

LAW OFFICES  
**ROSE, SUNDSTROM & BENTLEY, LLP**  
2548 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FLORIDA 32301

**ORIGINAL**

FREDERICK L. ASCHAUER, JR.  
CHRIS H. BENTLEY, P.A.  
ROBERT C. BRANNAN  
DAVID F. CHESTER  
F. MARSHALL DETERDING  
JOHN R. JENKINS, P.A.  
STEVEN T. MINDLIN, P.A.  
CHASITY H. O'STEEN  
DAREN L. SHIPPY  
WILLIAM E. SUNDSTROM, P.A.  
DIANE D. TREMOR, P.A.  
JOHN L. WHARTON  
WAYNE L. SCHIEFELBEIN, OF COUNSEL  
ROBERT M. C. ROSE (1924-2006)

(850) 877-6555  
FAX (850) 656-4029  
www.rsbatorneys.com

REPLY TO CENTRAL FLORIDA OFFICE

April 27, 2007

HAND DELIVERY

CENTRAL FLORIDA OFFICE  
SANLANDO CENTER  
2180 W. STATE ROAD 434, SUITE 2118  
LONGWOOD, FLORIDA 32779  
(407) 830-6331  
FAX (407) 830-8522

MARTIN S. FRIEDMAN, P.A.  
VALERIE L. LORD  
BRIAN J. STREET

COMMISSION  
CLERK

07 APR 30 PM 2:47

RECEIVED-FPSC

Ann Cole, Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

RE: Docket No. 070041-SU; Key Haven Utility Corporation's Application for Limited Proceeding Wastewater Rate Increase in Monroe County, Florida  
Our File No. 26043.13

Dear Ms. Cole:

Enclosed for filing in the above-referenced docket are the responses of Key Haven Utility Corporation to Staff's Second Data Request dated April 12, 2007.

A. Copies of invoices that were not included in the response to staff's first data request that support the plant increases. Specifically, copies of the invoices supporting the following amounts:

1. Tab B - \$11,970

RESPONSE: This work has not yet commenced so there are currently no invoices for this work.

2. Tab C - \$105,341

RESPONSE: The total contract price was \$302,273.06. Attached as Exhibit A-2 are the invoices from B & L Beneway, Inc. The check in the amount of \$44,100.00 was the initial deposit for the contractor to begin work; however, no invoice has been located.

3. Tab J - \$8,500

DOCUMENT NUMBER-DATE

03649 APR 30 6

FPSC-COMMISSION CLERK

**RESPONSE:** This work has not yet commenced so there are currently no invoices for this work.

4. Tab K - \$45,600

**RESPONSE:** This work is substantially complete. Invoices totaling \$52,369 are attached as Exhibit A-4.

5. Tab L - \$968

**RESPONSE:** Salinity testing invoices totaling \$1,106.75 are attached as Exhibit A-5.

6. Tab Q - \$168,750

**RESPONSE:** Work is substantially complete, but the Company has received no invoice yet. The Company will file this invoice when received.

7. Tab R - \$45,960

**RESPONSE:** This work has not yet commenced so there are currently no invoices for this work.

The work listed above as not yet being completed is scheduled to be completed by the end of May, 2007. Some additional work that was not anticipated nor included in the filing was discovered and repaired at a cost of \$7,500.00. That Invoice is attached hereto.

B. Copies of support for the following invoices included in Tab S

1. Invoice #29684 - \$968

**RESPONSE:** This invoice should not have been included as it is not related to the line repair project.

2. Invoice #28998 - all amounts

**RESPONSE:** The supporting documentation is attached hereto as Exhibit B-2.

3. Invoice #28922 -

- a. Date of Service - 11/21/2006 - Amount \$1,569.75

**RESPONSE:** These costs should not have been included as it is not related to the line repair project.

- b. Date of Service - 11/30/2006 - Amounts of \$110.00, \$12.00, \$5.00, \$5.99, and \$350.00

**RESPONSE:** These costs should not have been included as it is not related to the line repair project.

4. Invoice #28490 -

- a. Date of Service - 10/04/2006 - Amounts of \$5.00, \$280.00, and \$1,228.50

**RESPONSE:** These costs should not have been included as it is not related to the line repair project.

- b. Date of Service - 10/20/2006 - Amounts of \$1,774.50, \$5.00, \$5.00, and \$280.00

**RESPONSE:** These costs should not have been included as it is not related to the line repair project.

- c. Date of Service - 10/15/2006 - Amount of \$47.60

**RESPONSE:** This cost should not have been included as it is not related to the line repair project.

5. Invoice #28192 - all amounts

**RESPONSE:** No additional invoice detail is available at this time. The Utility has requested that detail which will have to come from Synagro's corporate office.

6. Invoice #27983 -

- a. Date of Service - 09/13/2006 - Amount \$1,501.50

Ms. Ann Cole, Commission Clerk  
Florida Public Service Commission  
April 27, 2007  
Page 4

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**RESPONSE:** These costs should not have been included as it is not related to the line repair project.

b. Date of Service - 09/25/2006 - Amount of \$1,365.00

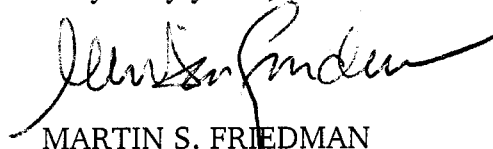
**RESPONSE:** These costs should not have been included as it is not related to the line repair project.

C. Provide supporting documentation for the \$14,211 in hurricane costs included on line 23 of Schedule No. 5 of the Special Report.

**RESPONSE:** Supporting documentation for Hurricane Wilma losses exceed the amount used for Schedule No. 5 of the Special Report. The correct total before depreciation is \$24,809.54. The Synagro Invoices for storm damage in the amount of \$24,209.54 are attached as Exhibit C. Additionally, \$600.00 was paid in cash to casual laborers performing storm related cleanup at the plant site. There was a huge amount of seaweed, debris and mud all over everything as well as fallen trees that had to be sawed up and piled up for removal. These people worked for cash only.

Should you have any questions regarding these responses, please do not hesitate to give me a call.

