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 10 of 11

System(s):

Phillips
Ravenna Park

Phillips

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Phillips

Docket No. 060253-WS

25.30-440(1)
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Phillips

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)

Phillips

Docket No. 060253-WS

25.30-440(3)
Chemical Analyses

Test Year Ended December 31, 2005

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

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

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

September 1, 2005

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

Re: Annual TTHM and HAA5s, 2005
Phillips Utilities, Inc.
PWS ID# 3591008

Dear Mr. Morrison:

Enclosed please find the results of samples taken July 15, 2005 and July 28, 2005 for the above referenced analysis and system.

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe
Area Manager

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

610

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: Phillips	
PWS ID NUMBER: 3591008	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	14.8	Calculate the arithmetic average all HAA5s samples taken over the last year	7.76
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)**
108 Par Place	MRT	7/15/05	0.6	Alexander Lorenzo	7/20/05	E502.2	Advanced Enviromental Laboratories # E 82574	14.8

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)**
108 Par Place	MRT	7/28/05	1.2	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	7.76

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: PHILLIPS PWS I.D. #: 3 5 9 1 0 0 8

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

Address: W. CRYSTAL 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: A052439-01 Location Code (if known):

Sample Date: 7/15/05 Sample Time: 2:35 AM (PM) (Circle One)

Sample Location (be specific): 108 PAR PL.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH:

Sample Type (Check Only One)

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

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

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

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: ALEXANDER LORENZO

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

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

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

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

Signature: Alexander Lorenzo Date: 8/9/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1):

Date Sample(s) Received: 7/15/2005 3:40:00

Lab Assigned Report Number or Job ID A052439

Sample Number (From page 1) A052439-01

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

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

Were any analyses subcontracted? ☑ Yes ☐ No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

R2

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052439
Project Name:	Phillips	**Date Sampled:**	7/15/2005
Project Number:		**Date Received:**	7/15/05 15:40
PWS ID#:		**Date Reported:**	7/24/2005
Attention:	Kathy Sillitoe		
Phone Number:	8002721919		
Address:	200 Weathersfield Ave.		
	Altamonte Springs, FL 32714		

Project Description

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

Project Name: Phillips

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

P. 3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Phillips
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 108 Par Pl
Sample Number: A052439-01

Report No.: A052439
Date/Time Sampled: 07/15/05 14:35
Date/Time Received: 7/15/05 15:40

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	**Chloroform**		ug/L	**0.31**	U	E502.2	**0.31**	7/20/2005	1:11	E82574
2942	**Bromoform**		ug/L	**2.5**		E502.2	**0.36**	7/20/2005	1:11	E82574
2943	**Bromodichloromethane**		ug/L	**5.7**		E502.2	**0.38**	7/20/2005	1:11	E82574
2944	**Dibromochloromethane**		ug/L	**6.6**		E502.2	**0.28**	7/20/2005	1:11	E82574

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

14.8

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:** PHILIPS

Date/Time Rcvd: 7/15/05 15.40 **Log-In request number:** A052439

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

Cooler/Shipping Information:

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

Type: ☒ Cooler ☐ Box ☐ Other (describe) _____

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

Cooler ID	1				
Temp (°C)	2				
Temp taken from	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

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

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

Kit ID **Comments:**

2.5

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

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

Project #: A052439
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.)
A052439-01	1	THMs (DW)	Drinking Water	7/15/2005	14:35	7/15/05 15:40	**7/29/2005**		40mL VOC vial

Orlando Relinquisher: _____

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: _____

Date/Time: 7/18/05 17W

Date/Time: 7/19/05 0800

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

A052439

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

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

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: 40mL Vials						LAB NUMBER
							Preserv	THM's						
								I,T						
1	108 PAR PL.	G	7/15/05	1435	DW 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	7/15/05	1540	Brian A Mellon	7/15/05	1540
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
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

P.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: Phillips PWS I.D. #: 3 5 9 1 0 0 8

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

Address: CRYSTAL DRIVE

City: SANFORD State: FL ZIP Code: 32773

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

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052630 Location Code (if known): ~~108 PAR PLACE~~ MRT

Sample Date: 7-28-05 Sample Time: 1205 AM (PM) (Circle One)

Sample Location (be specific): 108 PAR PLACE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 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
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: 7/28/2005 2:35:00
Lab Assigned Report Number or Job ID A052630
Sample Number (From page 1) A052630

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.:**	A052630
Project Name:	Phillips	**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: Phillips

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 =

P3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Phillips
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 108 Par Pl
Sample Number: A052630-01

Report No.: A052630
Date/Time Sampled: 07/28/05 12:05
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	**2.1**	i	E552.2	**0.56**	8/4/2005	23:26	E82574
2452	**Trichloroacetic Acid**		ug/L	**3.0**		E552.2	**0.60**	8/4/2005	23:26	E82574
2453	**Bromoacetic Acid**		ug/L	**0.36**	i	E552.2	**0.34**	8/4/2005	23:26	E82574
2454	**Dibromoacetic Acid**		ug/L	**2.3**	/1.76	E552.2	**0.45**	8/4/2005	23:26	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:** PHILLIPS

Date/Time Rcvd: 7/28/05 14.35 **Log-In request number:** A052630

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 #: A052630
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.)
A052630-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	12:05	7/28/05 14:35	**8/11/2005**	____	40mL Vial Amber

Orlando Relinquisher: RJ

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: [signature]

Date/Time: 1/28/05 1700

Date/Time: 7/29/05 945

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:

A052630

CLIENT NAME: Utilities Inc.	PROJECT NAME: Phillips
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	LAB NUMBER
							Preserv	NH4Cl	
1	108 PAR PLACE	G	7/28/05	1205	~~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

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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

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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

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
Philips
PWS ID# 3591008

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: Philips PWS I.D. #: 3 5 9 1 0 0 8

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

Address: Crystal 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: AD51926-01 Location Code (if known):

Sample Date: 6/3/05 Sample Time: 1100 (AM) PM (Circle One)

Sample Location (be specific): POE @ Phillips 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 Silitoe

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 Silitoe (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 Silitoe 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 A051926
Sample Number (From page 1) A051926-01

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: _____

P-2

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A051926
Project Name:	Phillips	**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: Phillips

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

R3

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Phillips
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051926-01

Report No.: A051926
Date/Time Sampled: 06/03/05 11:00
Date/Time Received: 6/3/05 12:45

Sampled By: Terry Silhitoe
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	**Nitrate (as N)**	10	mg/L	**0.19**		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

P4

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:** PHILLIPS

Date/Time Rcvd: 6/3/05 12.45 **Log-In request number:** A051926

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:**

p 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 #: A051926
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.)
A051926-01	1	Nitrate (T)-DW	Drinking Water	6/3/2005	11:00	6/3/05 12:45	**6/3/2005**		250mL Poly
A051926-01	1	Nitrite (T)-DW	Drinking Water	6/3/2005	11:00	6/3/05 12:45	**6/3/2005**		250mL Poly

Gainesville Relinquisher: RJ

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Tampa Receiver:

Date/Time: 6/3/05 1530

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: **A051926**

CLIENT NAME:	Utilities Inc.	PROJECT NAME:	Phillips
ADDRESS:	200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:	
	Altamonte Springs, FL 32714	PROJECT LOCATION:	Phillips WTP
PHONE:	407-448-1715	FAX:	
CONTACT:	Kathy Silitoe	SAMPLED BY:	Ty Sellers 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	NO2/NO3 POE Phillips	G	6/3/05	1100	DW	1	X		1

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 Ty Sellers	6/3/05	1245	TR	6/3/05	1245
2					
3					
4					

Shipment
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.

R-8

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

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

System Name: ~~Crystal Lake~~ Phillips PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: _____ Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): _____

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

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

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: 9/23/2005 10:00:00
Lab Assigned Report Number or Job ID A053619
Sample Number (From page 1) A053619-01&A053

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:** 10/6/05

* 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.:**	A053619
Project Name:	~~Crystal Lake~~ Phillips	**Date Sampled:**	9/22/2005
Project Number:		**Date Received:**	9/23/05 10:00
PWS ID#:		**Date Reported:**	10/9/2005
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: ~~Crystal Lake~~ Phillips

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: Crystal Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: Well
Sample Number: A053619-01

Report No.: A053619
Date/Time Sampled: 09/22/05 14:37
Date/Time Received: 9/23/05 10:00

Sampled By: Allan Finch
Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1028	**Iron**	0.30	mg/L	**0.71**		E200.7	**0.011**	9/29/2005	16:38	E82574

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Crystal Lake
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 2
Site: 407 W. Crystal
Sample Number: A053619-02

Report No.: A053619
Date/Time Sampled: 09/22/05 14:20
Date/Time Received: 9/23/05 10:00

Sampled By: Allan Finch
Shipping Method: Client drop off

Secondary DW Standards

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1028	Iron	0.30	mg/L	**0.57**		E200.7	**0.011**	9/29/2005	16:38	E82574

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: UTL Crystal Lake **Project name:** Dome

Date/TimeRcvd: 9-23-05 10 00 **Log-In requestnumber:** A0536019

Received by: KEG **Completed by:** CJ

Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): 9-23-05 CJ

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 RECORD

Advanced
Environmental Laboratories, Inc.
☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
☑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

A053619

of _____

CLIENT NAME: Utilities, Inc. of Florida	PROJECT NAME: Crystal Lake Plant
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER / PROJECT NUMBER:
Altamonte Springs Fl. 32714	PROJECT LOCATION:
PHONE: (407) 869-1919 FAX: (407) 869-6961	
CONTACT: Kathy Sillatoe	SAMPLED BY: Allan Finch C-7806

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 / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	ANALYSIS REQUIRED: THM	LAB NUMBER
1	Well	G	9/22/05	1437	DW	1		X	1
2	407 W. Crystal	G	9/22/05	1420	DW	1		X	2

SIZE & TYPE

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	Allan Finch C-7806	9-22-05	1000		9/23/05	1000
2						
3						
4						

Shipment	Method	Sample Kit	Cooler #
Out: / /	Via: _____	RB _____ D/T _____	
Ret: / /	Via: _____	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
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

Tue, Aug 23, 2005 6:06 AM

From: Scotty Haws <s.l.haws@utilitiesinc-usa.com>
To: 'Kathy Sillitoe' <k.sillitoe@utilitiesinc-usa.com>
Date: Friday, August 19, 2005 10:24 AM
Subject: Phillips System - Iron Analysis

Kathy,

Lets plan on getting an Iron Sample from the plant and at 407 W. Crystal and send to the lab for analysis in the near future, to see where we stand with feeding the Polyphosphate.

Also does any of your operators have a PO4 Kit used to measure the polyphosphate residual in the water?

Scotty L. Haws
Assistant Operations Manager

Utilities, Inc. of Florida and Affiliated Companies

200 Weathersfield Avenue

Altamonte Springs, FL 32714

Phone : (407) 869-8588, ext. 234

Fax : (407) 869-6961

Email : s.l.haws@utilitiesinc-usa.com

Allan, pick up Bottles from Lab so we can complete this
Ka

407 W. Crystal ~~1420~~ 1420 9-22-05
Crystal Lake Plant Well 1437 9-22-05

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Advanced Environmental Laboratories, Inc.

- ☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page _____ of _____

CLIENT NAME: Utilities Inc. of Florida	PROJECT NAME: Crystal Lake Plant
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER / PROJECT NUMBER:
Altamonte Springs FL 32714	PROJECT LOCATION:
PHONE: (407) 869-1919 FAX: (407) 869-1961	
CONTACT: Kathy Sillatoe	SAMPLED BY: Allan Finch & Jeff

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 / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	ANALYSIS REQUIRED	LAB NUMBER
1	Well	G	4/23/03	1437	DW	1		X	
2	407 W. Crystal	G	4/23/03	1420	DW	1		X	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	Allan Finch & Jeff	4-23-03	1900			
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

Phillips

Docket No. 060253-WS

25.30-440(4)
Operations Reports

Test Year Ended December 31, 2005

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76		Total Population Served at End of Month: 266	
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: 79,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	**Name**	**License Class**	**License Number**	**Day(s)/Shift(s) Worked**
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 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: 3591008 | Plant Name: Utilites, Inc. of Florida - PHILLIS

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	27,000										1.1	
2	24	21,000										1.0	
3	24	18,000										0.9	
4	24	25,000											
5	24	26,000										1.0	
6	24	19,000										0.8	
7	24	23,000										1.0	
8	24	20,000										1.0	
9	24	17,000										1.0	
10	24	12,000										1.1	
11	24	21,000											
12	24	22,000										0.8	
13	24	16,000										1.0	
14	24	21,000										0.8	
15	24	23,000										0.8	
16	24	15,000										1.0	
17	24	14,000										1.1	
18	24	19,000											
19	24	20,000										1.0	
20	24	14,000										1.0	
21	24	18,000										1.2	
22	24	19,000										1.0	
23	24	13,000										1.0	
24	24	18,000										0.8	
25	24	26,000											
26	24	26,000										1.0	
27	24	16,000										1.0	
28	24	20,000										1.0	
29	24	25,000										1.0	
30	24	15,000										1.0	
31	24	12,000										0.8	
Total		602,000											
Average		19,400											
Maximum		27,000											

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

610.

