,000											
31	24	19,000										2.50	
Total		505,000											
Average		16,290											
Maximum		22,000											

** 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: February/2005

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 102	Total Population Served at End of Month: 357		
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: 246,000			
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: 3590993 | 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	16,000										2.8	
2	24	16,000										2.8	
3	24	33,000										2.8	
4	24	10,000										2.5	
5	24	13,000										2.2	
6	24	20,000											
7	24	21,000										1.6	
8	24	22,000										1.9	
9	24	15,000										1.5	
10	24	16,000										1.2	
11	24	16,000										1.7	
12	24	11,000										1.5	
13	24	20,000											
14	24	20,000										2.5	
15	24	25,000										2.5	
16	24	16,000										2.5	
17	24	20,000										2.0	
18	24	20,000										1.5	
19	24	13,000										1.3	
20	24	23,000											
21	24	24,000										2.5	
22	24	20,000										3.0	
23	24	18,000										2.2	
24	24	16,000										2.0	
25	24	17,000										2.1	
26	24	12,000										1.8	
27	24	19,000											
28	24	19,000										1.5	
29	24												
30	24												
31	24												
Total		511,000											
Average		18,250											
Maximum		33,000											

** 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: March/2005

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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: 3590993	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	14,000										1.4	
2	24	16,000										1.6	
3	24	16,000										1.3	
4	24	18,000										1.5	
5	24	10,000										1.4	
6	24	21,000											
7	24	22,000										1.5	
8	24	17,000										1.1	
9	24	15,000										1.0	
10	24	14,000										1.1	
11	24	13,000										0.7	
12	24	17,000										1.4	
13	24	24,000											
14	24	24,000										2.0	
15	24	17,000										1.4	
16	24	17,000										1.5	
17	24	14,000										1.4	
18	24	16,000										1.5	
19	24	15,000										1.6	
20	24	21,000											
21	24	22,000										1.5	
22	24	16,000										1.2	
23	24	12,000										1.4	
24	24	15,000										1.1	
25	24	17,000										1.1	
26	24	14,000										0.8	
27	24	20,000											
28	24	20,000										1.8	
29	24	12,000										1.7	
30	24	20,000										1.4	
31	24	13,000										1.50	
Total		522,000											
Average		16,838											
Maximum		24,000											

** 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

608

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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: 3590993 | 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	18,000										1.2	
2	24	14,000										1.3	
3	24	21,000											
4	24	21,000										1.6	
5	24	12,000										1.4	
6	24	16,000										1.4	
7	24	18,000										1.6	
8	24	19,000										1.4	
9	24	13,000										1.2	
10	24	20,000											
11	24	21,000										1.2	
12	24	16,000										0.8	
13	24	17,000										1.1	
14	24	18,000										1.6	
15	24	15,000										1.8	
16	24	20,000										1.6	
17	24	19,000											
18	24	19,000										1.8	
19	24	18,000										1.3	
20	24	18,000										1.3	
21	24	18,000										1.5	
22	24	26,000										1.5	
23	24	28,000										1.3	
24	24	17,000											
25	24	17,000										1.4	
26	24	19,000										1.1	
27	24	15,000										1.2	
28	24	17,000										1.2	
29	24	19,000										1.0	
30	24	13,000										1.1	
31													
Total		542,000											
Average		18,066											
Maximum		28,000											

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

608

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: May/2005

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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:	Terry Sillitoe	B	12749	Thur.Fri.Sat. Days
	Roy Mericle	C	13808	Tues. - Fri. Days From 5/1 Thru 5/17
	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.