Very truly yours,



MARTIN S. FRIEDMAN  
For the Firm

MSF/mp  
Enclosures

cc: Mr. Rick Wright, Division of Economic Regulation (w/enclosures - by hand delivery)  
Wayne Lujan, President (w/o enclosures)  
Robert C. Nixon, CPA (w/o enclosures)

M:\1 ALTAMONTE\KEY HAVEN UTILITY\LIMITED RATE CASE (.13)\PSC Clerk 05.ltr (Second Data Request).wpd

#2

0.\*

61,240.80+  
 41,237.60+  
 23,677.04+  
 8,651.34+  
 14,674.28+  
 52,500.00+  
 19,538.00+  
 21,372.00+  
 15,261.50+  
 44,100.00+  
 302,273.06\*

*Handwritten notes:*  
 a-12  
 3000 make up  
 3000

EXHIBIT  
 A-2

KEY HAVEN UTILITY CORPORATION 03-03 1254  
 305-296-5082  
 1104 TRUMAN AVE.  
 KEY WEST, FL 33040-3352

PAY TO THE ORDER OF B+L BENEWAY, INC. DATE 11/31/06 \$ 44,100.00  
FORTY FOUR THOUSAND ONE HUNDRED DOLLARS

Bank of America  
 ACH/R/T 083100277

FOR \_\_\_\_\_

*[Signature]*

*mobilization and materials stored*

**REDACTED**

**B&L BENEWAY, INC.**1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

March 6, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, Fl 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven

**INVOICE**

|                                 |                      |                     |
|---------------------------------|----------------------|---------------------|
| 0-6 Ft. Deep Gravity Sewer      | 213 @ \$60.00 Ft.    | \$ 12,780.00        |
| 6-8 Ft. Deep Gravity Sewer      | 338 @ \$91.00 Ft.    | 30,758.00           |
| 0-6 Ft. Deep Manholes           | 1 @ \$7,670.00 Ea.   | 7,670.00            |
| 6-8 Ft. Deep Manholes           | 3 @ \$8,800.00 Ea.   | 26,700.00           |
| 4 Inch Service Laterals         | 46 Ft. @ \$32.00 Ft. | 1,472.00            |
| 4 Inch X 8 Inch Wye Connections | 8 @ \$150.00         | <u>1,200.00</u>     |
|                                 | <b>TOTAL</b>         | <b>\$ 80,580.00</b> |
|                                 | 10% Retainage        | 8,058.00            |
|                                 | 14% Stored Material  | <u>11,281.20</u>    |
|                                 | <b>AMOUNT DUE</b>    | <b>\$ 61,240.80</b> |

# B&L BENEWAY, INC.

1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

April 3, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, Fl 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven

## INVOICE

|                                 |                       |                       |
|---------------------------------|-----------------------|-----------------------|
| 0-6 Ft. Deep Gravity Sewer      | 517 @ \$60.00 Ft.     | \$ 31,020.00          |
| 0-6 Ft. Deep Manholes           | 2 @ \$7,670.00 Ea.    | 15,340.00             |
| 4 Inch Service Laterals         | 200 Ft. @ \$32.00 Ft. | 6,400.00              |
| 4 Inch X 8 Inch Wye Connections | 10 @ \$150.00         | <u>1,500.00</u>       |
|                                 | <b>TOTAL</b>          | <b>\$ 54,260.00</b>   |
|                                 | 10% Retainage         | 5,426.00              |
|                                 | 14% Stored Material   | <u>7,596.40</u>       |
|                                 | <b>AMOUNT DUE</b>     | <b>\$ 41,237.60</b> ✓ |





**B&L BENEWAY, INC.**1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

April 13, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, Fl 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven

**INVOICE**

|                                 |                       |                 |
|---------------------------------|-----------------------|-----------------|
| 0-6 Ft. Deep Gravity Sewer      | 189 @ \$60.00 Ft.     | \$ 11,340.00    |
| 0-6 Ft. Deep Manholes           | 1 @ \$7,670.00 Ea.    | 7,670.00        |
| 4 Inch Service Laterals         | 342 Ft. @ \$32.00 Ft. | 10,944.00       |
| 4 Inch X 8 Inch Wye Connections | 8 @ \$150.00          | <u>1,200.00</u> |
|                                 | TOTAL                 | \$ 31,154.00    |
|                                 | 10% Retainage         | 3,115.40        |
|                                 | 14% Stored Material   | <u>4,361.56</u> |
|                                 | AMOUNT DUE            | \$ 23,677.04    |

# B&L BENEWAY, INC.

1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

*PROJECT*

May 8, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, Fl 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven

### INVOICE

4 Inch Service Laterals  
26 Cleanouts

|                       |                 |
|-----------------------|-----------------|
| 112 Ft. @ \$32.00 Ft. | \$ 3,584.00     |
| 26 @ \$300.00         | <u>7,800.00</u> |

|                     |                 |
|---------------------|-----------------|
| TOTAL               | \$ 11,384.00    |
| 10% Retainage       | 1,138.40        |
| 14% Stored Material | <u>1,593.76</u> |
| AMOUNT DUE          | \$ 8,651.84 ✓   |

*5/24*



**B&L BENEWAY, INC.**  
 17277 ALLAMANDA DRIVE E.  
 SUGARLOAF, FL 33042  
 TELEPHONE: 305-743-4394  
 FAX: 305-743-4294

*project per bid*

May 26, 2006

Key Haven Utilities  
 c/o Southernmost Insurance Co.  
 1104 Truman Avenue  
 Key West, FL 33040  
 Attn: Wayne Luhan  
 VIA Fax: 293-0629