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: Phillips		PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266	
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: 79,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3591008	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/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	16,000											
2	24	17,000										0.6	
3	24	14,000										0.8	
4	24	18,000										1.0	
5	24	16,000										1.0	
6	24	19,000										1.1	
7	24	17,000										0.9	
8	24	21,000											
9	24	21,000										1.0	
10	24	15,000										0.8	
11	24	20,000										1.0	
12	24	18,000										0.9	
13	24	14,000										1.0	
14	24	13,000										0.9	
15	24	17,000											
16	24	17,000										1.0	
17	24	15,000										1.0	
18	24	24,000										0.8	
19	24	18,000										1.0	
20	24	18,000										1.0	
21	24	23,000										0.9	
22	24	24,000											
23	24	24,000										0.8	
24	24	22,000										1.0	
25	24	18,000										0.9	
26	24	20,000										1.0	
27	24	14,000										0.8	
28	24	20,000										0.7	
29	24	20,000											
30													
31													
Total		533,000											
Average		18,000											
Maximum		24,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 4/5/04

Signature and Date

Michael J. Gavaletz

Printed or Typed Name

C5642

License Number

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

PWS Identification Number: 3591008	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			
			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	21,000										1.0	
2	24	17,000										1.0	
3	24	20,000										0.8	
4	24	18,000										1.0	
5	24	17,000										1.0	
6	24	28,000										0.6	
7	24	18,000											
8	24	18,000										1.0	
9	24	23,000										1.0	
10	24	24,000										0.8	
11	24	25,000										0.9	
12	24	17,000										1.0	
13	24	28,000										0.9	
14	24	26,000											
15	24	26,000										1.0	
16	24	16,000										1.0	
17	24	25,000										0.9	
18	24	15,000										1.0	
19	24	29,000										0.8	
20	24	20,000										0.8	
21	24	30,000											
22	24	31,000										1.0	
23	24	29,000										1.1	
24	24	22,000										1.0	
25	24	20,000										1.4	
26	24	21,000										1.1	
27	24	21,000										0.9	
28	24	31,000											
29	24	31,000										1.0	
30	24	22,000										1.0	
31	24	30,000										0.8	
Total		726,000											
Average		23,000											
Maximum		36,000											

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

60

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: Phillips		PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266	
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 5/5/04
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: 3591008 | Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	35,000										1.0	
2	24	23,000										0.8	
3	24	23,000										0.9	
4	24	33,000											
5	24	33,000										1.0	
6	24	31,000										1.0	
7	24	36,000										0.9	
8	24	41,000										1.0	
9	24	27,000										0.7	
10	24	29,000										0.7	
11	24	33,000											
12	24	34,000										1.0	
13	24	18,000										0.8	
14	24	21,000										1.0	
15	24	19,000										0.8	
16	24	19,000										1.0	
17	24	23,000										0.4	
18	24	29,000											
19	24	30,000										1.0	
20	24	36,000										1.1	
21	24	31,000										1.0	
22	24	24,000										0.8	
23	24	23,000										1.0	
24	24	52,000										0.8	
25	24	19,000											
26	24	28,000										0.8	
27	24	40,000										1.3	
28	24	25,000										1.0	
29	24	24,000										1.0	
30	24	17,000										0.2	
31													
Total		845,000											
Average		28,000											
Maximum		52,000											

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

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

FILE COPY FILE 610

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76		Total Population Served at End of Month: 266	
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 6/4/04
Signature and Date

Michael J. Gavaletz
Printed or Typed Name

C5642
License Number

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

PWS Identification Number: 3591008 | 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	19,000										1.0	
2	24	24,000											
3	24	25,000										0.4	
4	24	15,000										0.8	
5	24	20,000										1.0	
6	24	18,000										1.0	
7	24	16,000										0.9	
8	24	21,000										0.8	
9	24	27,000											
10	24	27,000										1.1	
11	24	19,000										1.2	
12	24	29,000										1.0	
13	24	29,000										1.2	
14	24	23,000										1.0	
15	24	27,000										1.1	
16	24	40,000											
17	24	40,000										1.1	
18	24	25,000										1.0	
19	24	28,000										1.0	
20	24	33,000										1.1	
21	24	37,000										1.0	
22	24	34,000										0.9	
23	24	35,000											
24	24	34,000										1.0	
25	24	35,000										1.0	
26	24	30,000										0.8	
27	24	40,000										1.0	
28	24	32,000										0.8	
29	24	41,000										0.9	
30	24	36,000											
31	24	37,000										1.1	
Total		875,000											
Average		28,000											
Maximum		41,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76		Total Population Served at End of Month: 266	
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3591008 | 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, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
1	24	45,000										1.0	
2	24	34,000										1.0	
3	24	27,000										0.8	
4	24	26,000										0.8	
5	24	20,000										0.8	
6	24	27,000											
7	24	27,000										0.6	
8	24	24,000										1.0	
9	24	25,000										1.0	
10	24	21,000										0.9	
11	24	14,000										1.0	
12	24	20,000										1.0	
13	24	30,000											
14	24	30,000										1.0	
15	24	20,000										0.8	
16	24	15,000										1.0	
17	24	20,000										1.1	
18	24	15,000										1.0	
19	24	17,000										1.1	
20	24	20,000											
21	24	20,000										1.0	
22	24	15,000										0.8	
23	24	19,000										1.0	
24	24	14,000										0.9	
25	24	27,000										1.0	
26	24	21,000										0.9	
27	24	20,000											
28	24	20,000										1.0	
29	24	13,000										1.0	
30	24	18,000										0.9	
31													
Total		658,000											
Average		22,000											
Maximum		45,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.
	RAYMOND A PARRISH	C	12740	

II. Certification by Lead/Chief Operator

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

Raymond A Parrish 8-2-2004 — Signature and Date

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

C5642 — License Number

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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida - PINELLAS

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*									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										0.8	
2		20,000										1.0	
3		13,000										1.1	
4		14000											
5		15000										0.9	
6		19,000										0.9	
7		18,000										1.0	
8		14,000										1.0	
9		28,000										1.0	
10		14,000										1.1	
11		26,000											
12		26,000										0.8	
13		15,000										0.9	
14	24	32,000										1.0	
15		27,000										1.0	
16		16,000										0.9	
17		20,000										1.0	
18		23,000											
19		24,000										1.0	
20		16,000										0.9	
21		22,000										1.0	
22		28,000										0.8	
23		24,000										1.0	
24		35,000										1.1	
25		48,000											
26		49,000										1.0	
27		19,000										0.8	
28		19,000										1.0	
29		7,000										0.9	
30		34,000										1.0	
31	24	31,000										0.8	
Total		716 000											
Average		23,000											
Maximum		49,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 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: 3591008 | 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	29,000										1.0	
2	24	23,000										1.0	
3	24	26,000										0.9	
4	24	26,000										0.9	
5	24	27,000										0.8	
6	24	28,000										0.9	
7	24	28,000											
8	24	12,000										1.0	
9	24	12,000										0.8	
10	24	16,000										0.9	
11	24	15,000										1.0	
12	24	15,000										0.8	
13	24	18,000										0.5	
14	24	14,000											Plant on Interconnect due to Charley
15	24	8										0.5	
16	24	8										0.6	
17	24	8										0.6	
18	24	8										0.9	
19	24	9,000										1.0	
20	24	19,000										0.9	
21	24	13,000											
22	24	23,000										1.0	
23	24	24,000										0.8	
24	24	13,000										1.0	
25	24	16,000										1.0	
26	24	25,000										0.9	
27	24	19,000										1.1	
28	24	12,000											
29	24	24,000										1.0	
30	24	24,000										0.9	
31	24	31,000											
Total		523,000											
Average		17,000											
Maximum		31,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J. Gavaletz 10/5/04
Signature and Date

Michael J. Gavaletz
Printed or Typed Name

C5642
License Number

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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida - PHILLIPS

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: Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) in 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 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	20,000										1.0	
2	24	25,000										0.8	
3	24	25,000										1.0	
4	24	26,000										1.0	
5	24	6,000											
6	24	7,000										—	
7	24	0										0.6	I PLANT RAN ON INTERCONNECT
8	24	0										0.6	I DUE TO HURRICANE
9	24	0										0.6	
10	24	10,000										1.0	
11	24	14,000										1.0	
12	24	19,000											
13	24	18,000										0.8	
14	24	17,000										1.0	
15	24	20,000										0.9	
16	24	15,000										1.0	
17	24	17,000										0.8	
18	24	13,000										0.9	
19	24	27,000											
20	24	27,000										1.0	
21	24	27,000										0.8	
22	24	24,000										1.0	
23	24	20,000										1.2	
24	24	23,000										1.0	
25	24	19,000										1.1	
26	24	11,000											
27	24	11,000										0.6	
28	24	0										0.6	I PLANT RAN ON INTERCONNECT
29	24	0										0.8	I DUE TO HURRICANE
30	24	15,000										0.9	
31													
Total		454,000											
Average		15,000											
Maximum		27,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Michael J Gavaletz 11/4/04

Signature and Date

Michael J. Gavaletz

Printed or Typed Name

C5642

License Number

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

PWS Identification Number: 3591008	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	23,000											1.0	
2	24	14,000											0.8	
3	24	26,000												
4	24	27,000											1.0	
5	24	19,000											1.0	
6	24	16,000											1.2	
7	24	31,000											1.0	
8	24	23,000											1.1	
9	24	12,000											1.1	
10	24	34,000												
11	24	35,000											1.0	
12	24	22,000											1.0	
13	24	26,000											0.8	
14	24	26,000											1.0	
15	24	27,000											1.0	
16	24	14,000											0.9	
17	24	33,000												
18	24	33,000											1.0	
19	24	34,000											1.0	
20	24	31,000											0.8	
21	24	32,000											1.0	
22	24	29,000											0.8	
23	24	20,000											1.1	
24	24	35,000												
25	24	36,000											0.6	
26	24	33,000											0.8	
27	24	29,000											1.1	
28	24	42,000											1.0	
29	24	27,000											0.8	
30	24	33,000											0.8	
31	24	41,000												
Total		867,000												
Average		28,000												
Maximum		42,000												

** 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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for 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: 3591008	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*									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, $mW\text{-}sec/cm^2$	Minimum UV Dose Required, $mW\text{-}sec/cm^2$		
1	24	92,000										0.8	
2	24	92,000										1.0	
3	24	41,000										0.9	
4	24	44,000										1.0	
5	24	32,000										0.8	
6	24	28,000										1.0	
7	24	41,000											
8	24	42,000											
9	24	42,000										0.8	
10	24	39,000										1.0	
11	24	36,000										1.0	
12	24	36,000										1.1	
13	24	38,000										1.0	
14	24	52,000										0.8	
15	24	50,000											
16	24	73,000										1.0	
17	24	85,000										1.0	
18	24	91,000										0.8	
19	24	91,000										1.0	
20	24	66,000										0.9	
21	24	117,000										0.8	
22	24	118,000											
23	24	106,000										1.0	
24	24	117,000										1.0	
25	24	111,000										0.8	
26	24	117,000										0.9	
27	24	97,000										1.0	
28	24	127,000										0.8	
29	24	128,000											
30	24	109,000										1.0	
31												1.1	
Total		2,143,000											
Average		71,000											
Maximum		128,000											

* *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 610

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mike Gavaletz	C	5642	Mon - Fri 8 a.m. - 4:30 p.m.
Other Operators:	Terry Sillitoe	C	12749	Sat. 8 A.M. - 4:30 P.M.

II. Certification by Lead/Chief Operator

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

Raymond Alan Parrish 1/2/2005

Signature and Date

RAYMOND ALAN PARRISH

Michael J. Gavaletz

Printed or Typed Name

C-12740

C5642

License Number

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

PWS Identification Number: 3591008 | Plant Name: Utilites, Inc. of Florida - Pinellas

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	139,000										1.0	
2	〃	111,000										0.8	
3	〃	104,000										1.1	
4	〃	111,000										0.8	
5	〃	138,000											
6	〃	139,000										0.7	
7	〃	124,000										1.0	
8	〃	116,000										0.8	
9	〃	140,000										1.0	
10	〃	105,000										1.0	
11	〃	116,000										0.8	
12	〃	141,000											
13	〃	141,000										1.0	
14	24	125,000										1.2	
15	〃	21,000										1.0	
16	〃	19,000										1.1	
17	〃	16,000										0.8	
18	〃	17,000										1.0	
19	〃	23,000											
20	〃	23,000										1.0	
21	〃	17,000										0.8	
22	〃	21,000										1.0	
23	〃	21,000										1.3	
24	〃	17,000										1.4	
25	〃	14,000										1.2	
26	〃	19,000											
27	〃	19,000										1.0	
28	〃	22,000										1.0	
29	〃	18,000										1.0	
30	〃	33,000										1.6	
31	24	15,000										1.4	
Total		2083,000											
Average		67,000											
Maximum		141,000											

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

FILE COPY

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead/Chief Operator

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

Roy J. Mericle 2-2-5

Signature and Date

Roy J. Mericle

Printed or Typed Name

C13808

License Number

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

PWS Identification Number: 3591008	Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	24,000										0.9	
2	24	21,000											
3	24	22,000										1.5	
4	24	25,000										1.6	
5	24	26,000										1.6	
6	24	21,000										1.6	
7	24	20,000										1.5	
8	24	12,000										1.5	
9	24	31,000											
10	24	32,000										1.5	
11	24	19,000										1.0	
12	24	19,000										1.1	
13	24	28,000										1.5	
14	24	17,000										0.6	
15	24	15,000										1.0	
16	24	20,000											
17	24	21,000										1.3	
18	24	31,000										1.0	
19	24	14,000										1.3	
20	24	27,000										1.0	
21	24	23,000										1.5	
22	24	18,000										1.2	
23	24	22,000											
24	24	22,000										1.6	
25	24	25,000										1.6	
26	24	15,000										1.5	
27	24	26,000										1.6	
28	24	20,000										1.5	
29	24	13,000										1.5	
30	24	27,000											
31	24	28,000										1.50	
Total		684,000											
Average		22,064											
Maximum		32,000											

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

010

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 76	Total Population Served at End of Month: 266		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead Chief Operator

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

Signature and Date	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: 3591008 | 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	20,000										1.3	
2	24	16,000										1.2	
3	24	20,000										1.5	
4	24	17,000										1.0	
5	24	19,000										0.9	
6	24	26,000											
7	24	26,000										1.0	
8	24	21,000										0.6	
9	24	20,000										1.0	
10	24	19,000										1.0	
11	24	25,000										0.7	
12	24	15,000										1.0	
13	24	24,000											
14	24	25,000										1.0	
15	24	25,000										1.7	
16	24	23,000										0.9	
17	24	26,000										1.1	
18	24	19,000										0.7	
19	24	16,000										0.6	
20	24	26,000											
21	24	27,000										2.0	
22	24	27,000										1.4	
23	24	19,000										1.7	
24	24	23,000										1.5	
25	24	21,000										1.4	
26	24	16,000										1.5	
27	24	21,000											
28	24	21,000										1.5	
29	24												
30	24												
31	24												
Total		603,000											
Average		21,535											
Maximum		27,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead/Chief Operator

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

3-31-5

Signature and Date

Roy J. Mericle

Printed or Typed Name

C13808

License Number

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

PWS Identification Number: 3591008	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	16,000										1.4	
2	24	19,000										1.1	
3	24	16,000										1.0	
4	24	15,000										1.1	
5	24	12,000										1.0	
6	24	26,000											
7	24	27,000										1.0	
8	24	21,000										0.5	
9	24	20,000										1.2	
10	24	21,000										1.6	
11	24	12,000										1.1	
12	24	15,000										1.1	
13	24	28,000											
14	24	28,000										1.5	
15	24	16,000										1.6	
16	24	22,000										0.6	
17	24	12,000										0.8	
18	24	13,000										1.0	
19	24	18,000										0.8	
20	24	20,000											
21	24	21,000										2.0	
22	24	18,000										0.5	
23	24	16,000										1.0	
24	24	20,000										1.2	
25	24	14,000										1.3	
26	24	17,000										1.0	
27	24	26,000											
28	24	26,000										1.4	
29	24	18,000										1.4	
30	24	30,000										1.5	
31	24	14,000										1.50	
Total		597,000											
Average		19,258											
Maximum		30,000											

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

FILE COPY

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

610

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead/Chief Operator

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

5-3-05

Signature and Date

Roy J. Mericle

Printed or Typed Name

C13808

License Number

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

PWS Identification Number: 3591008 | 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	21,000										1.2	
2	24	18,000										1.3	
3	24	28,000											
4	24	29,000										2.0	
5	24	24,000										1.7	
6	24	20,000										1.7	
7	24	3,000										0.6	
8	24	0										0.9	Running off interconnect
9	24	3,000										0.9	
10	24	7,000											
11	24	7,000										2.0	
12	24	6,000										1.0	
13	24	9,000										1.0	
14	24	8,000										1.2	
15	24	2,000										0.8	
16	24	9,000										1.1	
17	24	4,000											
18	24	5,000										1.2	
19	24	6,000										0.7	
20	24	17,000										1.0	
21	24	22,000										1.1	
22	24	18,000										1.0	
23	24	6,000										1.4	
24	24	4,000											
25	24	4,000										1.0	
26	24	10,000										0.8	
27	24	4,000										0.8	
28	24	6,000										1.0	
29	24	9,000										1.0	
30	24	24,000										1.3	
31													
Total		333,000											
Average		11,100											
Maximum		29,000											