Signature and Date	Printed or Typed Name	License Number
6-3-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3590993	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	20,500											
2	24	20,500										1.0	
3	24	18,000										0.7	
4	24	20,000										1.1	
5	24	14,000										1.2	
6	24	16,000										1.5	
7	24	14,000										1.3	
8	24	23,500											
9	24	23,500										1.4	
10	24	18,000										1.2	
11	24	17,000										1.4	
12	24	15,000										1.5	
13	24	18,000										1.4	
14	24	15,000										1.4	
15	24	23,500											
16	24	23,500										1.6	
17	24	18,000										1.7	
18	24	28,000										2.4	
19	24	25,000										1.8	
20	24	18,000										1.6	
21	24	14,000										1.7	
22	24	21,000											
23	24	21,000										2.0	
24	24	28,000										2.1	
25	24	12,000										2.0	
26	24	25,000										1.8	
27	24	26,000										1.8	
28	24	14,000										1.4	
29	24	28,000											
30	24	28,000										1.2	
31	24	24,000										1.10	
Total		630,000											
Average		20,322											
Maximum		28,000											

** 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: 3590993	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.*

208.

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/2005

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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 - Thurs. Days
	Terry Sillitoe	B	12749	Thurs. 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	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: 3590993	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	18,000										1.20	
2	24	23,000										1.00	
3	24	16,000										0.80	
4	24	16,000										1.20	
5	24	19,000											
6	24	19,000										1.80	
7	24	20,000										1.60	
8	24	22,000										1.50	
9	24	19,000										1.60	
10	24	18,000										1.40	
11	24	18,000										1.50	
12	24	23,000											
13	24	23,000										1.00	Collected Bacts
14	24	28,000										1.40	
15	24	22,000										1.80	
16	24	18,000										1.50	
17	24	18,000										1.40	
18	24	16,000										1.30	
19	24	20,500											
20	24	20,500										1.40	
21	24	19,000										1.20	
22	24	23,000										1.60	
23	24	20,000										1.40	
24	24	15,000										1.10	
25	24	12,000										1.30	
26	24	23,500											
27	24	23,500										1.40	
28	24	24,000										1.20	
29	24	10,000										1.40	
30	24	16,000										2.00	
31	24												
Total		583,000											
Average		19,433											
Maximum		28,000											

** 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/2005

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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	Class	License Number	Days Operated
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.

Kathy Sillitoe 8-4-05	Kathy Sillitoe	C-13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3590993	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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	24	17,000										1.8	
2	24	18,000										1.4	
3	24	21,000											
4	24	21,000										1.4	
5	24	30,000										1.2	
6	24	29,000										0.6	
7	24	30,000										0.8	
8	24	14,000										0.9	
9	24	12,000										0.7	
10	24	22,500											
11	24	22,500										1.2	
12	24	18,000										1.6	
13	24	16,000										1.4	
14	24	14,000										0.4	
15	24	17,000										1.4	
16	24	10,000										1.6	
17	24	21,500											
18	24	21,500										1.6	
19	24	26,000										1.4	
20	24	16,000										1.2	
21	24	12,000										1.2	
22	24	19,000										0.9	
23	24	14,000										0.6	
24	24	21,500											
25	24	21,500										0.8	
26	24	22,000										1.4	
27	24	12,000										1.4	
28	24	22,000										1.0	
29	24	20,000										1.4	
30	24	13,000										1.1	
[illegible]	24												
[illegible]		574,000											
[illegible]		19,133											
[illegible]		30,000											

7-30-05

plant pH 7.8 plant temp 28.3 DOSE = 0.9

Remote pH 7.6 Remote temp 28.1 DOSE = 0.6

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

DEP Form 62-555.900(3)
Effective August 28, 2003

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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: August2005

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
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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: 246,000			
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 - Thurs. Days
	Terry Sillitoe	B	12749	Thurs. 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.