Re: Key Haven

| <u>Item</u>                       | <u>% Complete</u> | <u>Bid Price</u> | <u>Billed To Date</u> | <u>Total Completed</u> | <u>Balance</u> |
|-----------------------------------|-------------------|------------------|-----------------------|------------------------|----------------|
| No. 1 Permits, Mobilization       | 100               | \$ 16,143.56     | \$ 14,000.00          | \$ 16,143.56           | \$ -0-         |
| No. 2 0-6 Ft. Deep - 8 Inch       | 100               | \$ 55,500.00     | \$ 55,140.00          | \$ 55,500.00           | -0-            |
| No. 3 6-8 Ft. Deep - 8 Inch       | 100               | \$ 35,217.00     | \$ 30,758.00          | \$ 30,758.00           | 4,459.00       |
| No. 4 8-10 Ft. Deep - 10 Inch     | 0                 | \$ 9,060.00      | \$ -0-                | \$ -0-                 | 9,060.00       |
| No. 5 0-6 Ft. Deep Manholes       | 100               | \$ 30,680.00     | \$ 30,680.00          | \$ 30,680.00           | \$ -0-         |
| No. 6 6-8 Ft. Deep Manholes       | 100               | \$ 26,400.00     | \$ 26,400.00          | \$ 26,400.00           | \$ -0-         |
| No. 7 Service Laterals - 4 Inches | 100               | \$ 22,400.00     | \$ 22,400.00          | \$ 22,400.00           | \$ -0-         |
| No. 8 4 Inch X 8 Inch Wye         | 100               | \$ 3,900.00      | \$ 3,900.00           | \$ 3,900.00            | \$ -0-         |
| No. 9 Cleanouts                   | 100               | \$ 7,800.00      | \$ 7,800.00           | \$ 7,800.00            | \$ -0-         |
| No. 10 Pavement Trench Repair     | 0                 | \$ 21,372.00     | \$ -0-                | \$ -0-                 | \$21,372.00    |
| No. 11 Sidewalk Repair 4" Thick   | 0                 | \$ 5,000.00      | \$ -0-                | \$ -0-                 | \$ 5,000.00    |
| No. 12 Grass                      | 0                 | \$ 762.50        | \$ -0-                | \$ -0-                 | \$ 762.50      |
| No. 13 Lift Station               | 0                 | \$ 68,038.00     | \$ -0-                | \$ -0-                 | \$68,038.00    |



# B&L BENEWAY, INC.

1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

June 12, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, Fl 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven

## INVOICE

|                            |                    |
|----------------------------|--------------------|
| Lift Station & Valve Vault | \$48,500.00        |
| Sidewalk Repair            | <u>4,000.00</u>    |
| <b>TOTAL DUE</b>           | <b>\$52,500.00</b> |



*6/29/06*

*PAID*



# B&L BENEWAY, INC.

1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

July 17, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, FL 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven

## INVOICE

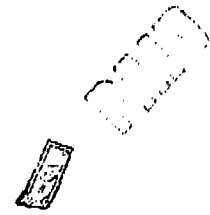
Balance of Lift Station & Valve Vault

**TOTAL DUE**

\$19,538.00  
\$19,538.00



7/20/06



# B&L BENEWAY, INC.

1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394

FAX: 305-743-4294

*PROJECT*

August 1, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, FL 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: Key Haven Sewer Project

### INVOICE

Asphalt Repair

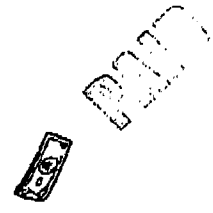
\$21,372.00

TOTAL DUE:

\$21,372.00

*✓ ← batched w/ \$51,928.57 payment*

*+ 3 other INVOICES 8/15*



# B&L BENEWAY, INC.

1865 OVERSEAS HIGHWAY  
MARATHON, FL 33050

TELEPHONE: 305-743-4394  
FAX: 305-743-4294

August 1, 2006

Key Haven Utilities  
c/o Southernmost Insurance Co.  
1104 Truman Avenue  
Key West, FL 33040  
Attn: Wayne Luhan  
VIA Fax: 293-0629

Re: KEY HAVEN SEWER PROJECT

## INVOICE

|                         |                     |
|-------------------------|---------------------|
| Contract Price          | \$302,273.06        |
| Total Completed to Date | \$302,273.06        |
| Total Billed to Date    | <u>\$286,991.56</u> |
| Amount Due              | \$ 15,281.50        |

8/31/06





EXHIBIT A-4

BRIAN INC  
BILLS

0.00 \*

23,667.00 +

28,702.00 +

52,369.00 \*

0.00 \*

0.00 \*

**B.R.I.A.N. INC.**

PO BOX 478  
 LAKE HAMILTON, FL 33851  
 Phone: (863) 438-9356  
 Fax: (863) 439-3755

**Invoice**

|           |           |
|-----------|-----------|
| Date      | Invoice # |
| 1/12/2007 | 3198      |

|   |
|---|
| Bill To   |
| KEY HAVEN UTILITY CORP<br>C/O SOUTHERN MOST INSURANCE<br>1010 KENNEDY SUITE 300<br>KEY WEST, FL 33040 |

EXHIBIT 4

|   |   | P.O. No.    | Terms  | Due Date     | Project     |
|---|---|-------------|--------|--------------|-------------|
|   |   |             | NET 30 | 2/11/2007    |             |
| Item  | Description                                     | Qty         | Rate   | Amount       |             |
| TV CLEAN<br>CLEANING  | TV<br>Heavy Cleaning per Hour                   | 13,601<br>6 | 2.00   | 27,202.00    |             |
|   |   |             | 250.00 | 1,500.00     |             |
|   | Date: 11/7/06, 11/9/06, 12/7/06<br>FL SALES TAX |             | 6.50%  | 0.00         |             |
| You are responsible for all state, local, federal taxes or fees pertaining to materials in your area. |   |             |        | <b>Total</b> | \$28,702.00 |

**B.R.I.A.N. INC.**

PO BOX 478  
 31004 HWY 27  
 LAKE HAMILTON, FL 33851

**Invoice**

|          |           |
|----------|-----------|
| Date     | Invoice # |
| 3/5/2007 | 3210      |

|   |
|---|
| Bill To   |
| KEY HAVEN UTILITY CORP<br>C/O SOUTHERN MOST INSURANCE<br>1010 KENNEDY SUITE 300<br>KEY WEST, FL 33040 |

EXHIBIT 4

|          |        |          |         |
|----------|--------|----------|---------|
| P.O. No. | Terms  | Due Date | Project |
|          | NET 30 | 4/4/2007 |         |

| Item     | Description                  | Qty   | Rate   | Amount    |
|----------|------------------------------|-------|--------|-----------|
| CLEANING | HEAVY CLEANING               | 1     | 500.00 | 500.00    |
| TV CLEAN | TV                           | 8,596 | 2.00   | 17,192.00 |
| GROUT    | GROUT                        | 65    | 15.00  | 975.00    |
| LABOR    | LABOR GROUT                  | 20    | 250.00 | 5,000.00  |
|          | DATE: JAN 29, - FEB 16, 2007 |       |        |           |
|          | POC: RICK                    |       |        |           |
|          | FL SALES TAX                 |       | 6.50%  | 0.00      |

*4/3/07 ck 1496 \$23,667.00*

You are responsible for all state, local, federal taxes or fees pertaining to materials in your area.