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

FILE COPY

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

610

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators:	Terry Sillitoe	B	12749	Thur.Fri.Sat. Days
	Roy Mericle	C	13808	Tues. -Fri. Days 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
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: 3591008	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	33,000											
2	24	33,000										1.8	
3	24	22,000										1.6	
4	24	32,000										1.5	
5	24	22,000										1.6	
6	24	21,000										1.6	
7	24	24,000										1.6	
8	24	30,500											
9	24	30,500										1.8	
10	24	26,000										1.5	
11	24	35,000										1.5	
12	24	15,000										1.5	Interconnect with City of Lake Mary - 12,000 Gals.
13	24	26,000										1.1	
14	24	25,000										1.0	
15	24	40,500											
16	24	40,500										2.0	
17	24	22,000										1.8	Interconnect with City of Lake Mary - 5,000 Gals.
18	24	34,000										1.6	
19	24	25,000										1.4	
20	24	25,000										1.2	Interconnect with City of Lake Mary - 10,000 Gals.
21	24	36,000										0.3	
22	24	0											
23	24	0										1.2	Interconnect with City of Lake Mary - 44,800 Gals.
24	24	0										0.9	
25	24	4,000										1.2	Interconnect with City of Lake Mary - 650 Gals.
26	24	44,000										1.0	
27	24	43,000										1.3	
28	24	28,000										1.3	
29	24	48,500											
30	24	48,500										1.3	
31	24	36,000										1.00	
Total		850,000											
Average		27,419											
Maximum		48,500											

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

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

PWS Identification Number: 3591008	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.*

FILE COPY

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

610

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
7-28-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3591008	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	23,000										1.40	
2	24	18,000										1.20	
3	24	17,000										1.20	
4	24	17,000										1.10	
5	24	19,000											
6	24	19,000										1.40	
7	24	19,000										1.80	
8	24	23,000										1.70	
9	24	23,000										1.40	
10	24	20,000										1.40	
11	24	16,000										1.30	
12	24	21,500											
13	24	21,500										0.80	Collected Bacts
14	24	17,000										1.20	
15	24	22,000										1.60	
16	24	18,000										1.10	
17	24	18,000										1.30	
18	24	18,000										1.40	
19	24	25,500											
20	24	25,500										1.00	
21	24	16,000										1.00	
22	24	19,000										1.20	
23	24	19,000										1.00	
24	24	10,000										2.10	
25	24	25,000										1.60	
26	24	26,500											
27	24	26,500										1.20	
28	24	21,000										1.20	
29	24	15,000										1.40	
30	24	17,000										1.00	
31	24												
Total		596,000											
Average		19,866											
Maximum		26,500											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

	Name	Class	License Number	Days (Hours) Worked
Licensed Operators				
Lead/Chief Operator	Kathy Sillitoe	C	13094	Mon. - Fri. Days
Other Operators	Alexander Lorenzo	C	13756	Mon. - Thur. Days
	Terry Sillitoe	B	12749	Thur. - Sat. Days

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
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: 3591008	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	20,000										0.8	
2	24	15,000										0.8	
3	24	21,500											
4	24	21,500										0.6	
5	24	24,000										0.8	
6	24	26,000										0.8	
7	24	30,000										0.6	
8	24	20,000										0.8	
9	24	18,000										0.7	
10	24	24,500											
11	24	24,500										0.4	
12	24	18,000										1.6	
13	24	22,000										1.6	
14	24	16,000										1.2	
15	24	17,000										0.6	
16	24	18,000										0.8	
17	24	23,500											
18	24	23,500										0.6	
19	24	32,000										1.2	
20	24	26,000										0.8	
21	24	21,000										1.0	
22	24	21,000										0.8	
23	24	30,000										1.0	
24	24	27,500											
25	24	27,500										1.0	
26	24	29,000										0.2	
27	24	28,000										1.2	
28	24	31,000										1.2	
29	24	32,000										1.0	
30	24	18,000										1.0	
31	24												
[illegible]		706,000											
[illegible]		23,533											
[illegible]		32,000											

** 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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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 7-6-05	Kathy Sillitoe	C-13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591008	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	51,000										0.80	
2	24	19,000										0.70	
3	24	17,000										1.10	
4	24	26,000										1.00	
5	24	33,000										0.90	
6	24	20,000										1.00	
7	24	22,000											
8	24	22,000										0.90	
9	24	20,000										0.80	
10	24	20,000										0.70	
11	24	21,000										0.70	
12	24	24,000										0.70	
13	24	24,000										1.00	
14	24	23,000											
15	24	23,000										0.20	
16	24	30,000										1.00	
17	24	26,000										0.80	
18	24	29,000										0.70	
19	24	21,000										0.60	
20	24	22,000										0.40	
21	24	33,500											
22	24	33,500										0.40	
23	24	30,000										0.8	
24	24	41,000										1.00	
25	24	28,000										0.80	Bacts collected
26	24	19,000										0.60	
27	24	28,000										1.00	
28	24	24,000											
29	24	24,000										0.80	
30	24	40,000										0.70	
31	24	22,000										0.50	
Total		816,000											
Average		26,322											
Maximum		51,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	Domenic Gentillucci	C	12562	Weekend Checks

II. Certification by Lead/Chief Operator

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

Allan Finch 10-3-05

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591008 | 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	24000										0.4	
2	24	27000										0.4	
3	24	17000										0.5	
4	24	22500											
5	24	22500										0.6	
6	24	26000										0.5	
7	24	18000										0.8	
8	24	21000										0.7	
9	24	16000										0.7	
10	24	16000										0.9	
11	24	24500											
12	24	24500										0.9	
13	24	29000										1.0	
14	24	27000										0.8	
15	24	33000										0.8	
16	24	18000										0.7	
17	24	36000										2.4	
18	24	26000											
19	24	26000										0.2	
20	24	30000										0.7	
21	24	18000										0.8	
22	24	20000										0.7	
23	24	21600										0.6	
24	24	22000										1.0	
25	24	25000											
26	24	25000										0.6	
27	24	35000										0.6	
28	24	17000										0.7	
29	24	26000										0.7	
30	24	21000										0.6	
31	24												
Total		714000											
Average		23800											
Maximum		36000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	ALLAN FINCH	C	7806	Mon-Fri Days
Other Operators:	Terry Sillitoe	B	12749	Thur. Fri. & Sat. Days
	Roger Holsapple	C	7436	Weekend Checks
	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: 3591008	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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	19000										0.8	
2	24	27,500											
3	24	27,500										0.7	COLLECTED 3 SAMPLES
4	24	17,000										0.7	
5	24	21,000										0.6	
6	24	17,000										0.6	
7	24	20,000										0.6	
8	24	16,000										1.0	
9	24	20,500											
10	24	20,500										0.7	
11	24	24,000										0.7	
12	24	19,000										0.8	
13	24	19,000										0.7	
14	24	19,000										0.7	
15	24	18,000										0.6	
16	24	26,000											
17	24	26,000										0.7	
18	24	25,000										0.7	
19	24	27,000										0.7	
20	24	36,000										0.6	
21	24	16,000										0.6	
22	24	17,000										0.5	
23	24	33,000											
24	24	33,000										0.5	
25	24	21,000										0.6	
26	24	19,000										0.5	
27	24	33,000										0.5	
28	24	17,000										0.6	
29	24	20,000										0.8	
30	24	25,500											
31	24	25,500										0.6	
Total		703000											
Average		22,670											
Maximum		36,000											

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

610

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Phillips		PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270	
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: 79,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D	

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

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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 12-1-05 — 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: 3591008 | 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/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	24,000										0.60	
2	24	21,000										0.60	
3	24	24,000										0.70	
4	24	12,000										0.60	
5	24	17,000										0.60	
6	24	22,000											
7	24	22,000										0.60	
8	24	15,000										0.60	
9	24	17,000										0.70	Collected 3 Bacts
10	24	30,000										0.70	
11	24	18,000										0.60	
12	24	24,000										0.70	
13	24	24,000											
14	24	24,000										0.70	well maint.
15	24	22,000										0.60	
16	24	25,000										0.60	
17	24	31,000										0.70	
18	24	18,000										0.70	
19	24	19,000										0.60	
20	24	23,500											
21	24	23,500										0.60	
22	24	47,000										0.70	
23	24	18,000										0.80	
24	24	21,000										0.60	
25	24	13,000										0.60	
26	24	13,000										0.80	
27	24	26,000											
28	24	26,000										1.00	Flushed system 4,150 gallons
29	24	10,000										1.60	
30	24	10,000										1.20	
31	24												monthly interconnect usage 13,100 gallons
Total		640,000											
Average		21,333											
Maximum		47,000											

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

610

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: Phillips			PWS Identification Number: 3591008
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 77	Total Population Served at End of Month: 270		
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: 79,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D		

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

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to 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 1-2-06	Allan Finch	C-7806

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

PWS Identification Number: 3591008	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	14,000										0.9	
2	24	17,000										1.0	
3	24	8,000										0.9	
4	24	22,500											
5	24	22500										2.0	Collected 3 Bact's
6	24	15,000										0.8	
7	24	15,000										0.9	Plant went on interconnect
8	24	6,000										0.9	Lk Mary PSI at interconnect ↑ not
9	24	9,000										0.9	allowing Plant to come back on-line, adj. Plant
10	24	15,000										1.0	
11	24	25,000											
12	24	25,000										1.0	
13	24	28,000										0.9	
14	24	30,000										0.8	
15	24	35,000										0.9	
16	24	36,000										0.9	
17	24	23,000										0.7	
18	24	22,500											
19	24	22,500										0.7	
20	24	24,000										0.7	
21	24	21,000										0.7	
22	24	23,000										0.7	
23	24	18,000										0.8	
24	24	22,000										0.7	
25	24	24,500											
26	24	24,500										0.7	
27	24	21,000										0.7	Flushed 5000 gal
28	24	19,000										0.6	
29	24	34,000										0.8	
30	24	27,000										0.8	
31	24	30,000										0.7	
Total		679,000											
Average		21,900											
Maximum		35,000											

** 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: 3591008	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 = 1.80 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.*

Phillips

Docket No. 060253-WS

25.30-440(5)
Inspection Reports

Test Year Ended December 31, 2005

Department of Environmental Protection

DR16: File
cc PF, SH, KS
(W) 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 Phillips Sec.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name PHILLIPS SECTION County Seminole PWS ID # 3591008
Plant Location 422 W Crystal, 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 (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
Serial #1795 dated 1/10/56
WC59-2030 dated 11/18/83

☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Single-family home subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

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

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 3 *Actual* 5 + 1 wknd
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
MOR does not show correct plant address.
System is flushed and isolation valves are exercised monthly; please indicate these exercises on the MORs.
Number of Service Connections 77
Population Served 270 Basis 3.5/svc. cx.
Average Day (from MORs) 46,008 gpd
Max. Day (from MORs) 141,000 gpd 6/02
Max-day Design Capacity 79,000 gpd
Comments System exceeded the design capacity in August 2003: 286.62%, November 2004: 161.62% & December 2004: 178.83%.

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☒ Emergency Water Source 3590201 City of Lake Mary through a 3" automatic interconnect
Emergency Water Capacity: Unknown

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; 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 3" Neptune
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 # 3591008
Date 10/6/05

GROUND WATER SOURCE

Well Number		1		
Year Drilled		~1955		
Depth Drilled		250'		
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 @ 45'		
Length (outside casing)		92'		
Diameter (outside casing)		6"		
Material (outside casing)		Steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4" Concrete Pad		Yes		
SET BACKS	Septic Tank	>100'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Vertical turbine		
	Manufacturer Name	Goulds		
	Model Number	5CLC		
	Rated Capacity (gpm)	100 gpm @ 185 ft. TDH		
	Motor Horsepower	7.5		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		Yes		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Fence/Housing		Yes		
Well Vent Protection		N/A		

COMMENTS FL ID #: AAH2571. Provide all unknown information.

PWS ID # 3591008
Date 10/6/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate set at 3.5
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.77 Remote 0.55
Remote tap location 100 Par Pl.
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydro tank
Booster Pump Info N/A
Comments

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

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

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

Comments Manhole: Yes
Pressure gauge inside building; at 70 psi.

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3591008
Date 10/6/05

DEFICIENCIES / COMMENTS:

1. Based on the treatment processes and permitted maximum day design capacity, this system is classified as a category V and class D plant. This system will require staffing by Class D or higher operator performing 3 nonconsecutive visits per week. [Rule 62-699.310(4)(e), F.A.C.] Please make the necessary changes to the monthly operation reports (MORs) to reflect this change.
2. Flows exceeded the permitted maximum-day operating capacity once during 2003 and twice during 2004. Please submit a report evaluating the supply and demand situations, and raise recommendations towards increasing the capacity of the plant as may be needed to meet the projected demand in the next five years. The report shall analyze the source, treatment, and storage capacity. [Rule 62-555.348 & 62-555.350(4), F.A.C.]
3. There was a leak at the ortho-polyphosphate injection point. Determine the source of the leak and make the necessary repairs. [Rule 62-555.350, F.A.C.]
4. Provide the emergency water capacity supplied by the 3-inch automatic interconnect with the City of Lake Mary.
5. Ensure the correct plant address is indicated on Monthly Operation Reports (MORs) in section B. *Kathy Sillitoe has reported that she will be making this correction to all future MORs.*
6. Provide information for items marked "unknown" in this report.
7. 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. *Cleaning and inspection for finished water storage tanks:* Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

   Disinfection and bacteriological evaluation following cleaning: Submit documentation showing proper disinfection and bacteriological evaluations following the intended cleaning of the hydropneumatic tank. Before new or altered treatment or storage facilities, new or altered water mains, and treatment or storage facilities and water mains taken out of operation for repair or maintenance that might lead to contamination of water are placed into, or returned to, operation, they shall be properly disinfected in accordance with the applicable American Water Works Association (AWWA) standard (i.e., AWWA Standard C651, C652, or C653). A total of at least two samples -- each taken on a separate day and taken at least six hours apart from the other sample(s) -- shall be collected at each of the locations indicated in the applicable AWWA standard. The chlorine residual in the facilities or mains shall be no more than four milligrams per liter. Ensure proper disposal of heavily chlorinated water from the tank disinfection process in accordance with requirements of the state pollution control agency. [Rule 62-555.340, F.A.C.]

   Kathy Sillitoe has informed the Department cleaning and inspection of the hydropneumatic tank will be conducted the first quarter of 2006.

2. No later than **December 31, 2005**, suppliers of water shall provide an operation and maintenance manual for each of their drinking water plants, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection. [Rule 62-555. 350(13), F.A.C.]