Kathy 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: 3590993	Plant Name: Utilites, Inc. of Florida

III. Daily Data for the Month/Year of: August2005

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	48,000										1.20	
2	24	24,000										1.30	
3	24	13,000										1.20	
4	24	29,000										1.10	
5	24	29,000										0.90	
6	24	10,000										1.00	
7	24	20,000											
8	24	20,000										0.90	
9	24	18,000										1.80	
10	24	17,000										1.30	
11	24	17,000										1.30	
12	24	14,000										1.70	
13	24	21,000										1.60	
14	24	18,000											
15	24	18,000										2.40	
16	24	20,000										1.20	
17	24	19,000										1.20	
18	24	17,000										1.00	
19	24	22,000										1.00	
20	24	18,000										1.00	
21	24	20,000											
22	24	20,000										0.80	
23	24	18,000										0.70	
24	24	28,000										1.40	
25	24	29,000										1.20	Bacts collected
26	24	18,000										0.70	
27	24	18,000										1.00	
28	24	19,500											
29	24	19,500										0.30	
30	24	19,000										0.50	
31	24	17,000										0.50	
Total		638,000											
Average		20,580											
Maximum		48,000											

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

608

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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	Thurs. Fri & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	Weekend Checks

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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 10-5-05

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: 3590993 | 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	18000										0.6	
2	24	20000										0.7	
3	24	16000										1.0	
4	24	20000											
5	24	20000										0.9	
6	24	20000										0.6	
7	24	20000										1.2	
8	24	16000										1.2	
9	24	17000										1.0	
10	24	14000										1.1	
11	24	20500											
12	24	20500										1.0	
13	24	19000										1.0	
14	24	16000										0.9	
15	24	20000										0.7	
16	24	20000										0.7	
17	24	22000										1.56	
18	24	22500											
19	24	22500										0.8	
20	24	22000										0.7	
21	24	19000										0.7	
22	24	18000										1.2	
23	24	14000										0.6	
24	24	15000										0.6	
25	24	21000											
26	24	21000										0.4	
27	24	25000										0.5	
28	24	13000										0.5	
29	24	17000										0.5	
30	24	13000										0.5	
31	24												
Total		562000											
Average		18733											
Maximum		22500											

25.000

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

WATER QUALITY TESTING 9-05

POE 9-14-05 PH 7.6 PO4 1.5
DIST 9-14-05 PH 7.6 PO4 1.4
POE 9-27-05 PH 7.8 PO4 1.4
DIST 9-27-05

603

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 246,000			
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	Thurs. Fri & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	Weekend Checks

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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: 3590993	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	16,000										0.4	
2	24	22,500										0.7	
3	24	22,500										0.8	collected 3 Bact's
4	24	10,000										0.7	
5	24	14,000										0.7	
6	24	13,000										0.8	
7	24	16,000										0.6	
8	24	10,000										1.2	
9	24	17,500											
10	24	17,500										0.7	
11	24	15,000										0.7	
12	24	16,000										0.7	
13	24	15,000										0.6	
14	24	18,000										0.5	
15	24	13,000										0.4	
16	24	19,000											
17	24	19,000										0.4	
18	24	18,000										0.4	
19	24	21,000										0.5	
20	24	27,000										0.6	
21	24	13,000										0.5	
22	24	13,000										0.6	
23	24	20,000											
24	24	20,000										0.4	
25	24	15,000										0.5	
26	24	14,000										0.3	
27	24	14,000										0.6	
28	24	15,000										0.4	
29	24	16,000										0.6	
30	24	18,500											
31	24	18,500										0.6	
Total		517,000											
Average		16,677											
Maximum		27,000											

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

Poly
10-12-05
POE
Temp. 24.3°C
pH 7.8

Dist.
Temp 24.1°C
pH 7.8

10-27-05
POE
Temp 22.7°C
pH 7.7

Dist.
Temp 21.3°C
pH 7.8

FILE COPY

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

608

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
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	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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 12-2-05