**Total** \$23,667.00

MAR 12 2007

EXHIBIT A-5  
 SALINITY  
 TESTING

0.00 \*  
 260.00 +  
 260.00 +  
 130.00 +  
 130.00 +  
 130.00 +  
 196.75 +  
 1,106.75 \*  
 0.00 \*

ITEM  
 5

|   |  |                            |   |
|---|--|----------------------------|---|
| Customer Name & Address:<br><i>Key Haven Utilities</i><br><i>Salinity Testing</i> |  | Phone:                     |  <b>SYNAGRO</b><br><i>A Residuals Management Company</i> |
|   |  | Mechanic:<br><i>Curtis</i> |   |
|   |  | Helper:                    |   |

Job Invoice: 22269

| Customer #:   | Invoice #:   | Circle Method of Payment:          | Check <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> | Area: UK MK <input checked="" type="checkbox"/> LK | Date Ordered: |   |   |                                 |                 |       |        |
|---------------|--------------|------------------------------------|--|--|---------------|---|---|---------------------------------|-----------------|-------|--------|
| <i>KEY100</i> | <i>01769</i> |                                    | <input checked="" type="checkbox"/> <i>On Account</i>                          |  |               |   |   |                                 |                 |       |        |
| Item Code     | ✓            | Description                        | Qty  | Price  | Amount        | Item Code   | ✓ | Description                     | Qty             | Price | Amount |
| R04           |              | Parts & Material                   |  |  |               |   |   |                                 |                 |       |        |
| R12           |              | Miscellaneous Supplies             |  |  |               |   |   |                                 |                 |       |        |
| C01           |              | Chlorine Slow Dissolve Tabs        |  |  |               |   |   |                                 |                 |       |        |
| C02           |              | Chlorine Liquid _____ gals.        |  |  |               |   |   |                                 |                 |       |        |
| C03           |              | Chlorine Liquid 55 gals.           |  |  |               |   |   |                                 |                 |       |        |
| C05           |              | Lime _____ lbs.                    |  |  |               |   |   |                                 |                 |       |        |
| C08           |              | Potassium Permanganate _____ lbs.  |  |  |               |   |   |                                 |                 |       |        |
| C09           |              | Ferric Floc _____ lbs.             |  |  |               |   |   |                                 |                 |       |        |
| C10           |              | Sodium Bicarb _____ lbs.           |  |  |               |   |   |                                 |                 |       |        |
| C14           |              | Alum Sulfate 15 gals.              |  |  |               | Code  | ✓ | Labor                           | Hrs             | Price | Amount |
| C15           |              | Ferric Sulfate 15 gals.            |  |  |               | R01   | ✓ | Labor-mechanical & electrical   | 4.0             | 65    | 260 00 |
| C16           |              | Ferric Sulfate 55 gals.            |  |  |               | R02   |   | Helper Labor-mech. & electrical |                 |       |        |
| R06           |              | Jet Rodder _____ ft.               |  |  |               | R19   |   | Bld Job                         |                 |       |        |
| R07           |              | Jet Rodder _____ hrs.              |  |  |               | S10   |   | Plant Operator Labor            |                 |       |        |
| R18           |              | Shipping/Freight                   |  |  |               |   |   |                                 | Total Labor     |       |        |
| S11           |              | L/S Calibration as required by DEP |  |  |               | I hereby acknowledge the satisfactory completion of the above described work. |   |                                 | Total Materials |       |        |
| T01           |              | Total Nitrogen & Phosphorus        |  |  |               |   |   |                                 | Total Labor     |       |        |
| T03           |              | Fecal Coliform Testing             |  |  |               | Operator/Employee Signature:  |   |                                 | Tax             |       |        |
| T04           |              | Total Coliform Testing             |  |  |               | <i>Curtis</i>   |   |                                 | TOTAL           |       |        |
| T08           |              | Enterococcus Testing               |  |  |               | Date Completed: <i>10/12/05</i>   |   |                                 | 260 00          |       |        |
| T12           |              | Miscellaneous Supplies/Lab         |  |  |               | Customer Signature:   |   |                                 |                 |       |        |
| T13           |              | Lab Labor                          |  |  |               |   |   |                                 |                 |       |        |

ORIGINAL

EXHIBIT 5

Job Invoice: 22273



# SYNAGRO

A Residuals Management Company

Customer Name & Address:  
 Key Haven Utilities  
 Salinity Testing  
 Bogavilla and Bambzo very high

Phone:  
 Mechanic: Curtis  
 Helper:

Customer #: KEY100 Invoice #: 21769 Circle Method of Payment: Check On Account Credit Card Area: UK MK LK Date Ordered:

| Item Code | ✓ | Description                       | Qty | Price | Amount | Item Code | ✓ | Description                     | Qty             | Price | Amount |
|-----------|---|-----------------------------------|-----|-------|--------|-----------|---|---------------------------------|-----------------|-------|--------|
| R04       |   | Parts & Material                  |     |       |        |           |   |                                 |                 |       |        |
| R12       |   | Miscellaneous Supplies            |     |       |        |           |   |                                 |                 |       |        |
| C01       |   | Chlorine Slow Dissolve Tabs       |     |       |        |           |   |                                 |                 |       |        |
| C02       |   | Chlorine Liquid _____ gals.       |     |       |        |           |   |                                 |                 |       |        |
| C03       |   | Chlorine Liquid 55 gals.          |     |       |        |           |   |                                 |                 |       |        |
| C05       |   | Lime _____ lbs.                   |     |       |        |           |   |                                 |                 |       |        |
| C08       |   | Potassium Permanganate _____ lbs. |     |       |        |           |   |                                 |                 |       |        |
| C09       |   | Ferri Floc _____ lbs.             |     |       |        |           |   |                                 |                 |       |        |
| C10       |   | Sodium Bicarb _____ lbs.          |     |       |        |           |   |                                 |                 |       |        |
| C14       |   | Alum Sulfate 15 gals.             |     |       |        | Code      | ✓ | Labor                           | Hrs             | Price | Amount |
| C15       |   | Ferric Sulfate 15 gals.           |     |       |        | R01       | ✓ | Labor-mechanical & electrical   | 4               | 65    | 260.00 |
| C16       |   | Ferric Sulfate 55 gals.           |     |       |        | R02       |   | Helper Labor-mech. & electrical |                 |       |        |
| R06       |   | Jet Rodder _____ fl.              |     |       |        | R19       |   | Bid Job                         |                 |       |        |
| R07       |   | Jet Rodder _____ hrs.             |     |       |        | S10       |   | Plant Operator Labor            |                 |       |        |
| R18       |   | Shipping/Freight                  |     |       |        |           |   |                                 |                 |       |        |
| S11       |   | US Calibration as required by DEP |     |       |        |           |   |                                 |                 |       |        |
| T01       |   | Total Nitrogen & Phosphorus       |     |       |        |           |   |                                 |                 |       |        |
| T03       |   | Fecal Coliform Testing            |     |       |        |           |   |                                 |                 |       |        |
| T04       |   | Total Coliform Testing            |     |       |        |           |   |                                 |                 |       |        |
| T08       |   | Enterococcus Testing              |     |       |        |           |   |                                 |                 |       |        |
| T12       |   | Miscellaneous Supplies/Lab        |     |       |        |           |   |                                 |                 |       |        |
| T13       |   | Lab Labor                         |     |       |        |           |   |                                 |                 |       |        |
|           |   |                                   |     |       |        |           |   |                                 | Total Labor     |       |        |
|           |   |                                   |     |       |        |           |   |                                 | Total Materials |       |        |
|           |   |                                   |     |       |        |           |   |                                 | Total Labor     |       |        |
|           |   |                                   |     |       |        |           |   |                                 | Tax             |       |        |
|           |   |                                   |     |       |        |           |   |                                 | TOTAL 260.00    |       |        |