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

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

RESPONSE

Please indicate changes to the following:

PWS ID Number: 3591008

PWS Name: Phillips Section

Business Name: _____

Owner(s) Name: _____

Mailing Address: _____

Mailing Address: _____

Date: _____

Phone Number(s): _____

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

Attention: 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: 3591008

PWS Name: Phillips Section

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: 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	Our records indicate that a category V class D is listed on the MOR page 1 for 2004 and 2005.	
2A	On August 2, 2003, there was a main break resulting in an estimated 200,000 gallons lost water. The system is essentially built out.	8/2/03
2B	From November 17, 2004 to December 14, 2004, high consumption reads were recorded. This was due to a 2" line leaking in a back easement under an oak tree, resulting in an estimated 80,000 gpd lost water. The repair required relocation of a new service line and meters to be reset in the front easement.	12/14/05
3	The ortho-polyphosphate connection was repaired with no leak detected on 10/6/05.	10/6/05
4	The emergency water service is equal to the plant capacity and will provide adequate water service to meet average day demand.	
5	We are working with Seminole County to provide a correct address for this facility. This will be added to the MORs when the address is available	

(Attach additional sheet if necessary) *** SEE ATTACHED ***

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)

ATTACHMENT

Deficiency Item No.	Corrective Action Done	Date Done
6	Unable to locate any additional information for items marked "unknown."	
7	Enclosed is a copy of the MSDS sheets for Aquadene, which is a blended Orthopolyphosphate product manufactured by Stiles-Kem.	

NSF Live safer.™ Close wi return to

NSF Product and Service Listings

These Listings were Last Updated on **Thursday, July 29, 2004** at 4:15 AM Eastern Time. Please contact NSF International to confirm the status of any Listing, report errors, or make suggestions.

Warning: NSF is concerned about fraudulent downloading and manipulation of website text. If you have received this listing in hard copy, always confirm this certification/listing information by going directly to http://www.nsf.org/Certified/PwsChemicals/Listings.asp?Company=44340&Standard=060& for the latest most accurate information.

NSF/ANSI STANDARD 60
Drinking Water Treatment Chemicals - Health Effects

STILES-KEM DIVISION,
MET-PRO CORPORATION
1570 LAKESIDE DRIVE
WAUKEGAN, IL 60085-8309
800-562-1537
847-689-1100

Facility : WAUKEGAN, IL

Blended Corrosion Inhibitor

Trade Designation	*Product Function*	*Max Use*
Aquadene MP 4010	Corrosion & Scale Control Sequestering	12 mg/L
Aquadene MP 6031	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene MP-6041	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7107	Corrosion & Scale Control Sequestering	12 mg/L
Aquadene SK7631-A	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK7641-A	Corrosion & Scale Control Sequestering	32 mg/L
Bio-Purge BD 2633-A	Corrosion & Scale Control	32 mg/L

Aquadene SK-7613	Sequestering Corrosion & Scale Control Sequestering	128 mg/L
Aquadene SK-7620	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7621	Corrosion & Scale Control Sequestering	63 mg/L
Aquadene SK-7622	Corrosion & Scale Control Sequestering	63 mg/L
Aquadene SK-7623	Corrosion & Scale Control Sequestering	63 mg/L
Aquadene SK-7630	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7631	Corrosion & Scale Control Sequestering	42 mg/L
Aquadene SK-7632	Corrosion & Scale Control Sequestering	42 mg/L
Aquadene SK-7633	Corrosion & Scale Control Sequestering	42 mg/L
Aquadene SK-7640	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7641	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7642	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7643	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7660	Corrosion & Scale Control Sequestering	45 mg/L
Aquadene SK-7661	Corrosion & Scale Control Sequestering	45 mg/L
Aquadene SK-7690	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7691	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7692	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7693	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7694	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7695	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7696	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7697	Corrosion & Scale Control Sequestering	32 mg/L
Aquadene SK-7699	Corrosion & Scale Control	32 mg/L

Phillips

Docket No. 060253-WS

25.30-440(6)
Permits

Test Year Ended December 31, 2005

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

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-142
TELEPHONE 904-329-4500 SUNCOM 860-4500
TDD 904-329-4450 TDD SUNCOM 860-4450
FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4315 (Administration/Finance) 329-450

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

DO

~~DE~~-UIF

DEC - 7 2000

November 22, 2000

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

SUBJECT: Consumptive Use Permit Number 8350
PHILLIPS

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 22, 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. 8350 **DATE ISSUED:** November 22, 2000
PROJECT NAME: PHILLIPS

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 11.74 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 249

LOCATION:

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

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

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

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

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

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated November 22, 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 8350
UTILITIES INC OF FLORIDA
DATED NOVEMBER 22, 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 8350 plainly labeled on the submittals.

13. This permit will expire on November 22, 2005.

14. Maximum annual ground water withdrawals must not exceed:
12.29 million gallons in 2001;
12.15 million gallons in 2002;
12.01 million gallons in 2003;
11.88 million gallons in 2004, and
11.74 million gallons in 2005.

15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.

16. The permittee must assure that all service connections continue to be metered.

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

18. Well no. 1 must continue to be monitored with a totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

19. Total withdrawals from well no. 1 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

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

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:

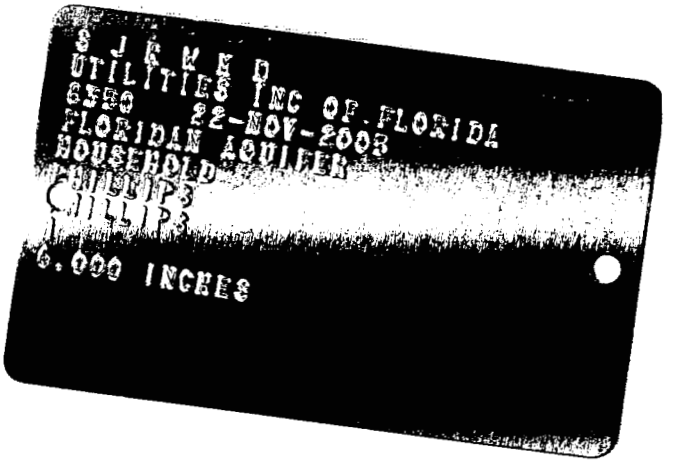
Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

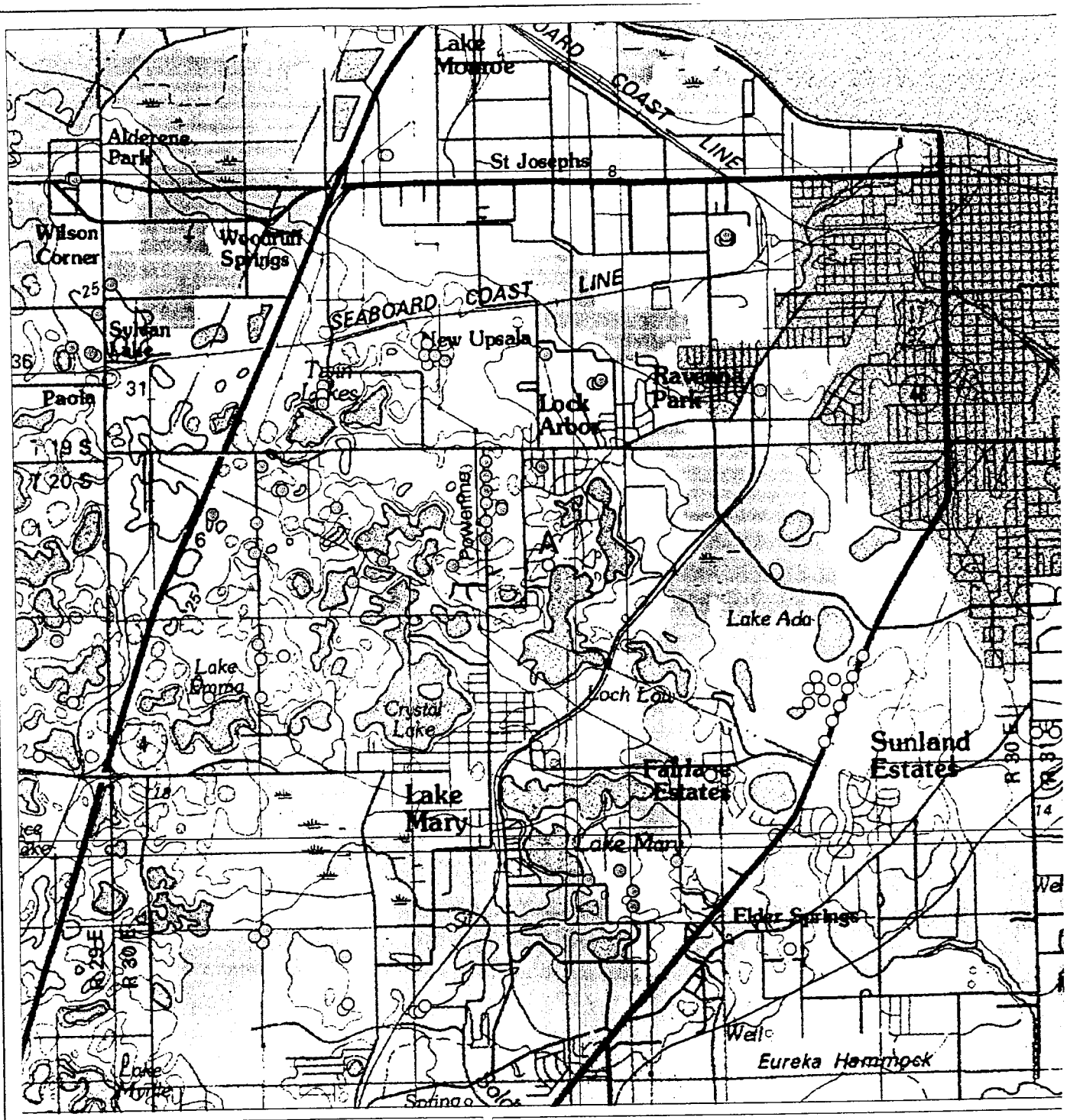
at 4:00 p.m. this ~~22nd~~ 5th day of ~~November~~ December, 2000.

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: 8350


UTILITIES INC OF FLORIDA
6350 22-NOV-2003
FLORIDAN AQUIFER
HOUSEHOLD
PHILIPS
PHILIPS
6.000 INCHES



8350

0.4 0 0.4 Miles

Scale 1:56548

Quad Index 12K NAD83
Cup_wells
Cup_pumps
Cup_bnd

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

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

FLOW METER WATER CALIBRATION RECORD - EN51

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

Consumptive Use Permit Number: **8350** - PHILLIPS

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 22, 2000** Station Name: **1**

Pump Capacity: **110 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

M( )d 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 Distric
P. O. Box 142
Palatka, Florida 32178-142

WATER USE RECORD FORM EN - 50

CUP# **8350** PERMIT ISSUE DATE **22-nov-2000**

DISTRICT ID OWNERS ID

PERMITTEE **Utilities Inc of Florida** PROJECT **PHILLIPS**

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 _____

15592

36204

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

WATER USE RECORD

FORM EN - 50

CUP# **8350**

PERMIT ISSUE DATE **22-nov-2000**

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **PHILLIPS**

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 _____

15592

Phillips

Docket No. 060253-WS

25.30-440(7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Phillips

Docket No. 060253-WS

25.30-440(8)
Field Employees

Test Year Ended December 31, 2005

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

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

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

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

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

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

Phillips

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

Phillips

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.

Ravenna Park

Docket No. 060253-WS

Seminole County

Test Year Ended December 31, 2005

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (1)
Detailed Map

Test Year Ended December 31, 2005

Ravenna Park

Docket No. 060253-WS

Seminole County

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)

Ravenna Park

Docket No. 060253-WS

Seminole County

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 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
Raveena Park
PWS ID# 3591061

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

614

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: Raveena Park PWS I.D. #: 3 5 9 1 0 6 1

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

Address: 111 Temple Drive

City: Sanford State: FL ZIP Code: 32771

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

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051923-01 Location Code (if known):

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

Sample Location (be specific): P.O.E. @ Raveena 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 Silltoe

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

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Terry Silltoe (Print Name), Operator (Print Title),

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

Signature: Terry Silltoe Date: 6/20/05

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

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

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

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

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1):
Date Sample(s) Received: 6/3/2005 12:45:00
Lab Assigned Report Number or Job ID A051923
Sample Number (From page 1) A051923-01

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 (Print Name), Laboratory Manager,

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

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

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

P.2

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A051923
Project Name:	Raveena Park	**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: Raveena Park

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: Raveena Park
Matrix: Water
PWS ID#:
Client Sample ID: 1
Site: Point of Entry
Sample Number: A051923-01

Report No.: A051923
Date/Time Sampled: 06/03/05 12:00
Date/Time Received: 6/3/05 12:45

Sampled By: Terry Silhitoe
Shipping Method: Client drop off

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	**Nitrate (as N)**	10	mg/L	**0.027**	U	SM4500NO3-F	**0.027**	6/3/2005	15:54	E84589
1041	**Nitrite (as N)**	1.0	mg/L	**0.034**	U	SM4500NO3-F	**0.034**	6/3/2005	15:54	E84589

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

Advanced Environmental Labs Inc

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

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

Date/Time Rcvd: 6/3/05 12.45 **Log-In request number:** A051923

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:**

P.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 #: A051923
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.)
A051923-01	1	Nitrate (T)-DW	Water	6/3/2005	12:00	6/3/05 12:45	**6/3/2005**		250mL Poly
A051923-01	1	Nitrite (T)-DW	Water	6/3/2005	12:00	6/3/05 12:45	**6/3/2005**		250mL Poly

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

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

Advanced
Environmental Laboratories, Inc.

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

A051923

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

PROJECT NAME: Ravenna Park
P.O. NUMBER/PROJECT NUMBER:
PROJECT LOCATION: Ravenna Park WTP
FAX:
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 Ravenna Park	G	6/3/05	12:00	DW	1		X	1

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

	Relinquish by:	Date	Time	Received by:	Date	Time
1	Ty Sullivan	6/3/05	12:45	[signature]	6/3/05	1298
2						
3						
4						

Shipment Out Set
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

2

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

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

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

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

September 1, 2005

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

Re: Annual TTHM and HAA5s, 2005
Raveena Park, Utilities, Inc.
PWS ID#3591061

Dear Mr. Morrison:

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

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

Sincerely,

UTILITIES, INC. OF FLORIDA

Kathy Sillitoe
Area Manager

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

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

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

SYSTEM INFORMATION	
PWS NAME: Raveena Park	
PWS ID NUMBER: 3591061	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	64.4	Calculate the arithmetic average all HAA5s samples taken over the last year	13.5
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)**
2900 Truman Blvd	MRT	7/12/05	0.4	Alexander Lorenzo	7/14/05	E502.2	Advanced Enviromental Laboratories # E82574	64.4

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)**
2900 Truman Blvd	MRT	7/28/05	0.4	Alexander Lorenzo	8/4/05	EPA552.2	Advanced Environmental Laboratories E 82574	13.5

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: RAVENNA PARK PWS I.D. #: 3 5 9 1 0 6 1

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

Address: TEMPLE 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: A052398-01 Location Code (if known):

Sample Date: 7/12/05 Sample Time: 13.50 AM (PM) (Circle One)

Sample Location (be specific): 2900 TRUMAN BLVD.

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: 7/12/2005 4:50:00
Lab Assigned Report Number or Job ID A052398
Sample Number (From page 1) A052398-01

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: _____

Advanced
Environmental Laboratories, Inc.