Signature and Date

Kathy Sillitoe

Printed or Typed Name

C-13094

License Number

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

PWS Identification Number: 3590993 | 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	15,000										0.60	
2	24	14,000										0.70	
3	24	16,000										0.70	
4	24	15,000										0.80	
5	24	15,000										0.70	
6	24	17,000											
7	24	17,000										0.70	
8	24	18,000										0.70	Flushed 200,000 gallons
9	24	20,000										0.70	Collected 3 bacts
10	24	18,000										0.60	
11	24	20,000										0.70	
12	24	16,000										0.60	
13	24	18,000											
14	24	18,000										0.50	
15	24	17,000										0.60	
16	24	16,000										0.60	
17	24	17,000										0.70	
18	24	16,000										0.60	
19	24	14,000										0.70	
20	24	17,500											
21	24	17,500										0.60	
22	24	22,000										0.70	
23	24	14,000										1.00	
24	24	16,000										1.80	
25	24	18,000										1.80	
26	24	18,000										1.40	
27	24	24,000											
28	24	24,000										2.00	
29	24	12,000										1.80	
30	24	16,000										2.00	
31	24												
Total		516,000											
Average		17,200											
Maximum		24,000											

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

608

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: Park Ridge			PWS Identification Number: 3590993
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 103	Total Population Served at End of Month: 361		
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: 101 W. Ridge Drive	City: Sanford	State: Fl	Zip Code: 32773
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 246,000			
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	Thurs. Fri & Sat. Days
	Alex Lorenzo	C	13756	Mon- Fri Days
	Kathy Sillitoe	C	13094	Mon- Fri Days

II. Certification by Lead/Chief Operator

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Allan Finch 1-2-06

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

12-9-05 Poly
Remote pH 7.6, Temp. 21.4°C, residual 1.0 mg/L
Plant pH. 7.6, Temp. 22.8°C, res. 1.0 mg/L

12-30-05 Poly
Remote pH 7.9, Temp. 20.1°C, res. 1.25 mg/L
Plant pH 7.9, Temp. 20.6°C, res. 1.25 mg/L

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

PWS Identification Number: 3590993 | 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*										
			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	12,000										1.7	
2	24	20,000										1.2	
3	24	9,000										1.0	
4	24	19,500											
5	24	19,500										0.6	RPCT Samples
6	24	15,000										0.8	flushed 8000 gal
7	24	15,000										0.7	flushed 9600 gal
8	24	22,000										0.7	
9	24	16,000										0.6	flushed 5000 gal
10	24	16,000										0.6	
11	24	19,000											
12	24	19,000										0.5	TTHM's Samples collected
13	24	20,000										0.4	
14	24	13,000										0.6	
15	24	16,000										0.8	
16	24	18,000										0.9	
17	24	16,000										0.7	
18	24	14,500											
19	24	14,500										0.8	
20	24	16,000										0.8	
21	24	13,000										0.7	
22	24	12,000										0.8	
23	24	15,000										0.7	
24	24	16,000										0.9	
25	24	15,500											
26	24	15,500										0.9	
27	24	20,000										0.8	
28	24	20,000										0.8	
29	24	16,000										0.9	
30	24	15,000										0.8	
31	24	16,000										0.9	
Total		503,000											
Average		16,220											
Maximum		22000											

** 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: 3590993	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 = 0.68 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.*

Park Ridge

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005

Department of Environmental Protection

OR16: File cc PF, SH, KS @ 12/8/05

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

VIA EMAIL
p.c.Flynn@utilitiesinc-usa.com

November 8, 2005

Patrick Flynn, Regional Director
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-SS-05-0976

Seminole County - PW
Little Wekiva Estates - PWS ID # 3590762
Park Ridge - PWS ID #3590993
Phillips Section - PWS ID #3591008

Dear Mr. Flynn:

This letter confirms visits to the subject community public water systems by Joni Petry and Jeremy RiCharde in the presence of Kathy Sillitoe to conduct sanitary surveys on October 6, 2005. A copy of the sanitary survey report for each system is attached for your reference and records.