I hereby acknowledge the satisfactory completion of the above described work.

Operator/Employee Signature:

*Curtis Morris*

Date Completed: 10/18/05

Customer Signature:

P. 04  
 3052930629  
 FAX NO. 3052930629  
 APR-26-2007 THU 11:25 AM SOUTHERNMOST INSURANCE

EXHIBIT 5  
 Job Invoice: 19289



**SYNAGRO**

A Residuals Management Company

Customer Name: **KEY HAVEN**

Job Description: **PERFORM SALINITY TESTS ON WWTTP AND COLLECTION SYSTEM**

Mechanic: **MIKE**

Helper:

Customer #: **KEY 100** Invoice #: **16145** Circle Method of Payment:  Check  On Account  Credit Card

Area: **UK MK LK** Date Ordered: **1-4-05**

| Item Code | ✓ | Description                        | Qty | Price | Amount | Item Code | ✓ | Description                     | Qty             | Price | Amount |
|-----------|---|------------------------------------|-----|-------|--------|-----------|---|---------------------------------|-----------------|-------|--------|
| R04       |   | Parts & Material                   |     |       |        |           |   |                                 |                 |       |        |
| R12       |   | Miscellaneous Supplies             |     |       |        |           |   |                                 |                 |       |        |
| C01       |   | Chlorine Slow Dissolve Tabs        |     |       |        |           |   |                                 |                 |       |        |
| C02       |   | Chlorine Liquid _____ gals.        |     |       |        |           |   |                                 |                 |       |        |
| C03       |   | Chlorine Liquid 55 gals.           |     |       |        |           |   |                                 |                 |       |        |
| C05       |   | Lime _____ lbs.                    |     |       |        |           |   |                                 |                 |       |        |
| C08       |   | Potassium Permanganate _____ lbs.  |     |       |        |           |   |                                 |                 |       |        |
| C09       |   | Ferri Flocc _____ lbs.             |     |       |        |           |   |                                 |                 |       |        |
| C10       |   | Sodium Bicarb _____ lbs.           |     |       |        |           |   |                                 |                 |       |        |
| C14       |   | Aium Sulfate 15 gals.              |     |       |        | Code      | ✓ | Labor                           | Hrs             | Price | Amount |
| C15       |   | Ferric Sulfate 15 gals.            |     |       |        | R01       | ✓ | Labor-mechanical & electrical   | 2.0             | 65.00 | 130.00 |
| C16       |   | Ferric Sulfate 55 gals.            |     |       |        | R02       |   | Helper Labor-mech. & electrical |                 |       |        |
| R06       |   | Jet Rodder _____ ft.               |     |       |        | R19       |   | Bid Job                         |                 |       |        |
| R07       |   | Jet Rodder _____ hrs.              |     |       |        | S10       |   | Plant Operator Labor            |                 |       |        |
| R18       |   | Shipping/Freight                   |     |       |        |           |   |                                 |                 |       |        |
| S11       |   | L/S Calibration as required by DEP |     |       |        |           |   |                                 |                 |       |        |
| T01       |   | Total Nitrogen & Phosphorus        |     |       |        |           |   |                                 |                 |       |        |
| T03       |   | Fecal Coliform Testing             |     |       |        |           |   |                                 |                 |       |        |
| T04       |   | Total Coliform Testing             |     |       |        |           |   |                                 |                 |       |        |
| T08       |   | Enterococcus Testing               |     |       |        |           |   |                                 |                 |       |        |
| T12       |   | Miscellaneous Supplies/Lab         |     |       |        |           |   |                                 |                 |       |        |
| T13       |   | Lab Labor                          |     |       |        |           |   |                                 |                 |       |        |
|           |   |                                    |     |       |        |           |   |                                 | Total Labor     |       |        |
|           |   |                                    |     |       |        |           |   |                                 | Total Materials |       |        |
|           |   |                                    |     |       |        |           |   |                                 | Total Labor     |       |        |
|           |   |                                    |     |       |        |           |   |                                 | Tax             |       |        |
|           |   |                                    |     |       |        |           |   |                                 | TOTAL           |       |        |
|           |   |                                    |     |       |        |           |   |                                 | 130.00          |       |        |

I hereby acknowledge the satisfactory completion of the above described work.