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

Client:	Utilities, Inc.	**Report No.:**	A052398
Project Name:	Raveena Park	**Date Sampled:**	7/12/2005
Project Number:		**Date Received:**	7/12/05 16:50
PWS ID#:		**Date Reported:**	7/21/2005
Attention:	Kathy Sillitoe		
Phone Number:	8002721919		
Address:	200 Weathersfield Ave.		
	Altamonte Springs, FL 32714		

Project Description

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

Project Name: Raveena Park

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: Raveena Park
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 2900 Truman Blv
Sample Number: A052398-01

Report No.: A052398
Date/Time Sampled: 07/12/05 13:50
Date/Time Received: 7/12/05 16:50

Sampled By: Alexander Lorenz
Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	**Chloroform**		ug/L	**35**		E502.2	**0.31**	7/14/2005	16:12	E82574
2942	**Bromoform**		ug/L	**2.4**		E502.2	**0.36**	7/14/2005	16:12	E82574
2943	***Bromodichloromethane***		ug/L	**17**		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

64.4

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:** RAVEENA PARK

Date/Time Rcvd: 7/12/05 16.50 **Log-In request number:** A052398

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-5

Chain-of-Custody for AEL Orlando to AEL Jax

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

Contact Person: Myrna Santiago

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

Project #: A052398
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.)
A052398-01	1	THMs (DW)	Drinking Water	7/12/2005 13:50	7/12/05 16:50	**7/26/2005**		40mL VOC vial

Orlando Relinquisher: _____ **Shipping Receiver:** AEL Courier **Date/Time:** 7/13/05 1700

Shipping Relinquisher: AEL Courier **Jacksonville Receiver:** _____ **Date/Time:** 7/14/05 0915

2,6

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

A052398

CLIENT NAME: Utilities Inc.	PROJECT NAME: Ravenna Park
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER/PROJECT NUMBER:
Altamonte Springs, FL 32714	PROJECT LOCATION:
PHONE: 407-869-1919	FAX:
CONTACT:	SAMPLED BY: ALEXANDER CORENZO

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	Preserv	BOTTLE SIZE & TYPE: 40mL Vials	ANALYSIS REQUIRED: THM's							LAB NUMBER
									I,T							
1	29100 TRUMAN BLVD.	G	7/12/05	1350	~~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	7/12/05	1650	Brian D. Melton	7/12/05	1650
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

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

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: Raveena Park PWS I.D. #: 3 5 9 1 0 6 1

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

Address: 111 Temple Drive ~~Sanford FL~~

City: Sanford State: FL ZIP Code: 32771

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: A052632 Location Code (if known): MRT

Sample Date: 7-28-05 Sample Time: 1320 AM (PM) (Circle One)

Sample Location (be specific): 2900 Truman Boulevard

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: 8/30/05

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 A052632
Sample Number (From page 1) A052632

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.:**	A052632
Project Name:	Raveena Park	**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: Raveena Park

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: Raveena Park
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 2900 Truman Blv
Sample Number: A052632-01

Report No.: A052632
Date/Time Sampled: 07/28/05 13:20
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	**6.7**		E552.2	**0.56**	8/4/2005	23:26	E82574
2452	**Trichloroacetic Acid**		ug/L	**5.0**		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	**1.8**	i	E552.2	**0.45**	8/4/2005	23:26	E82574

/13.5

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:** RAVEENA PARK

Date/Time Rcvd: 7/28/05 14.35 **Log-In request number:** A052632

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 #: A052632
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.)
A052632-01	1	550 Haloacetic Acids (J)-55	Drinking Water	7/28/2005	13:20	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 1PM

Date/Time: 7/29/05 950

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

LAB NUMBER:

A052632

CLIENT NAME: Utilities Inc.	PROJECT NAME: Ravenna Park		
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	2900 TRUMAN	G	7/28/05	1320	~~WW~~ DW	3	X

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

Relinquish by:	Date	Time	Received by:	Date	Time
Alexander Lorenzo	7/28/05	1435		7/28/05	1435

Shipment Out: Return:
Method Via: Via:
Sample Kit Cooler # RB D/T AB D/T Trip Bl.
1 2 3 4

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

revised 8/01

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

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

Laboratory Scope of Accreditation

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

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

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

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
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.

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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

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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

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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

Ravenna Park

Docket No. 060253-WS

Seminole County

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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 2/3/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida – RAVENNA PARK

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	78,000										1.6	
2	24	72,000										1.0	
3	24	82,000										0.8	
4	24	84,000											
5	24	85,000										1.0	
6	24	73,000										0.8	
7	24	78,000										0.7	
8	24	85,000										0.7	
9	24	75,000										1.0	
10	24	54,000										0.9	
11	24	80,000											
12	24	81,000										0.7	
13	24	74,000										1.0	
14	24	73,000										1.1	
15	24	77,000										0.8	
16	24	75,000										1.0	
17	24	63,000										0.9	
18	24	87,000											
19	24	87,000										1.0	
20	24	62,000										0.8	
21	24	66,000										1.0	
22	24	68,000										1.0	
23	24	75,000										1.1	
24	24	59,000										0.9	
25	24	80,000											
26	24	81,000										1.0	
27	24	77,000										1.0	
28	24	84,000										1.0	
29	24	79,000										1.0	
30	24	74,000										1.2	
31	24	43,000										0.9	
Total		2,277,000											
Average		74,000											
Maximum		87,000											

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

614

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: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 337	Total Population Served at End of Month: 1,187	
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 3/4/03	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3591061	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	71,000										1.0	
2	24	71,000										0.8	
3	24	66,000										1.0	
4	24	72,000										1.0	
5	24	75,000										1.1	
6	24	76,000										0.9	
7	24	35,000											
8	24	38,000										1.0	
9	24	89,000										1.1	
10	24	76,000										1.0	
11	24	72,000										0.8	
12	24	66,000										0.7	
13	24	84,000										0.8	
14	24	60,000											
15	24	65,000										0.8	
16	24	66,000										1.0	
17	24	64,000										0.8	
18	24	68,000										0.7	
19	24	75,000										1.0	
20	24	77,000										0.8	
21	24	64,000											
22	24	85,000										1.0	
23	24	85,000										1.0	
24	24	78,000										0.8	
25	24	63,000										0.8	
26	24	70,000										1.0	
27	24	60,000										0.8	
28	24	63,000										1.0	
29	24	74,000											
30													
31													
Total		2,097,000											
Average		74,000											
Maximum		89,000											

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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: 3591061	Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	94,000										0.7	
2	24	66,000										0.7	
3	24	76,000										0.8	
4	24	81,000										1.0	
5	24	84,000										0.8	
6	24	83,000										0.9	
7	24	75,000											
8	24	75,000										1.0	
9	24	81,000										0.8	
10	24	74,000										1.0	
11	24	94,000										1.1	
12	24	67,000										1.0	
13	24	76,000										1.0	
14	24	85,000											
15	24	86,000										0.9	
16	24	64,000										1.0	
17	24	58,000										1.0	
18	24	67,000										0.8	
19	24	96,000										1.0	
20	24	83,000										0.8	
21	24	85,000											
22	24	84,000										1.0	
23	24	104,000										1.4	
24	24	67,000										1.0	
25	24	85,000										0.7	
26	24	76,000										0.8	
27	24	76,000										0.9	
28	24	91,000											
29	24	92,000										1.0	
30	24	72,000										1.0	
31	24	124,000										1.0	
Total		2,514,000											
Average		81,000											
Maximum		124,000											

** 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 614

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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 5/5/04
Signature and Date

Michael J. Gavaletz
Printed or Typed Name

C5642
License Number

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

PWS Identification Number: 3591061	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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	97,000										1.0	
2	24	63,000										0.9	
3	24	79,000										0.6	
4	24	103,000											
5	24	104,000										1.0	
6	24	111,000										0.8	
7	24	88,000										1.0	
8	24	129,000										1.3	
9	24	98,000										1.0	
10	24	71,000										0.9	
11	24	105,000											
12	24	106,000										1.0	
13	24	78,000										0.8	
14	24	79,000										1.0	
15	24	72,000										1.0	
16	24	91,000										0.9	
17	24	74,000										0.9	
18	24	105,000											
19	24	105,000										1.0	
20	24	108,000										0.8	
21	24	115,000										1.0	
22	24	89,000										1.0	
23	24	106,000										0.8	
24	24	74,000										0.9	
25	24	119,000											
26	24	119,000										0.8	
27	24	94,000										0.9	
28	24	75,000										0.8	
29	24	127,000										1.1	
30	24	90,000										0.9	
31													
Total		2,870,000											
Average		96,000											
Maximum		129,000											

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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: 3591061 | 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	55,000										1.0	
2	24	92,000											
3	24	93,000										0.8	
4	24	83,000										0.7	
5	24	76,000										1.0	
6	24	66,000										1.1	
7	24	83,000										0.8	
8	24	85,000										0.9	
9	24	111,000											
10	24	113,000										0.8	
11	24	72,000										1.4	
12	24	105,000										1.0	
13	24	94,000										1.0	
14	24	104,000										0.9	
15	24	95,000										1.0	
16	24	111,000											
17	24	111,000											
18	24	93,000										0.8	
19	24	100,000										0.7	
20	24	127,000										0.8	
21	24	117,000										1.0	
22	24	96,000										1.0	
23	24	116,000										0.9	
24	24	116,000											
25	24	98,000										0.7	
26	24	130,000										0.7	
27	24	129,000										1.0	
28	24	113,000										0.8	
29	24	88,000										1.0	
30	24	130,000										0.8	
31	24	131,000											
Total		3,124,000										1.0	
Average		101,000											
Maximum		131,000											

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1187		
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: 3591061	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	127,000										1.0	
2	24	117,000										0.8	
3	24	105,000										1.0	
4	24	98,000										1.0	
5	24	85,000										1.1	
6	24	112,000											
7	24	112,000										0.8	
8	24	75,000										1.0	
9	24	96,000										1.0	
10	24	84,000										0.8	
11	24	87,000										0.9	
12	24	92,000										0.8	
13	24	119,000											
14	24	119,000										1.0	
15	24	86,000										0.8	
16	24	72,000										1.0	
17	24	83,000										0.7	
18	24	98,000										0.9	
19	24	91,000										0.8	
20	24	89,000											
21	24	89,000										1.0	
22	24	107,000										0.8	
23	24	82,000										1.0	
24	24	89,000										0.9	
25	24	80,000										1.0	
26	24	86,000										1.0	
27	24	98,000											
28	24	99,000										0.7	
29	24	91,000										1.0	
30	24	79,000										0.8	
31													
Total		2776000											
Average		93,000											
Maximum		127,000											

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 539		Total Population Served at End of Month: 1,187	
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: 3591061 | Plant Name: Utilites, Inc. of Florida – Ravenna Park

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*										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	125,000											1.0	
2		97,000											0.7	
3		76,000											0.8	
4		~~174,000~~	159,000											
5		~~79,500~~	↓										0.9	
6		80,000											0.9	
7		87,000											1.0	
8		68,000											0.7	
9		123,000											0.9	
10		46,000											1.0	
11		93,000												
12		94,000											1.0	
13		86,000											0.8	
14		85,000											1.0	
15		77,000											0.9	
16		85,000											1.0	
17	↓	96,000											1.1	
18		99,000												
19	24	100,000											1.0	
20		80,000											0.8	
21		78,000											1.0	
22		80,000											0.9	
23		106,000											0.8	
24		57,000											0.9	
25		134,000												
26		135,000											1.0	
27		72,000											0.9	
28		81,000											1.0	
29		55,000											0.8	
30		113,000											1.0	
31	24	65,000											0.9	
Total		2692,000												
Average		87,000												
Maximum		135,000												

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

614.

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1187		
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: 3591061 | Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT, Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	91,000										1.0	
2	24	92,000										1.0	
3	24	81,000										1.0	
4	24	75,000										1.0	
5	24	86,000										1.0	
6	24	127,000										1.1	
7	24	53,000											
8	24	101,000										0.8	
9	24	101,000										0.8	
10	24	94,000										1.0	
11	24	83,000										0.9	
12	24	88,000										0.8	
13	24	102,000										0.6	
14	24	76,000											
15	24	62,000										0.6	
16	24	62,000										0.6	
17	24	80,000										0.7	
18	24	72,000										1.0	
19	24	69,000										0.8	
20	24	96,000										0.9	
21	24	64,000											
22	24	100,000										1.0	
23	24	100,000										0.8	
24	24	62,000										1.0	
25	24	68,000										0.8	
26	24	93,000										1.0	
27	24	87,000										0.7	
28	24	53,000											
29	24	94,000										1.0	
30	24	95,000										0.8	
31	24	75,000										0.7	
Total		2577,000											
Average		83,000											
Maximum		127,000											

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

614

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: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187	
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 10/5/04
Signature and Date

Michael J. Gavaletz
Printed or Typed Name

C5642
License Number

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

PWS Identification Number: 3591061	Plant Name: Utilites, Inc. of Florida - Innsbrook Park

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	88,000											1.0	
2	24	65,000											0.8	
3	24	85,000											1.0	
4	24	86,000											1.0	
5	24	78,000												
6	24	74,000											-	
7	24	70,000												
8	24	64,000											1.0	
9	24	85,000											1.0	
10	24	66,000											1.0	
11	24	80,000											0.8	
12	24	97,000											1.0	
13	24	97,000												
14	24	66,000											0.8	
15	24	89,000											1.0	
16	24	96,000											0.9	
17	24	126,000											1.0	
18	24	101,000											1.0	
19	24	150,000											0.9	
20	24	157,000												
21	24	156,000											1.0	
22	24	82,000											0.8	
23	24	63,000											0.9	
24	24	109,000											1.0	
25	24	67,000											1.1	
26	24	90,000												
27	24	90,000											1.0	
28	24	83,000											1.0	
29	24	75,000											1.0	
30	24	60,000											0.8	
31													1.0	
Total		2,714,000												
Average		93,000												
Maximum		157,000												

142.00

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

6/4

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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 11/4/04	Michael J. Gavaletz	C5642

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

PWS Identification Number: 3591061 | Plant Name: Utilites, Inc. of Florida

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

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							UV Dose		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
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow, mg/L	Shortest Time (T) During Peak Flow, minutes	Lowest CT Provided Before or At First Customer During Peak Flow, mg-min/L	Temp of Water, °C	Value of pH, if Applicable	Minimum CT Required, min/L	Lowest UV Dose Applied to Water, mJ/cm²	Minimum UV Dose Required, mJ/cm²		
1	24	92,000										1.0	
2	24	61,000										1.1	
3	24	90,000											
4	24	91,000										1.0	
5	24	68,000										1.0	
6	24	49,000										1.0	
7	24	103,000										0.8	
8	24	68,000										0.7	
9	24	43,000										0.9	
10	24	61,000											
11	24	52,000										0.8	
12	24	71,000										1.0	
13	24	75,000										1.0	
14	24	63,000										0.8	
15	24	79,000										1.0	
16	24	90,000										1.1	
17	24	93,000											
18	24	83,000										1.0	
19	24	84,000										0.8	
20	24	64,000										0.8	
21	24	83,000										1.0	
22	24	73,000										0.7	
23	24	53,000										0.8	
24	24	82,000											
25	24	82,000										1.0	
26	24	91,000										1.0	
27	24	63,000										0.8	
28	24	101,000										1.0	
29	24	61,000										0.8	
30	24	71,000										0.7	
31	24	100,000											
Total		2,339,000											
Average		75,000											
Maximum		103,000											

** 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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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: 3591061 | 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	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 C x T 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	101,000										0.7	
2	24	76,000										1.0	
3	24	71,000										1.0	
4	24	96,000										0.8	
5	24	77,000										1.0	
6	24	53,000										1.0	
7	24	93,000											
8	24	94,000										1.0	
9	24	87,000										0.8	
10	24	76,000										0.9	
11	24	73,000										0.8	
12	24	71,000										1.0	
13	24	58,000										0.7	
14	24	88,000											
15	24	81,000										0.7	
16	24	81,000										0.7	
17	24	79,000										0.8	
18	24	95,000										1.0	
19	24	89,000										1.0	
20	24	52,000										0.8	
21	24	102,000											
22	24	103,000										1.0	
23	24	71,000										0.8	
24	24	85,000										1.0	
25	24	80,000										0.8	
26	24	83,000										0.6	
27	24	64,000										0.8	
28	24	87,000											
29	24	87,000										1.0	
30	24	68,000										1.0	
31													
Total		2,413,000											
Average		80,000											
Maximum		103,000											

* *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 614

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187	
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.