Deficiencies found during the sanitary surveys and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with Florida Administrative Code (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than December 8, 2005**. *(You may use the attached response form to indicate the corrective actions taken.)*

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions, please contact Joni Petry by email at Joni.Petry@dep.state.fl.us or by phone at (407) 894-7555, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/jp
Enclosures

cc: Joyce Bittle, Seminole County Health Department (joyce_bittle@doh.state.fl.us)

19.1 PARK RIDGE 608

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name PARK RIDGE County Seminole PWS ID # 3590993
Plant Location Corner of W. Ridge Dr & Lake Mary Blvd., Sanford, FL 32771 Phone 407-869-1919
Owner Name Utilities, Inc. of Florida Phone 407-869-1919
Owner Address 200 Weathersfield Ave., Altamonte Springs, FL 32714 / Fax: 407-869-6961
Contact Person Patrick Flynn, p.c.flynn@utilitiesinc-usa.com Title: Regional Director Phone 407-869-1919
This Survey 10/6/05 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 #3801 dated 11/8/59, clrd 1960
WC59-271685 issued 10/5/95, clrd 2/21/96

☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Single-family home subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

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

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 5 + 1 wknd *Actual* 5 + 1 wknd
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
MOR does not show correct plant address. Orthophosphate levels are not being reported on MORs. System is flushed and isolation valves are exercised monthly; please indicate these exercises on the MORs.
Number of Service Connections 103
Population Served 361 Basis 3.5/svc. cx.
Average Day (from MORs) 18,076 gpd
Max. Day (from MORs) 48,000 gpd 8/05
Max-day Design Capacity 246,000 gpd
Comments

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE

☐ Yes ☐ None ☒ Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load
What equipment does it operate?
☐ Well pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE

Disinfection- hypochlorination; Aeration; Ortho-polyphosphate corrosion inhibitor (per 10/12/05 email from Kathy Sillitoe)
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 800 gpm Water Specialties
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Cross-connection control plan, Bacteriological sampling plan (attached to DBP), Disinfectants/disinfection byproducts plan (DBP) received 10/14/05.

PWS ID # 3590993
Date 10/6/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1959			
Depth Drilled		355'			
Drilling Method		Unknown			
Type of Grout		Unknown			
Static Water Level		13'			
Pumping Water Level		Unknown			
Design Well Yield					
Test Yield					
Actual Yield (if different than rated capacity)					
Strainer		Bronze, 52'			
Length (outside casing)		252'			
Diameter (outside casing)		8"			
Material (outside casing)		Steel			
Well Contamination History		Iron			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	Sewer lines ~90'			
	Reuse Water	N/A			
	WW Plumbing	40'			
	Other Sanitary Hazard	Irrigation well ~50'			
PUMP	Type	Submersible			
	Manufacturer Name	Deming			
	Model Number	SN#30814			
	Rated Capacity (gpm)	300			
	Motor Horsepower	5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes*			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		N/A			

COMMENTS Irrigation well previously accepted by the Department. Sewer line & single-family home wastewater plumbing previously accepted by the Department based on continued satisfactory bacteriological and chemical results. *Well casing exhibiting minor corrosion (Kathy Sillitoe indicated there are plans to paint the casing in the near future). FL ID#: AAH2570 Provide all unknown information.

PWS ID # 3590993
Date 10/6/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 85 gpd
Chlorine Feed Rate set at 6.25
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.93 Remote 1.74
Remote tap location 153 Canal St.
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Into GST
Booster Pump Info N/A
Comments Conversion from gas to hypochlorination cleared July 2003.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	N/A
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 Fiberglass (3 trays) Capacity 675 gpm
Aerator Condition OK
Bloodworm Presence None observed
Visible Algae Growth No
Protective Screen Condition Good
Comments Metal bars in aerator exhibiting signs of corrosion.

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

Tank Type/Number	G	H	
Capacity (gal)	10,000	3,000	
Material	Concrete	Steel	
Gravity Drain	No*	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	No	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	ARV	
On/Off Pressure	N/A	N/A	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Pressure gauge inside building; on at 52 psi, off at 68 psi -Hydropneumatic tank manhole: yes
*GST can be drained by use of pump. GST shows signs of degradation at seams and biogrowth.

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrifugal	Centrifugal
Make	Goulds	Goulds
Model	3656	3656
Capacity (gpm)	250	250
Motor HP	15	15
Date Installed	Unknown	1993
Maintenance	As needed	As needed

Comments Motor Model # B2ZPL5. HSPs alternate automatically. One of the HSP motors was replaced recently.