Operator/Employee Signature: *[Signature]*

Date Completed: **1/4/05**

Customer Signature:

ORIGINAL

P. 04  
 95%  
 3052930629  
 APR-26-2007 11:18





EXHIBITS

Job Invoice: 20493



**SYNAGRO**

A Residuals Management Company

Customer Name & Address:

KEY HAVEN

Phone:

Mechanic:

MIKE

Helper:

TAKE SALINITY SAMPLES FROM  
WWTP / COLLECTION

Customer #: KEY100

Invoice #: 18725

Circle Method of Payment:

Check  On Account  Credit Card

Area: UK MK **LK**

Date Ordered: 4-13-05

| Item Code  | ✓ | Description                        | Qty | Price | Amount | Item Code | ✓ | Description                     | Qty             | Price | Amount |        |
|--|---|------------------------------------|-----|-------|--------|-----------|---|---------------------------------|-----------------|-------|--------|--------|
| R04  |   | Parts & Material                   |     |       |        |           |   |                                 |                 |       |        |        |
| R12  |   | Miscellaneous Supplies             |     |       |        |           |   |                                 |                 |       |        |        |
| C01  |   | Chlorine Slow Dissolve Tabs        |     |       |        |           |   |                                 |                 |       |        |        |
| C02  |   | Chlorine Liquid _____ gals.        |     |       |        |           |   |                                 |                 |       |        |        |
| C03  |   | Chlorine Liquid 55 gals.           |     |       |        |           |   |                                 |                 |       |        |        |
| C05  |   | Lime _____ lbs.                    |     |       |        |           |   |                                 |                 |       |        |        |
| C08  |   | Potassium Permanganate _____ lbs.  |     |       |        |           |   |                                 |                 |       |        |        |
| C09  |   | Ferri Flocc _____ lbs.             |     |       |        |           |   |                                 |                 |       |        |        |
| C10  |   | Sodium Bicarb _____ lbs.           |     |       |        |           |   |                                 |                 |       |        |        |
| C14  |   | Alum Sulfate 15 gals.              |     |       |        | Code      | ✓ | Labor                           | Hrs             | Price | Amount |        |
| C15  |   | Ferric Sulfate 15 gals.            |     |       |        | R01       | ✓ | Labor-mechanical & electrical   | 2.0             | 65=   | 130.00 |        |
| C16  |   | Fenic Sulfate 55 gals.             |     |       |        | R02       |   | Helper Labor-mech. & electrical |                 |       |        |        |
| R06  |   | Jet Rodder _____ ft.               |     |       |        | R19       |   | Bid Job                         |                 |       |        |        |
| R07  |   | Jet Rodder _____ hrs.              |     |       |        | S10       |   | Plant Operator Labor            |                 |       |        |        |
| R18  |   | Shipping/Freight                   |     |       |        |           |   |                                 |                 |       |        |        |
| S11  |   | L/S Calibration as required by DEP |     |       |        |           |   |                                 |                 |       |        |        |
| T01  |   | Total Nitrogen & Phosphorus        |     |       |        |           |   |                                 |                 |       |        |        |
| T03  |   | Fecal Coliform Testing             |     |       |        |           |   |                                 |                 |       |        |        |
| T04  |   | Total Coliform Testing             |     |       |        |           |   |                                 |                 |       |        |        |
| T08  |   | Enterococcus Testing               |     |       |        |           |   |                                 |                 |       |        |        |
| T12  |   | Miscellaneous Supplies/Lab         |     |       |        |           |   |                                 |                 |       |        |        |
| T13  |   | Lab Labor                          |     |       |        |           |   |                                 |                 |       |        |        |
| I hereby acknowledge the satisfactory completion of the above described work.<br>Operator/Employee Signature: <i>[Signature]</i><br>Date Completed: 4/13/05<br>Customer Signature: |   |                                    |     |       |        |           |   |                                 | Total Labor     |       |        |        |
|  |   |                                    |     |       |        |           |   |                                 | Total Materials |       |        |        |
|  |   |                                    |     |       |        |           |   |                                 | Total Labor     |       |        |        |
|  |   |                                    |     |       |        |           |   |                                 | Tax             |       |        |        |
|  |   |                                    |     |       |        |           |   |                                 |                 | TOTAL |        | 130.00 |

ORIGINAL

P. 06  
FAX NO. 3052930629  
APR-26-2007 THU 11:26 AM SOUTHERNMOST INSURANCE


P. 06  
95%  
3052930629  
APR-26-2007 11:19

EXHIBIT 5

Customer Name & Address:  
KEY HAVEN  
 PERFORM SALINITY TESTING AT LIFT STATIONS AND MAIN PLANT

Phone:  
 Mechanic:  
MIKE  
 Helper:

Job Invoice: 19248



# SYNAGRO

A Residuals Management Company

Customer #: KEY 100 Invoice #: 15683 Circle Method of Payment:  Check  On Account  Credit Card  
 Area: UK MK LK Date Ordered: 12.9.04

| Item Code | √ | Description                        | Qty | Price | Amount | Item Code | √ | Description   | Qty | Price            | Amount            |
|-----------|---|------------------------------------|-----|-------|--------|-----------|---|---|-----|------------------|-------------------|
| R04       |   | Parts & Material                   |     |       |        |           |   |   |     |                  |                   |
| R12       |   | Miscellaneous Supplies             |     |       |        |           |   |   |     |                  |                   |
| C01       |   | Chlorine Slow Dissolve Tabs        |     |       |        |           |   |   |     |                  |                   |
| C02       |   | Chlorine Liquid _____ gals.        |     |       |        |           |   |   |     |                  |                   |
| C03       |   | Chlorine Liquid 55 gals.           |     |       |        |           |   |   |     |                  |                   |
| C05       |   | Lime _____ lbs.                    |     |       |        |           |   |   |     |                  |                   |
| C08       |   | Potassium Permanganate _____ lbs.  |     |       |        |           |   |   |     |                  |                   |
| C09       |   | Ferri Floc _____ lbs.              |     |       |        |           |   |   |     |                  |                   |
| C10       |   | Sodium Bicarb _____ lbs.           |     |       |        |           |   |   |     |                  |                   |
| C14       |   | Alum Sulfate 15 gals.              |     |       |        | Code      | √ | Labor   | Hrs | Price            | Amount            |
| C15       |   | Ferric Sulfate 15 gals.            |     |       |        | R01       |   | Labor-mechanical & electrical   | 3.0 | 65 <sup>00</sup> | 195 <sup>00</sup> |
| C16       |   | Ferric Sulfate 55 gals.            |     |       |        | R02       |   | Helper Labor-mech. & electrical   | 13. |                  |                   |
| R06       |   | Jet Rodder _____ fl.               |     |       |        | R19       |   | Bid Job   |     |                  |                   |
| R07       |   | Jet Rodder _____ hrs.              |     |       |        | S10       |   | Plant Operator Labor  |     |                  |                   |
| R18       |   | Shipping/Freight                   |     |       |        |           |   |   |     |                  |                   |
| S11       |   | L/S Calibration as required by DEP |     |       |        |           |   | I hereby acknowledge the satisfactory completion of the above described work. |     |                  |                   |
| T01       |   | Total Nitrogen & Phosphorus        |     |       |        |           |   | Total Labor   |     |                  |                   |
| T03       |   | Fecal Coliform Testing             |     |       |        |           |   | Total Materials   |     |                  | 1 75              |
| T04       |   | Total Coliform Testing             |     |       |        |           |   | Total Labor   |     |                  |                   |
| T08       |   | Enterococcus Testing               |     |       |        |           |   | Tax   |     |                  |                   |
| T12       | √ | Miscellaneous Supplies/Lab         |     |       | 1 75   |           |   | Operator/Employee Signature:  |     |                  |                   |
| T13       |   | Lab Labor                          |     |       |        |           |   | Date Completed: 12/9/04   |     |                  |                   |
|           |   |                                    |     |       |        |           |   | Customer Signature:   |     |                  |                   |
|           |   |                                    |     |       |        |           |   | TOTAL   |     |                  | 196 75            |