Raymond Alan Parrish 1/2/05	RAYMOND ALAN PARRISH Michael J. Gavaletz	C-12740 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: 3591061 | Plant Name: Utilites, Inc. of Florida - RAVENNA

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	94,000										1.0	
2		90,000										0.8	
3		78,000										1.1	
4		63,000										1.0	
5		91,000											
6		92,000										0.9	
7		75,000										1.0	
8		68,000										0.8	
9		110,000										0.9	
10		65,000										0.8	
11		60,000										0.8	
12		84,000											
13		85,000										1.0	
14	↓	79,000										1.0	
15	24	71,000										0.8	
16		78,000										0.9	
17		78,000										0.8	
18		56,000										0.7	
19		94,000											
20		94,000										0.7	
21		67,000										1.0	
22		90,000										0.8	
23		84,000										1.5	
24		84,000										1.9	
25		58,000										1.4	
26		73,000											
27		73,000										1.5	
28		95,000										1.5	
29	↓	74,000										1.2	
30		85,000										1.3	
31	24	46,000										1.3	
Total		2,425,000											
Average		78,000											
Maximum		110,000											

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

FILE COPY

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

6/4.

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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.

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: 3591061	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	89,000										0.9	
2	24	73,000											
3	24	73,000										1.3	
4	24	96,000										1.3	
5	24	77,000										1.3	
6	24	78,000										1.1	
7	24	84,000										1.6	
8	24	58,000										1.1	
9	24	99,000											
10	24	99,000										1.0	
11	24	46,000										1.0	
12	24	70,000										1.0	
13	24	78,000										1.5	
14	24	77,000										1.8	
15	24	63,000										1.5	
16	24	59,000											
17	24	59,000										1.5	
18	24	87,000										1.5	
19	24	46,000										1.4	
20	24	75,000										1.5	
21	24	96,000										1.7	
22	24	50,000										1.4	
23	24	75,000											
24	24	75,000										1.5	
25	24	88,000										1.5	
26	24	63,000										1.5	
27	24	84,000										1.5	
28	24	87,000										1.5	
29	24	40,000										1.3	
30	24	87,000											
31	24	88,000										1.50	
Total		2,319,000											
Average		74,806											
Maximum		99,000											

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
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: 3591061 | 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	79,000										1.4	
2	24	72,000										1.4	
3	24	71,000										1.3	
4	24	55,000										1.6	
5	24	54,000										1.2	
6	24	80,000											
7	24	80,000										1.5	
8	24	84,000										1.4	
9	24	64,000										1.3	
10	24	71,000										1.3	
11	24	76,000										1.3	
12	24	58,000										0.9	
13	24	86,000											
14	24	87,000										2.0	
15	24	87,000										2.6	
16	24	91,000										2.0	
17	24	85,000										1.5	
18	24	75,000										1.4	
19	24	72,000										1.1	
20	24	84,000											
21	24	85,000										1.5	
22	24	76,000										2.5	
23	24	75,000										2.3	
24	24	88,000										2.0	
25	24	70,000										1.7	
26	24	58,000										1.5	
27	24	74,000											
28	24	75,000										1.5	
29	24												
30	24												
31	24												
Total		2,112,000											
Average		75,428											
Maximum		91,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Ravenna Park

MONTH/YEAR: Feb/05

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

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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: 3591061	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	72,000										1.4	
2	24	94,000										1.5	
3	24	82,000										1.3	
4	24	91,000										1.3	
5	24	54,000										1.2	
6	24	108,000											
7	24	109,000										1.2	
8	24	100,000										1.2	
9	24	95,000										1.1	
10	24	85,000										1.0	
11	24	78,000										1.1	
12	24	75,000										1.3	
13	24	114,000											
14	24	115,000										1.4	
15	24	87,000										1.1	
16	24	102,000										1.1	
17	24	48,000										1.1	
18	24	65,000										0.9	
19	24	72,000										1.2	
20	24	74,000											
21	24	74,000										1.5	
22	24	83,000										1.3	
23	24	57,000										1.5	
24	24	75,000										1.3	
25	24	60,000										1.1	
26	24	61,000										0.9	
27	24	79,000											
28	24	79,000										1.0	
29	24	56,000										1.3	
30	24	107,000										1.5	
31	24	59,000										1.50	
Total		2,510,000											
Average		80,967											
Maximum		115,000											

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

FILE COPY

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

614

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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

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: 3591061 | 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	84,000										1.0	
2	24	69,000										1.3	
3	24	88,000											
4	24	89,000										1.6	
5	24	75,000										1.5	
6	24	81,000										1.5	
7	24	61,000										1.7	
8	24	84,000										1.5	
9	24	66,000										1.3	
10	24	85,000											
11	24	86,000										1.4	
12	24	113,000										1.4	
13	24	85,000										1.1	
14	24	86,000										1.4	
15	24	94,000										1.4	
16	24	55,000										1.6	
17	24	98,000											
18	24	98,000										1.4	
19	24	113,000										1.5	
20	24	89,000										1.5	
21	24	116,000										1.5	
22	24	104,000										1.6	
23	24	81,000										1.3	
24	24	91,000											
25	24	92,000										1.6	
26	24	112,000										1.5	
27	24	56,000										1.5	
28	24	92,000										1.6	
29	24	100,000										1.4	
30	24	64,000										1.6	
31													
Total		2,607,000											
Average		86,900											
Maximum		116,000											

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

FILE COPY

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

614

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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 6-2-05	Kathy Sillitoe	C-13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591061 | 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	101,500											
2	24	101,500										1.0	
3	24	79,000										1.1	
4	24	77,000										1.0	
5	24	70,000										0.9	
6	24	66,000										1.0	
7	24	65,000										1.1	
8	24	113,000											
9	24	113,000										1.0	
10	24	86,000										1.1	
11	24	100,000										1.0	
12	24	105,000										1.3	
13	24	86,000										1.4	
14	24	75,000										1.1	
15	24	111,000											
16	24	111,000										1.4	
17	24	84,000										1.9	
18	24	101,000										2.0	
19	24	95,000										1.7	
20	24	101,000										1.8	
21	24	66,000										1.6	
22	24	93,000											
23	24	93,000										1.6	
24	24	75,000										1.6	
25	24	100,000										1.4	
26	24	103,000										1.6	
27	24	93,000										1.4	
28	24	65,000										1.6	
29	24	91,500											
30	24	91,500										1.3	
31	24	32,000										1.2	
Total		2,744,000											
Average		88,516											
Maximum		113,000											

** 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: 3591061	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

614

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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
Kathy Sillitoe 7-5-05	Kathy Sillitoe	C-13094

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

PWS Identification Number: 3591061	Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	127,000										1.40	
2	24	70,000										1.2	
3	24	58,000										1.3	
4	24	62,000										1.1	
5	24	72,500											
6	24	72,500										1.0	
7	24	61,000										1.4	
8	24	77,000										1.2	
9	24	71,000										1.0	
10	24	67,000										0.8	
11	24	45,000										1.0	
12	24	77,000											
13	24	77,000										0.6	
14	24	74,000										1.2	
15	24	72,000										1.6	
16	24	68,000										1.4	
17	24	62,000										1.6	
18	24	58,000										1.3	
19	24	86,000											
20	24	86,000										1.2	
21	24	63,000										1.0	
22	24	66,000										0.4	
23	24	90,000										0.8	
24	24	61,000										0.9	
25	24	44,000										1.0	
26	24	80,000											
27	24	80,000										0.8	
28	24	81,000										0.8	
29	24	31,000										0.6	
30	24	77,000										0.5	
31	24												
Total		2,116,000											
Average		70,533											
Maximum		127,000											

** 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: 3591061	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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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

II. Certification by Lead/Chief Operator

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

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

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

PWS Identification Number: 3591061	Plant Name: Utilites, Inc. of Florida

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

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	64,000										0.9	
2	24	61,000										0.6	
3	24	74,500											
4	24	74,500										0.6	
5	24	96,000										0.6	
6	24	64,000										0.4	Collected Bacts
7	24	118,000										0.4	
8	24	72,000										0.6	
9	24	58,000										0.8	
10	24	83,500											
11	24	83,500										1.0	
12	24	54,000										0.4	
13	24	71,000										1.2	
14	24	77,000										1.2	
15	24	64,000										1.0	
16	24	56,000										0.7	
17	24	83,500											
18	24	83,500										0.6	
19	24	70,000										1.0	
20	24	70,000										0.8	
21	24	74,000										0.8	
22	24	64,000										0.7	
23	24	73,000										0.7	
24	24	83,000											
25	24	83,000										0.6	
26	24	69,000										0.60	
27	24	86,000										0.80	
28	24	83,000										0.40	
29	24	68,000										0.40	
30	24	68,000										0.60	
31	24												
Total		2,229,000											
Average		74,300											
Maximum		118,000											

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

614

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: Ravenna Park		PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187	
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 7-6-05	Kathy Sillitoe	C-13094
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3591061	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/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	187,000										0.60	
2	24	64,000										0.60	
3	24	58,000										0.80	
4	24	81,000										0.90	
5	24	87,000										0.80	
6	24	61,000										0.90	
7	24	83,500											
8	24	83,500										0.80	
9	24	91,000										1.60	
10	24	81,000										1.00	
11	24	82,000										1.00	
12	24	73,000										0.90	
13	24	87,000										1.00	
14	24	86,000											
15	24	86,000										1.60	
16	24	96,000										0.80	
17	24	66,000										0.80	
18	24	83,000										0.70	
19	24	85,000										0.80	
20	24	76,000										0.80	
21	24	88,500											
22	24	88,500										0.70	
23	24	94,000										0.60	
24	24	80,000										0.60	BACTS COLLECTED
25	24	93,000										0.80	
26	24	86,000										0.60	
27	24	85,000										1.00	
28	24	80,500											
29	24	80,500										0.70	
30	24	86,000										0.50	
31	24	85,000										0.50	
Total		2,644,000											
Average		85,290											
Maximum		187,000											

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

614.

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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
	Donenic Gentillucci	C	12562	weekend checks

II. Certification by Lead/Chief Operator

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

Allan Finch 10-3-05

Signature and Date

Allan Finch

Printed or Typed Name

C-7806

License Number

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

PWS Identification Number: 3591061 | 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	78000										0.7	
2	24	86000										0.6	
3	24	68000										0.5	
4	24	84000											
5	24	84000										0.5	
6	24	94000										0.5	
7	24	69000										0.8	
8	24	79000										1.0	
9	24	74000										0.9	
10	24	30000										1.2	
11	24	105500											
12	24	105500										0.8	
13	24	86000										0.7	
14	24	93000										0.7	
15	24	94000										0.6	
16	24	91000										0.6	
17	24	107000										2.2	
18	24	99000											
19	24	99000										0.5	
20	24	92000										0.6	
21	24	62000										0.6	
22	24	85000										0.6	
23	24	83000										0.5	
24	24	85000										0.7	
25	24	84000											
26	24	84000										0.5	
27	24	104000										0.5	
28	24	73000										0.8	
29	24	87000										0.7	
30	24	79000										0.6	
31	24												
Total		~~2,151,000~~	2,544,000										
Average		~~74,192~~	84,800										
Maximum		~~118,000~~	107,000										

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

614

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 339	Total Population Served at End of Month: 1,187		
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
	Donenic 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: 3591061	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	71,000										0.6	
2	24	92,500											
3	24	92,500										0.6	COLLECTED 3 BACTS
4	24	58,000										0.9	
5	24	77,000										0.8	
6	24	76,000										0.7	
7	24	79,000										0.7	
8	24	59,000										0.8	
9	24	86,000											
10	24	86,000										0.7	
11	24	102,000										0.7	
12	24	75,000										0.7	
13	24	80,000										0.6	
14	24	85,000										0.6	
15	24	90,000										0.6	
16	24	86,000											
17	24	86,000										0.5	
18	24	80,000										0.5	
19	24	82,000										0.6	
20	24	102,000										0.6	
21	24	57,000										0.5	
22	24	74,000										0.7	
23	24	90,500											
24	24	90,500										0.7	
25	24	77,000										0.5	
26	24	75,000										0.3	
27	24	81,000										0.5	
28	24	78,000										0.4	
29	24	72,000										0.8	
30	24	88,500											
31	24	88,500										0.7	
Total		~~2,651,000~~	2507000										
Average		~~74,172~~	80,9[illegible]										
Maximum		~~118,000~~	102,000										

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

FILE COPY

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

614

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
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 12-1-05

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: 3591061 | 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	81,000										0.90	
2	24	80,000										0.90	
3	24	89,000										1.00	
4	24	80,000										1.00	
5	24	87,000										0.80	
6	24	92,500											
7	24	92,500										0.80	
8	24	82,000										0.80	
9	24	84,000										0.90	Collected 4 bacts
10	24	76,000										0.80	
11	24	76,000										0.70	
12	24	88,000										0.70	
13	24	103,000											
14	24	103,000										0.70	
15	24	79,000										0.60	
16	24	86,000										0.60	
17	24	88,000										0.70	
18	24	87,000										0.70	
19	24	77,000										0.70	
20	24	91,000											
21	24	91,000										0.70	
22	24	110,000										0.60	
23	24	59,000										0.60	
24	24	88,000										1.00	
25	24	74,000										1.00	
26	24	78,000										0.80	
27	24	103,000											
28	24	103,000										1.00	
29	24	64,000										1.20	
30	24	76,000										1.8	
31	24												
Total		2,568,000											
Average		85,600											
Maximum		110,000											

** 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

614.

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: Ravenna Park			PWS Identification Number: 3591061
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 340	Total Population Served at End of Month: 1,190		
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.