PWS ID # 3590993
Date 10/6/05

DEFICIENCIES / COMMENTS:

1. Well casing exhibiting signs of corrosion. Scrape and paint the well casing to prevent any possible contamination of the well. [Rule 62-555.350, F.A.C.]
2. Scrape and pain the metal bars inside the aerator, which are exhibiting signs of corrosion. Ensure the paint products used comply with ANSI/AWWA quality standards and ANSI/NSF standard safety specifications. [Rule 62-555.350 & 62-555.330(3)(5.2.2 & 7.0.017), F.A.C.] Ensure proper disinfection and bacteriological evaluation in accordance with Rule 62-555.340, F.A.C.

   Ground storage tank exhibits signs of deterioration. Provide results of an inspection of structural and coating integrity conducted by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62.555-350, F.A.C.] *Kathy Sillitoe has informed the Department cleaning and inspection of the hydropneumatic tank will be conducted the first quarter of 2006.*
3. Finished water orthophosphate levels are not being reported monthly as required. Orthophosphate levels shall be monitored at the entry point to the distribution system every two weeks and reported on MORs pursuant to the corrosion control facilities clearance letter dated 2/22/96.
4. Ensure the correct plant address is indicated on Monthly Operating Reports (MORs) in section B. *Kathy Sillitoe has reported that she will be making this correction to all future MORs.*
5. Provide information for items marked "unknown" in this report.
6. Provide the Material Safety and Data Sheet (MSDS) for the ortho-polyphosphate currently in use to the Department. This system previously used Stiles Kem Aquadene sodium polyphosphate for corrosion control and is now using an ortho-polyphosphate.

REMINDERS:

1. Please note this system is required to conduct quarterly monitoring for total trihalomethanes (TTHMs).
2. *Cleaning and inspection for finished water storage tanks:* Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

   Disinfection and bacteriological evaluation following cleaning: Submit documentation showing proper disinfection and bacteriological evaluations following the intended cleaning of the hydropneumatic tank. Before new or altered treatment or storage facilities, new or altered water mains, and treatment or storage facilities and water mains taken out of operation for repair or maintenance that might lead to contamination of water are placed into, or returned to, operation, they shall be properly disinfected in accordance with the applicable American Water Works Association (AWWA) standard (i.e., AWWA Standard C651, C652, or C653). A total of at least two samples -- each taken on a separate day and taken at least six hours apart from the other sample(s) -- shall be collected at each of the locations indicated in the applicable AWWA standard. The chlorine residual in the facilities or mains shall be no more than four milligrams per liter. Ensure proper disposal of heavily chlorinated water from the tank disinfection process in accordance with requirements of the state pollution control agency. [Rule 62-555.340, F.A.C.]
3. No later than **December 31, 2005**, suppliers of water shall provide an operation and maintenance manual for each of their drinking water plants, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection. [Rule 62-555. 350(13), F.A.C.]

Inspector _____ Title Env. Specialist I Date 10/19/05

Approved by _____ Title Environmental Manager Date 11/8/05

RESPONSE

Please indicate changes to the following:

PWS ID Number: 3590993

PWS Name: Park Ridge

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: Joni Petry, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **October 6, 2005**, the following actions were done to correct the listed deficiencies:

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
E-Mail: uif@iag.net

November 28, 2005

Ms. Joni Petry
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

RE: Sanitary Survey of Water Treatment Plants
Phillips PWS # 3591008
Park Ridge PWS# 3590993
Little Wekiva PWS# 3590762

Dear Ms. Petry:

Enclosed are the completed response forms indicating the deficiencies that were noted during the sanitary survey on October 6, 2005 have been corrected for the above referenced facilities

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe
Area Manager

cc: Patrick C. Flynn, Regional Director
Scotty L. Haws, Assistant Operations Manager

RESPONSE

Please indicate changes to the following:

PWS ID Number: 3590993

PWS Name: Park Ridge

Business Name: Utilities, Inc. of Florida

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

Mailing Address: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

Date: November 29, 2005

Mailing Address: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

Phone Number(s): 407-869-1919 ext. 229

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

Attention: Joni Petry, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated October 6, 2005, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	Corrective Action Done	Date Done
1	The well casing was sealed and painted.	11/18/04
2	Liquid Engineers has been contracted to perform inspection and cleaning of the hydro-	
	pneumatic tank and the ground storage tank. Work will begin the first quarter of 2006.	
3	This was inadvertently omitted from some of the past MORs. For the months of September	10/10/05
	and October 2005, the information was logged on the MORs and will be recorded in the future.	
4	The correct address of 101 W. Ridge Drive, Sanford, FL 32773 was added to the October 2005	
	MOR, and will be added to future MORs.	
5	Unable to locate any additional information for items marked "unknown."	
6	Enclosed is a copy of the MSDS sheet for Aquadene, which is a blended orthopolyphosphate	
	product manufactured by Stiles-Kem.	

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature:

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

Park Ridge

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

PF-UIF

NOV 22 2000

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

SUBJECT: Consumptive Use Permit Number 8353
PARKRIDGE

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

PERMIT NO. 8353 **DATE ISSUED:**November 15, 2000
PROJECT NAME: PARKRIDGE

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 9.40 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 314.

LOCATION:

Site: PARKRIDGE
Seminole County
Section(s): 15 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 8353
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. 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.

10. All submittals made to demonstrate compliance with this permit must include the permit number 8353 plainly labeled on the submittals.

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

12. Maximum annual ground water withdrawals must not exceed 9.40 million gallons.

13. 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.

14. The permittee must assure that all service connections are metered.

15. The permittee must implement the Water Conservation Plan submitted to the District on August 18, 2000, in accordance with the schedule contained therein.

16. 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.

17. 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

18. 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.

19. 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.

20. 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.

21. 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 31st 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

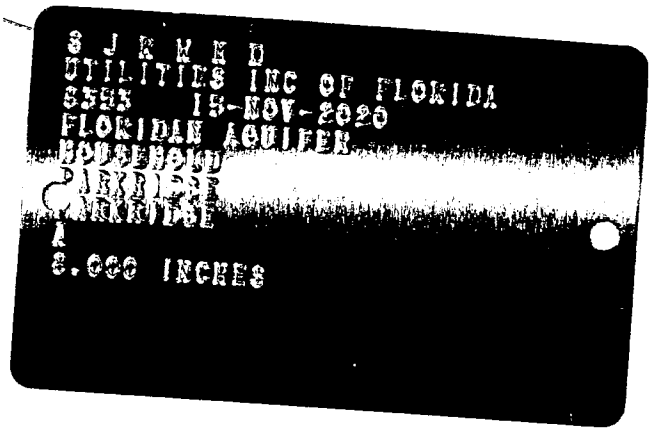
at 4:00 p.m. this ~~15th~~ 21st day of November, 2000.

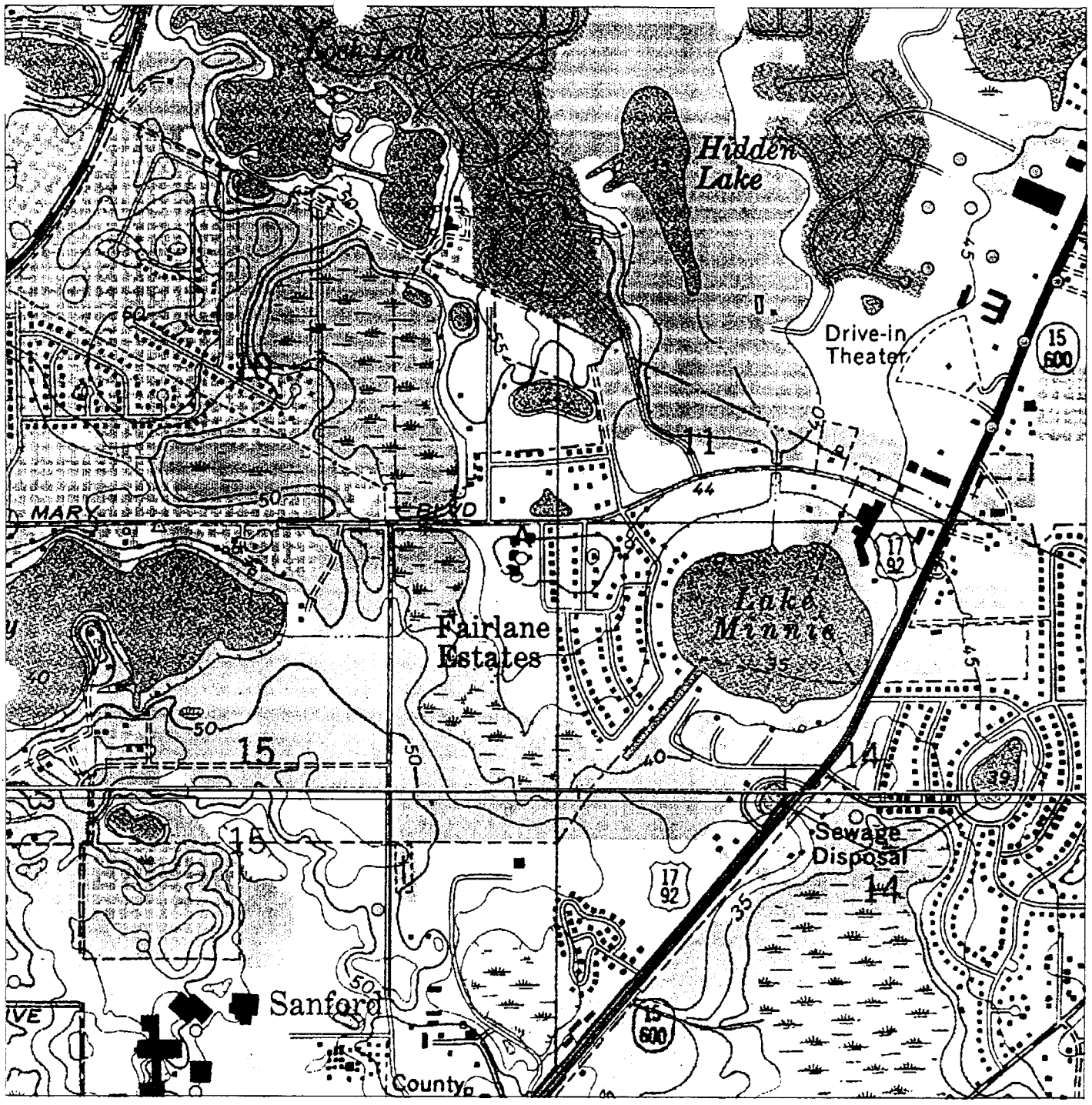
Gloria MacLewis

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: 8353


S J R W F D
UTILITIES INC OF FLORIDA
8595 15-NOV-2020
FLORIDAN AQUIFER
A
8.000 INCHES



8353

0.08 0 0.08 Miles

Scale 1:13854

Quad Index 12K NAD83
Cup_wells
Cup_pumps
Cup_bnd

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: **8353** - PARK RIDGE

Permittee Name: **Utilities Inc of Florida**

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

Pump Capacity: **300 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# **8353** PERMIT ISSUE DATE **15-nov-2000**

DISTRICT ID OWNERS ID

PERMITTEE **Utilities Inc of Florida** PROJECT **PARKRIDGE**

WELL NAME **A** 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 _____

15596

36204

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

WATER USE RECORD

FORM EN - 50

CUP# **8353**

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

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **PARKRIDGE**

WELL NAME **A**

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 _____

15596

Park Ridge

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Park Ridge

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

Park Ridge

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

Park Ridge

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.