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: 3591061	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*										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	79,000										1.5	
2	24	93,000										1.4	
3	24	60,000										1.2	
4	24	101,000											
5	24	104,000										1.4	BACT Samples
6	24	82,000										1.0	
7	24	78,000										0.9	
8	24	88,000										0.9	
9	24	80,000										0.9	
10	24	65,000										0.6	
11	24	84,000											
12	24	84,000										0.6	
13	24	79,000										0.7	
14	24	76,000										0.6	
15	24	87,000										0.9	
16	24	78,000										0.9	
17	24	73,000										0.6	
18	24	80,500											
19	24	80,500										0.7	
20	24	76,000										0.7	
21	24	78,000										0.8	
22	24	84,000										0.8	
23	24	79,000										0.7	
24	24	75,000										0.7	
25	24	83,000											
26	24	83,000										0.8	
27	24	81,000										0.8	
28	24	79,000										0.8	
29	24	84,000										0.7	
30	24	76,000										0.7	
31	24	84,000										0.8	
Total		2511000											
Average		81,000											
Maximum		101,000											

** 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: 3591061	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.*

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (5)
Inspection Reports

Test Year Ended December 31, 2005

ORIG: SH
cc: DR

Department of Environmental Protection

RECEIVED
JAN 08 2002
UTILITIES, INC.

Jeb Bush
Governor

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

David B. Struhs
Secretary

UTILITES INCORPORATED OF FLORIDA
200 WEATHERSFIELD AVENUE
ALTAMONE SPRINGS FL 32714

OCD-C-WW-02-0007

ATTENTION DONALD RASMUSSEN
VICE PRESIDENT

Seminole County - DW
Lincoln Heights WWTF
Wastewater Facility - Permit No. FL0025917

Dear Mr. Rasmussen:

On November 27, 2001, Department personnel conducted a Compliance Evaluation Inspection (CEI) of your wastewater facility. A copy of the inspection report is enclosed for your review.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact John Bowles at the above address or at (407) 893-3313.

Sincerely,

Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

Date: January 7 2002

GM/jb/ww
KW
Enclosures

cc: Mike Tanski, FDEP Tallahassee
Seminole County Environmental Services

"More Protection, Less Process"

Printed on recycled paper.

19.2.614

At the time of the inspection there was no discharge to surface waters. The last polishing pond which discharge to surface waters was nearly dry.

10. **EFFLUENT DISPOSAL**: Satisfactory

    It does not appear that there could be a discharge from the site.

11. **RESIDUALS/SLUDGE**: Not Evaluated

12. **GROUNDWATER**: Not Evaluated

13. **OTHER**: Not Evaluated

COMET ENTRY DATE
11/27/01

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Lincoln Heights WWTF	FL0025917	Seminole	11-27-01 @ 10:10 A.M.
Terminus of Hughey Street		Phone	@ Exit Date/Time
Sanford, Florida 32771		No Phone At Plant	11-27-01 @ 10:25 A.M.

Name(s) of Field Representatives(s)	Title	Phone
Ron Evans	Area Manager	407-682-5651

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Utilities, Incorporated of Florida c/o Donald Rasmussen 200 Weathersfield Avenue Altamonte Springs, Florida 32714	Vice President		

Inspection Type	C	E	I	Samples Taken(Y/N): No	@ Sample ID#:	Samples Split (Y/N):
☒ Domestic ☐ Industrial				Were Photos Taken(Y/N): No	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Minor; U=Unsatisfactory; Blank=Not Evaluated

Significant Non-Compliance Criteria Should be Reviewed when Unsatisfactory Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
S	1.♦Permit FL0025917		3. Laboratory	S	6. Facility Site Review		9. ♦Effluent Quality
S	2.♦Compliance Schedules		4. Sampling		7. Flow Measurement	S	10.♦Effluent Disposal
		S	5.♦Records & Reports		8.♦Operation & Maintenance		11. Residuals/Sludge
	13. Other:						12. Groundwater

Facility and/or Order Compliance Status: ☒ In-Compliance ☐ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Under Enforcement In Violation of Consent Order

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
John B. Bowles John B. Bowles	Central District/(407) 893-3313	1-2-02
	(407) 894-7555 or (407) 893-3313	
@ Signature of Reviewer Kalina Warren Kalina Warren	District Office/Phone Number Central District/(407) 893-3313	Date 1/7/02

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5 FL0025917	011127	1 C	2 S	3 2

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
Every other field is self explanatory

Revised 4/2000

INSPECTION COMMENTS

1. **PERMIT**: Satisfactory

   An existing 0.12 MGD annual average daily flow (AADF) permitted capacity activated sludge wastewater treatment facility (WWTF) consisting of manual influent screening, an aeration tank operated in the extended aeration mode, clarification, disinfection by chlorination, dechlorination by sodium dioxide (SO_2) and temporary storage of residuals.

   The facility entered into Consent Order OGC File No. 98-2102 on June 23, 1999. The Consent Order was issued due to effluent violations. The Consent Order has interim permit limits that started on the issuance date of the Consent Order and lasts no later than January 1, 2002.

2. **COMPLIANCE SCHEDULE**: Satisfactory

   The Consent Order requires the construction of the sewer connection to the City of Sanford wastewater collection system by July 1, 2001. If this schedule cannot be met please apply for a modification of the Consent Order within 60 days of the July 1, 2001 deadline. It appeared that the facility has completed the connection to the City of Sanford wastewater collection system as of July 1, 2001.

3. **LABORATORY**: Not Evaluated

4. **SAMPLING**: Not Evaluated

5. **RECORDS AND REPORTS**: Satisfactory

   A review of the Discharge Monitoring Reports (DMRs) from March 2001 to June 2001 indicated no reporting deficiencies.

   A No Discharge Certification has been received.

6. **FACILITY SITE REVIEW**: Satisfactory

   All treatment tanks have been cleaned and have had holes bored in the sides at the bottom so no rain water can collect and become stagnate. A new lift station was constructed at the site to transfer wastewater to the City of Sanford North WWTF.

7. **FLOW MEASUREMENT**: Not Evaluated

8. **OPERATION AND MAINTENANCE**: Not Evaluated

9. **EFFLUENT QUALITY**: Not Evaluated

   A review of the Discharge Monitoring Reports was not performed because the facility has not discharged to surface or groundwater of the State since June 30, 2001. The facility tied into the City of Sanford due to construction of new toll road construction and surface water violations.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name: RAVENNA PARK County Seminole PWS ID # 3591061
Plant Location Temple Avenue, Sanford, FL Phone 407.869.1919
Owner Name Utilities, Inc. of Florida Phone 407.869.1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick Flynn/ Kathy Sillitoe Title Reg. Director/Mgr. Phone: 407.869.1919/407.869.8588 x229
This Survey Date 10/18/05 Last Survey Date 10/30/02 Last C.I. Date 4/3/03

PWS TYPE & CLASS

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

PWS STATUS

☒ Approved system with approval number & date
Serial #3175 dated 3/5/59
WC59-2033 dated 3/20/84, cleared 12/28/84
WC59-008088000 dated 11/14/03
☐ 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
Dominic Gentilucci C-12562, Allan Finch C-7806

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
Operator visits column not indicated.

Number of Service Connections 339 (MOR)
Population Served 1187 Basis 3.5/svc. cx.
Average Day (from MORs) 0.080 MGD
Max. Day (from MORs) 0.192 MGD 9/04
Max-day Design Capacity 0.360 MGD
Comments

RAW WATER SOURCE

☒ GROUND; Number of Wells 2
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE

☒ Yes ☐ None ☐ Not Required
Source Groban
Capacity of Standby (kW) 70
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load >4 hrs/mo.
What equipment does it operate?
☒ Well pumps Both @ 440 gpm total
☒ High Service Pumps Both @ 500 gpm total
☒ Treatment Equipment all
Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments

TREATMENT PROCESSES IN USE

Disinfection-hypochlorination; Aeration

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

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 6" Badger
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 3591061
Date 10/18/05

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1959	1965		
Depth Drilled		475'	460'		
Drilling Method		Unknown	Unknown		
Type of Grout		Cement	Unknown		
Static Water Level		6'	3'		
Pumping Water Level		Unknown	16'		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	190 gpm		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		195'	148'		
Diameter (outside casing)		6"	8"		
Material (outside casing)		Steel	Steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	WWTP >200'	WWTP >200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	~100'	~100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vertical turbine	Vertical turbine		
	Manufacturer Name	Goulds	Goulds		
	Model Number	6DHHC-6	6DHHC-6		
	Rated Capacity (gpm)	Unknown	Unknown		
	Motor Horsepower	20	15		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Yes	Yes		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS *Wells alternate automatically. Well 1 - AAH2573, Well 2 – AAH2574
Supply information, if available, for spaces marked "Unknown".

PWS ID # 3591061
Date 10/18/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 85x2 gpd
Chlorine Feed Rate 8
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.3 Remote 0.3
Remote tap location 101 Idyllwilde
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Into GST
Booster Pump Info
Comments

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

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity 440 gpm
Aerator Condition OK
Bloodworm Presence None observed
Visible Algae Growth No
Protective Screen Condition OK
Comments FG aerator installed 09/03. Checked for needed maintenance every two weeks.

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

Tank Type/Number	G	H1	H2
Capacity (gal)	20,000	3,000	10,000
Material	Steel	Steel	Steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	N/A	Yes	Yes
Sight Glass or Level Indicator	Yes	No	Yes
Fittings for Sight Glass	Yes	Yes	N/A
Protected Openings	Yes	Yes	Yes
PRV/ARV	N/A	ARV	ARV
On/Off Pressure	----	----	----
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank	----	----	----
Height to Max. Water Level	----	----	----

Comments Tank inspection and maintenance is scheduled for the first quarter of 2006. H1 is now used as a GST. The sight glass has been removed.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Peerless	
Model	3656	820A	
Capacity (gpm)	Unknown	250	
Motor HP	15	15	
Date Installed	Unknown	1986	
Maintenance	As needed	As needed	

Comments Supply information, if available, for spaces marked "Unknown".

PWS ID # 3591061
Date 10/18/05

DEFICIENCIES:

1. Monthly Operation Reports (MORs) not entirely and/or correctly filled out. The "Days Plant Staffed or Visited" column is regularly not indicated. The MORs are frequently messy and difficult to read. A new form should be used whenever a mistake is made in data entry. No entries should be scratched out. The indicated max day flow is frequently incorrect based on the data provided in the daily flow.

2. Provide information, if available, for spaces throughout the report marked "Unknown".

MONITORING AND REPORTING:

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

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

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

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

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

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

Inspector _____ Title Env. Specialist III Date 10/18/05

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

RESPONSE: **Please indicate changes to the following:**

PWS ID Number: 3591061 Business Name: _____

PWS Name: Ravenna Park 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 18, 2005**, the following actions were done to correct the listed deficiencies:

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

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____
(Please Type or Print)

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

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

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

VIA: E-mail and United States Mail

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

Re: Seminole County – PW

Ravenna Park	PWS ID No. 3591061
Crystal Lake	PWS ID No. 3590258
Bear Lake	PWS ID No. 3590069
Weathersfield	PWS ID No. 3591451
Oakland Shores	PWS ID No. 3590912
Jansen	PWS ID No. 3590615

Dear Mr. Phillips:

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

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

Sincerely,

Kathy Sillitoe
Area Manager

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

FILE COPY

RESPONSE: **Please indicate changes to the following:**

PWS ID Number: 3591061 Business Name: Utilities, Inc. of Florida

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

Attn: Patrick Flynn, Utilities, Inc. of Florida

Mailing Address: 200 Weathersfield Avenue Mailing Address: 200 Weathersfield Avenue

Altamonte Springs, FL 32714 Altamonte Springs, FL 32714

Date: December 13, 2005 Phone Number(s): 407-869-1919

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

Attention: Reggie Phillips, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **October 18, 2005**, the following actions were done to correct the listed deficiencies:

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

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

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

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

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

November 3, 2004

VIA FASCIMILE AND CERTIFIED MAIL NO. 7099-3220-0003-2500-9814

Mr. Gary P. Miller
Program Manager
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: Department's Noncompliance Letter Dated October 20, 2004
Vihlen Road Lift Station

Dear Mr. Miller:

Our office is in receipt of the Department's noncompliance letter dated October 20, 2004. As discussed with Mr. David Smicherko, the overflow occurred at 100 Idyllwilde Drive during Hurricane Jeanne. Once operations personnel were able to respond, it was determined that the lift station located on Vihlen Road had lost power during the storm event, but power was restored almost immediately. It would appear that a surcharge that occurred within the collection system resulted in the discharge of wastewater within the residence of 100 Idyllwilde Drive during the actual storm event. Also, the discharge was solely within the residence and without resulting in additional discharges anywhere else within the system.

After our operations personnel discussed the circumstances with the resident, they determined that the incident warranted notification to our insurance company. Due to liability reasons, we do not authorize our personnel to enter a private residence to perform clean-up services. The property owner was instructed to contact her insurance company to determine the best method of mitigating any damages. In this particular case, our insurance company determined that the incident occurred due to a natural disaster and that the property owner should seek recourse through their insurance company.

In the Department's letter it is inferred that the Department requires the Utility to perform clean-up services within a private residence under the circumstances discussed. The Utility is unaware of how our current response warrants additional corrective action.

The utility understands our responsive actions during events such as Hurricane Jeanne, and our responsibility to remain in compliance with all Department rules and regulations. If the Department determines the utility is not in compliance with the current rules and regulations as a result of our actions, please let us know so that our response may be modified for any similar circumstance in the future.

Sincerely,

David L. Orr, P.E.
Regional Manager

cc: Patrick Flynn, Regional Director

Dick Batiste
GAB Robbins
708-409-0330 ext 53

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

SENT VIA E-MAIL TO: p.c.flynn@utilitiesinc-usa.com

October 20, 2004

UTILITIES INC OF FLORIDA
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

OCD-C-WW-04-1023

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Seminole County
Vihlen Road Lift Station
Noncompliance Letter

Dear Mr. Flynn:

On September 30, 2004, the Department received and investigated a complaint regarding a lift station malfunction on Vihlen Road in Sanford, Florida.

On the morning of September 26, 2004 power was lost at the lift station due to Hurricane Jeanne. As a result of the power outage a sewage backup occurred to a residence at 100 Idyllwilde Drive causing damage to the residence. Power was restored to the lift station the afternoon of September 26, 2004. It is the Department's understanding that Utilities Inc. has not done any cleanup of the residence after the malfunction of the lift station, which is required by the Department.

Please respond with a schedule of corrective action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to David Smicherko at (407) 893-3313.

Due - 11/3/04

Sincerely,

Gary P. Miller

Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

KW/ds/ww

10/21/04 - Left msg w/ David Smicherko @ 9:05 AM.
10/25/04 - returned msg from David - ~~NOTES~~ → Left another msg.
10/26/04 - According

SERVICE ORDER INQUIRY 00614 102017 3 - 100 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
850683	48	CUST PROBLEM - SEWER	isabelc	09/08/04	12:00	09/08/04	09/08/04

INSTRUCTIONS
CUSTOMER SAYS SEWER IS BACKING UP IN THE SHOWER THIS MORNING. PLEASE
CHECK OUT.

RESOLUTION
9/8/04-PER DALE WHITE 104-106 & 100 ARE HAVING THESE PROBLEMS-AFTER
HURRICANE, CUSTOMERS WILL HAVE TO CALL THERE INSURANCE COMPAMIES
DALE WHITE SPOKE TO CUSTOMERS AT 104 & 106 VIHLEN & ADVISED THEM
OF THIS
PER ISABEL
DALE W/DB

ENTER SERVICE ORDER NUMBER OR <CR>.

SERVICE ORDER INQUIRY 00614 102015 3 - 104 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
850509	36	CLOGGED SEWER	KIM	09/08/04	07:13	09/08/04	09/08/04

INSTRUCTIONS
104 & 106 IDYLLWILDE DRIVE HAS SEWER BACK UP.
PAGED TO KEVIN C

RESOLUTION
9/8/04-LIFT STATION LOST POWER SET UP GENERATOR AT STATION
KEVIN C/DB

ENTER SERVICE ORDER NUMBER OR <CR>.

SERVICE ORDER INQUIRY 00614 102015 3 - 104 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
850560	48	CUST PROBLEM - SEWER	DEBBIEB	09/08/04	08:42	09/08/04	09/08/04

INSTRUCTIONS
SEWAGE COMING FROM OUR LIFT STATION TOWARDS HER HOUSE ?
PAGED TO JOHN M

RESOLUTION
9/8/04-PER JOHN MARINELLI WHEN PAGED IN FIELD HE INFORMED OFFICE THAT
THIS IS NOT THE LIFT STATION-IT IS THE COUNTYS STORM DRAINS & THE
CUSTOMER WILL NEED TO PHONE THEM
***THIS CUSTOMER DID NOT PHONE OUR OFFICE HER NEIGHBOR PHONED FOR HER
MS BERRY 106 IDYLLWILDE-& DB PHONED MS BERRY BACK TO INFORM HER TO PHONE
THE COUNTY REGARDING THE SUPPOSED SEWAGE FROMOUR LIFT STATION IS NOT OUR
JOHN M/DB

ENTER SERVICE ORDER NUMBER OR <CR>.

SERVICE ORDER INQUIRY 00614 102015 3 - 104 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
850703	48	CUST PROBLEM - SEWER	DEBBIEB	09/08/04	12:27	09/08/04	09/08/04

INSTRUCTIONS
SEWER BACK UP THIS AM

RESOLUTION
9/8/04-PER DALE WHITE INFORMING ISABEL IN OFC-HE SPOKE TO CUSTOMER
& INFORMED HER SHE WOULD HAVE TO CONTACT HER INSURANCE COMPANY
THIS WAS THE CUSTOMERS PROBLEM**NOT OUR PROBLEM***
DALE W/DB

ENTER SERVICE ORDER NUMBER OR <CR>.

SERVICE ORDER INQUIRY 00614 102014 4 - 106 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
850555	48	CUST PROBLEM - SEWER	DEBBIEB	09/08/04	08:37	09/08/04	09/08/04

INSTRUCTIONS
SEWAGE COMING FROM LIFTSTATION-TOWARD NEIGHBORS HOUSE 104 IDYLLWILDE
PLEASE RESOLVE

RESOLUTION
9/8/04-DEB B PAGED TO JOHN MARINELLI -HE INFORMED THE OFFICE THAT THIS
IS NOT FROM OUR LIFT STSTION IT WAS CHECKED & IS WORKING PROPERLY.
IT IS THE COUNTY'S STORM DRAINS -(SEMINOLE CTY PER JOHN M)DB PHONED
THIS CUSTOMER & DID INFORM HER OF THIS & TO PHONE THE COUNTY
JM/DB

ENTER SERVICE ORDER NUMBER OR <CR>.

SERVICE ORDER INQUIRY 00614 102014 4 - 106 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
850694	48	CUST PROBLEM - SEWER	DEBBIEB	09/08/04	12:22	09/08/04	09/08/04

INSTRUCTIONS
SEWER BACK UP IN HER SHOWER IN AM

RESOLUTION
9/8/04-PER DALE WHITE HE SPOKE TO THEM & DID INFORM THAT THEY NEED
TO CONTACT THERE INSURANCE COMPANIES--
DB-HE INFORMED ISABEL OF THIS**

ENTER SERVICE ORDER NUMBER OR <CR>.

SERVICE ORDER INQUIRY 00614 102014 4 - 106 IDYLLWILDE DR /
Notes

ORDER#	TYPE	TYPE DESCRIPTION	OPERATOR	ENTRY DT	ENTRY TM	DUE DATE	RES DATE
858044	36	CLOGGED SEWER	jackies	09/30/04	11:52	09/30/04	09/30/04

INSTRUCTIONS
PAGED OUT TO JOHN M FOR SEWER BACK UP

RESOLUTION
9/30/04-SPOKE WITH MRS BERRY -SHE HAD SEWAGE ON THAT SUNDAY OF THE
STORM-WE HAD AN OUTAGE, BUT WHEN WE GOT OUT THERE AT 10:00PM-12:00PM
THE PWOER WAS RESTORED TO THE STATION
IF THEY HAD A BACCK UP THEY NEED TO CALL THERE INSURANCE CO & FILE A
CLAIM-THE CUSTOMER WAS SATISFIED WITH THIS EXPLANATION
PH 407-322-1842
JP/DB

ENTER SERVICE ORDER NUMBER OR <CR>.

Ravenna Park

Docket No. 060253-WS

Seminole County

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

DO AK-UIF

DEC -7

November 15, 2000

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

SUBJECT: Consumptive Use Permit Number 8352
RAVENNA PARK

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. 8352 **DATE ISSUED:** November 15, 2000
PROJECT NAME: RAVENNA PARK

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 44.57 million gallons per year of ground water from the Floridan aquifer for public supply for an estimated population of 1099.

LOCATION:

Site: Ravenna Park
Seminole County
Section(s): 34 Township(s): 19S 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 8352
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 8352 plainly labeled on the submittals.

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

14. Maximum annual ground water withdrawals must not exceed 44.57 million gallons.

15. The permittee must conduct an annual water audit within 30 days of the anniversary date of issuance of this permit. If the water audit shows that the system losses exceed 10%, a leak detection and repair program must be implemented.

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

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

18. Wells no. 1 and 2 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. The permittee has elected to monitor both wells with a common flowmeter.

19. Total withdrawals from wells no. 1 and 2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

20. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

21. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is

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

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

23. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(3), F.S., every 5 years during the term of the permit. The permittee shall submit the report by January 31 of the required year. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
(a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 8, 1999; and
(b) supply all of the information specifically required by the compliance report condition(s) on the permit.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.

2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code,the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice).
   Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.

3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party reqarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.

4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.

6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written desision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.

9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).

10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).

11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).

12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.

13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.

14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.

15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights

Certificate of Service

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

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

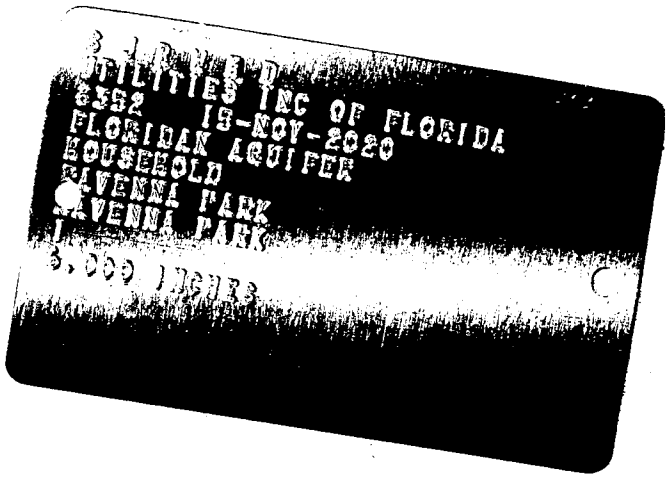
at 4:00 p.m. this 5th day of December, 2000.

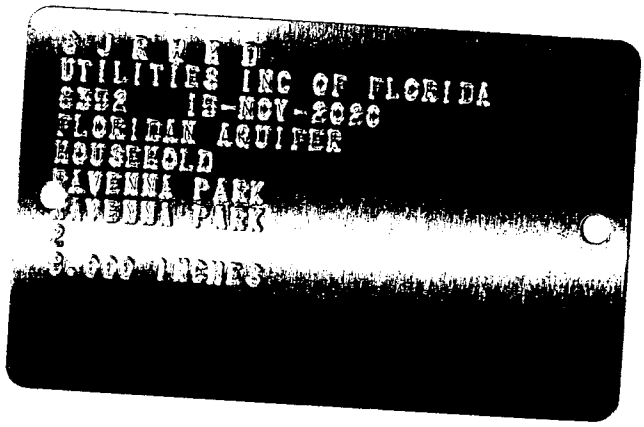
Gloria Lewis

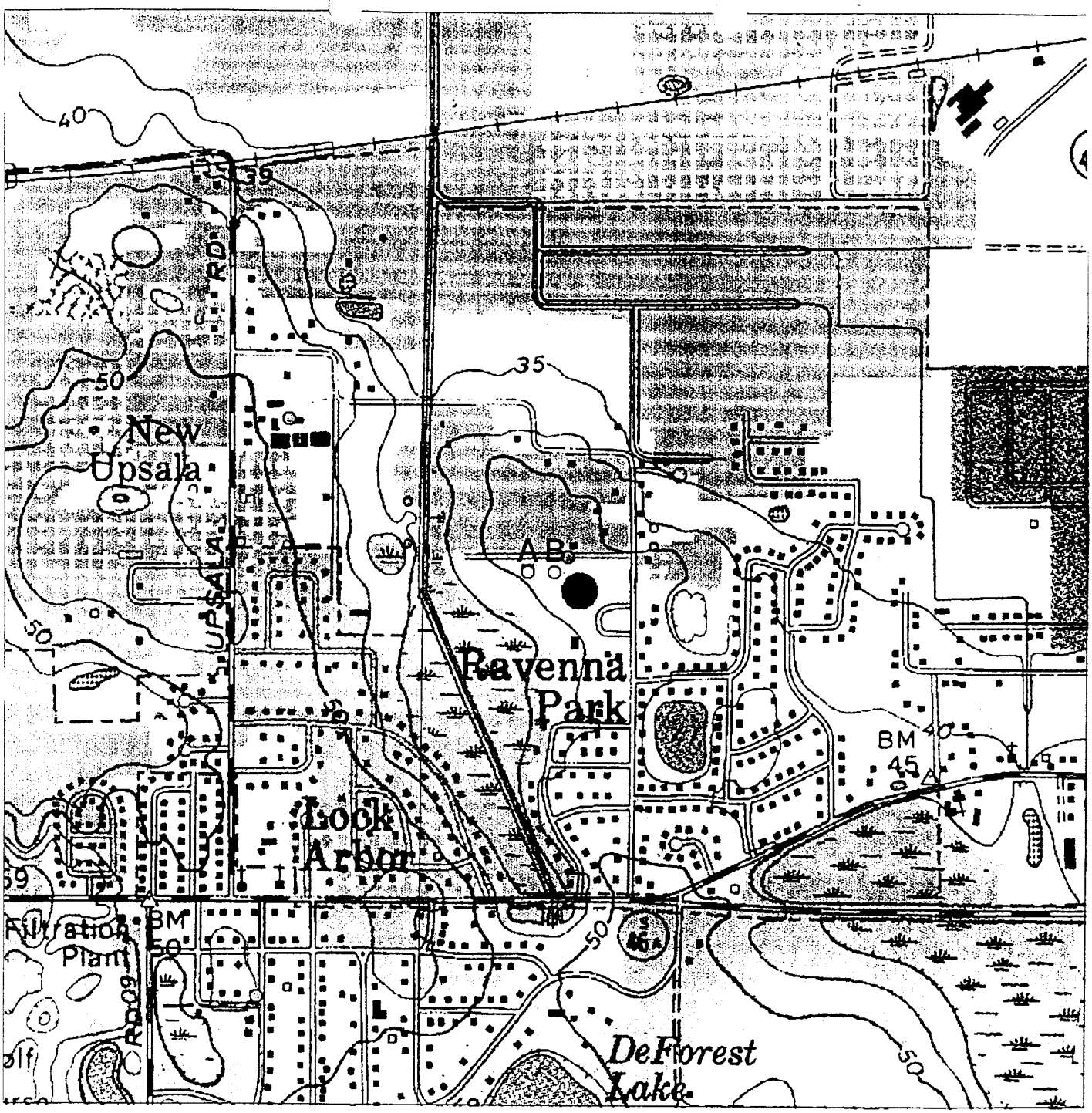
Division of Permit Data Services
Gloria Lewis, Director

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

Permit Number: 8352


UTILITIES INC OF FLORIDA
6392 13-NOV-2020
FLORIDAN AQUIFER
HOUSEHOLD
RAVENNA PARK
RAVENNA PARK
3.000 INCHES


UTILITIES INC OF FLORIDA
6392 13-NOV-2020
FLORIDAN AQUIFER
HOUSEHOLD
RAVENNA PARK
RAVENNA PARK
2
3.000 INCHES



8352

0.06 0 0.06 Miles

Scale 1:11084

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: **8352** - RAVENNA PARK

Permittee Name: **Utilities Inc of Florida**

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

Pump Capacity: **200 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

M( )d or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End:_____

(Attach Formulas Used to Make Calculations)

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

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51

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

Consumptive Use Permit Number: **8352** - Ravenna Park

Permittee Name: **Utilities Inc of Florida**

Date of Permit Issuance: **November 15, 2000** Station Name: **2**

Pump Capacity: **240 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

Method or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

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

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

36204

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

WATER USE RECORD

FORM EN - 50

CUP# **8352**

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

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **RAVENNA PARK**

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 _____

15594

36204

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

WATER USE RECORD

FORM EN - 50

CUP# **8352**

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

DISTRICT ID

OWNERS ID

PERMITTEE **Utilities Inc of Florida**

PROJECT **RAVENNA PARK**

WELL NAME **2**

PUMP NAME

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

0	1	2	3	4	5	6	7	8	9

Step 1. MARK ALL THAT APPLY

- ○ NO USE THIS PERIOD
- ○ WELL 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 _____

15595

36204

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

WATER USE RECORD FORM EN - 50

CUP# 8352 PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID OWNERS ID

PERMITTEE Utilities Inc of Florida PROJECT RAVENNA PARK

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 _____

15594

36204

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

WATER USE RECORD FORM EN - 50

CUP# 8352 PERMIT ISSUE DATE 15-nov-2000

DISTRICT ID OWNERS ID

PERMITTEE Utilities Inc of Florida PROJECT RAVENNA PARK

WELL NAME 2 PUMP NAME

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

0	1	2	3	4	5	6	7	8	9

Step 1. MARK ALL THAT APPLY

- ○ NO USE THIS PERIOD
- ○ WELL 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 _____

15595

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (7)
Notices

Test Year Ended December 31, 2005

NOTICES

None

Ravenna Park

Docket No. 060253-WS

Seminole County

25.30.440 (8)
Field Employees

Test Year Ended December 31, 2005

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

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

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

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

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

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

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

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

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

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

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

Field Employees:

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

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

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

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

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

Facilities:

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

Duties and Responsibilities:

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

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

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

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

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

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

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

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

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

Ravenna Park

Docket No. 060253-WS

Seminole County

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

Ravenna Park

Docket No. 060253-WS

Seminole County

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.

CUSTOMER COMPLAINTS

Please refer to the CD provided to the Commission Clerk with the filing.