ORIGINAL

APR-26-2007 THU 11:26 AM SOUTHERNMOST INSURANCE FAX NO. 3052930629 P. 07

APR-26-2007 11:19 3052930629 95% P. 07

**B.R.I.A.N. INC.**

PO BOX 478  
 LAKE HAMILTON, FL 33851  
 Phone: (863) 438-9356  
 Fax: (863) 439-3755

# Invoice

|           |           |
|-----------|-----------|
| Date      | Invoice # |
| 4/11/2007 | 3225      |

|   |
|---|
| Bill To   |
| KEY HAVEN UTILITY CORP<br>C/O SOUTHERN MOST INSURANCE<br>1010 KENNEDY SUITE 300<br>KEY WEST, FL 33040 |

*ADDITIONAL WORK*

|          |        |           |           |
|----------|--------|-----------|-----------|
| P.O. No. | Terms  | Due Date  | Project   |
|          | NET 30 | 5/11/2007 | KEY HAVEN |

| Item   | Description   | Qty | Rate              | Amount            |
|--------|---|-----|-------------------|-------------------|
| REPAIR | INSTALLATION OF THREE L-3-8 LINERS.<br>FL SALES TAX | 3   | 2,500.00<br>6.50% | 7,500.00<br>0.00  |
|        |   |     | <b>Total</b>      | <b>\$7,500.00</b> |

EXHIBIT B-2.

**Synagro Southwest**  
**1800 BERING DRIVE, SUITE 1000**  
**HOUSTON TX 77057**  
**(713) 369-1700**

**Bill To:**  
 Key Haven Utilities  
 C/O Southernmost Insurance  
 1104 Truman Ave  
 Key West FL 33040

**Invoice**  
  
**Invoice Number:**  
 28998  
  
**Invoice Date:**  
 11/30/2006  
  
**Page:**  
 1

DEC 19 2006

| Customer ID | Customer PO | Payment Terms | Due Date   |
|-------------|-------------|---------------|------------|
| KEY100      |             | Net 30        | 12/30/2006 |

| Date of Service | Description                                  | Quantity  | Unit Price | Extended   |
|-----------------|--|-----------|------------|------------|
| 11/1/2006       | Lower Keys Digester Sludge Removal (gallons) | 14,600.00 | 0.405      | \$5,913.00 |
| 11/1/2006       | JI-004604-3596                               | 1.000     |            |            |
| 11/7/2006       | Pump Clarifier                               | 2,500.00  | 0.405      | \$1,012.50 |
| 11/7/2006       | Hour charge                                  | 8.000     | 185.00     | \$1,480.00 |
| 11/7/2006       | JI-004608-6301                               | 1.000     |            |            |
| 11/8/2006       | Pump Clarifier                               | 3,800.00  | 0.405      | \$1,539.00 |
| 11/8/2006       | Hour charge                                  | 6.500     | 185.00     | \$1,202.50 |
| 11/8/2006       | JI-004609-3601                               | 1.000     |            |            |
| 11/9/2006       | Pump Clarifier                               | 7,500.00  | 0.405      | \$3,037.50 |
| 11/9/2006       | Hour charge                                  | 3.000     | 185.00     | \$555.00   |
| 11/9/2006       | JI-004610-3601                               | 1.000     |            |            |
| 11/10/2006      | Pump Clarifier                               | 5,500.00  | 0.405      | \$2,227.50 |
| 11/10/2006      | Hour charge                                  | 3.000     | 185.00     | \$555.00   |
| 11/10/2006      | JI-004611-3601                               | 1.000     |            |            |

Please Remit To: Synagro Southwest  
 c/o Synagro Technologies, Inc.  
 07533 Collections Center Drive  
 Chicago, IL 60693

**PLEASE NOTE CUSTOMER ID & INVOICE NUMBER ON CHECK**



**SYNAGRO**

|              |                    |
|--------------|--------------------|
| Subtotal     | \$17,522.00        |
| Tax          | \$0.00             |
| Freight      | \$0.00             |
| <b>Total</b> | <b>\$17,522.00</b> |















Customer Name & Address:

KEY HAVEN

STORM DAMAGE

OVERHAUL SEWAGE PUMP FOR  
EMERGENCY SPARE

Phone:

Mechanic:

MIKE/CURTIS

Helper:

Job Invoice: 22306



SYNAGRO

A Residuals Management Company

| Customer #:<br>KEY 100 | Invoice #:<br>22208 | Circle Method of Payment:         | Check<br>Credit Card | On Account | Area: UK MK <b>LK</b> | Date Ordered:<br>10-31-05 |   |   |      |                        |        |
|------------------------|---------------------|-----------------------------------|----------------------|------------|-----------------------|---------------------------|---|---|------|------------------------|--------|
| Item Code              | ✓                   | Description                       | Qty                  | Price      | Amount                | Item Code                 | ✓ | Description   | Qty  | Price                  | Amount |
| R04                    |                     | Parts & Material                  |                      |            |                       | R04                       | ✓ | IMPELLER  | 1 EA |                        | 375 00 |
| R12                    |                     | Miscellaneous Supplies            |                      |            |                       | R04                       | ✓ | WEAR PLATE  | 1 EA |                        | 75 00  |
| C01                    |                     | Chlorine Slow Dissolve Tabs       |                      |            |                       | R04                       | ✓ | SEAL ASSY   | 1 EA |                        | 93 00  |
| C02                    |                     | Chlorine Liquid _____ gals.       |                      |            |                       | R04                       | ✓ | GREASE CUP  | 1 EA |                        | 49 50  |
| C03                    |                     | Chlorine Liquid _____ gals.       |                      |            |                       | R04                       | ✓ | GASKET SET  | 1 EA |                        | 24 00  |
| C05                    |                     | Lime _____ lbs.                   |                      |            |                       | R04                       | ✓ | SUPPLIES  | MISC |                        | 28 50  |
| C08                    |                     | Potassium Permanganate _____ lbs. |                      |            |                       |                           |   |   |      |                        |        |
| C09                    |                     | Ferric Floc _____ lbs.            |                      |            |                       |                           |   |   |      |                        |        |
| C10                    |                     | Sodium Bicarb _____ lbs.          |                      |            |                       |                           |   |   |      |                        |        |
| C14                    |                     | Alum Sulfate 15 gals.             |                      |            |                       |                           |   |   |      |                        |        |
| C15                    |                     | Ferric Sulfate 15 gals.           |                      |            |                       |                           |   |   |      |                        |        |
| C16                    |                     | Ferric Sulfate 55 gals.           |                      |            |                       |                           |   |   |      |                        |        |
| R06                    |                     | Jet Rodder _____ ft.              |                      |            |                       |                           |   |   |      |                        |        |
| R07                    |                     | Jet Rodder _____ hrs.             |                      |            |                       |                           |   |   |      |                        |        |
| R18                    |                     | Shipping/Freight                  |                      |            |                       |                           |   |   |      |                        |        |
| S11                    |                     | US Calibration as required by DEP |                      |            |                       |                           |   |   |      |                        |        |
| T01                    |                     | Total Nitrogen & Phosphorus       |                      |            |                       |                           |   |   |      |                        |        |
| T03                    |                     | Fecal Coliform Testing            |                      |            |                       |                           |   |   |      |                        |        |
| T04                    |                     | Total Coliform Testing            |                      |            |                       |                           |   |   |      |                        |        |
| T08                    |                     | Enterococcus Testing              |                      |            |                       |                           |   |   |      |                        |        |
| T12                    |                     | Miscellaneous Supplies/Lab        |                      |            |                       |                           |   |   |      |                        |        |
| T13                    |                     | Lab Labor                         |                      |            |                       |                           |   |   |      |                        |        |
|                        |                     |                                   |                      |            |                       |                           |   | I hereby acknowledge the satisfactory completion of the above described work. |      |                        |        |
|                        |                     |                                   |                      |            |                       |                           |   | Operator/Employee Signature:<br><i>[Signature]</i>                            |      | Total Labor            |        |
|                        |                     |                                   |                      |            |                       |                           |   | Date Completed: 11/1/05   |      | Total Materials 645 00 |        |
|                        |                     |                                   |                      |            |                       |                           |   | Customer Signature:   |      | Total Labor            |        |
|                        |                     |                                   |                      |            |                       |                           |   |   |      | Tax                    |        |
|                        |                     |                                   |                      |            |                       |                           |   |   |      | TOTAL 1685 00          |        |

ORIGINAL

APR-30-2007 10:39  
ROSE SUNDSTROM BENTLEY  
407 830 8522 P.03

TOTAL P.03

Customer Name & Address:

Key Haven  
 Energy Call out  
 Step feed lift stations  
 Storm damage

Phone:  
 Mechanic: Curtie  
 Helper:

Job Invoice: 22310



**SYNAGRO**

A Residuals Management Company

Customer #: Key 100 Invoice #: 22208  
 Circle Method of Payment: Check On Account Credit Card  
 Area: UK MK LK Date Ordered:

| Item Code | ✓ | Description                        | Qty | Price | Amount          | Item Code   | ✓ | Description                     | Qty | Price | Amount      |    |  |
|-----------|---|------------------------------------|-----|-------|-----------------|---|---|---------------------------------|-----|-------|-------------|----|--|
| R04       |   | Parts & Material                   |     |       |                 |   |   |                                 |     |       |             |    |  |
| R12       |   | Miscellaneous Supplies             |     |       |                 |   |   |                                 |     |       |             |    |  |
| C01       |   | Chlorine Slow Dissolve Tabs        |     |       |                 |   |   |                                 |     |       |             |    |  |
| C02       |   | Chlorine Liquid _____ gals.        |     |       |                 |   |   |                                 |     |       |             |    |  |
| C03       |   | Chlorine _____ gals.               |     |       |                 |   |   |                                 |     |       |             |    |  |
| C05       |   | Lime _____ lbs.                    |     |       |                 |   |   |                                 |     |       |             |    |  |
| C08       |   | Potassium Permanganate _____ lbs.  |     |       |                 |   |   |                                 |     |       |             |    |  |
| C09       |   | Ferri Floe _____ lbs.              |     |       |                 |   |   |                                 |     |       |             |    |  |
| C10       |   | Sodium Bicarb _____ lbs.           |     |       |                 |   |   |                                 |     |       |             |    |  |
| C14       |   | Alum Sulfate 15 gals.              |     |       |                 |   |   |                                 |     |       |             |    |  |
| C15       |   | Femic Sulfate 15 gals.             |     |       |                 | Code  | ✓ | Labor                           | Hrs | Price | Amount      |    |  |
| C16       |   | Ferric Sulfate 55 gals.            |     |       |                 | R01   | ✓ | Labor-mechanical & electrical   | 8   | 97.50 | 780 00      |    |  |
| R06       |   | Jet Rodder _____ ft.               |     |       |                 | R02   |   | Helper Labor-mech. & electrical |     |       |             |    |  |
| R07       |   | Jol Rodder _____ hrs.              |     |       |                 | R19   |   | Bld Job                         |     |       |             |    |  |
| R18       |   | Shipping/Freight                   |     |       |                 | S10   |   | Plant Operator Labor            |     |       |             |    |  |
| S11       |   | L/S Calibration as required by DEP |     |       |                 |   |   |                                 |     |       |             |    |  |
| T01       |   | Total Nitrogen & Phosphorus        |     |       |                 | I hereby acknowledge the satisfactory completion of the above described work.<br>Operator/Employee Signature: <i>Curtie Morris</i><br>Date Completed: 11 / 12 / 05<br>Customer Signature: |   |                                 |     |       | Total Labor |    |  |
| T03       |   | Fecal Coliform Testing             |     |       | Total Materials |   |   |                                 |     |       |             |    |  |
| T04       |   | Total Coliform Testing             |     |       | Total Labor     |   |   |                                 |     |       |             |    |  |
| T08       |   | Enterococcus Testing               |     |       | Tax             |   |   |                                 |     |       |             |    |  |
| T12       |   | Miscellaneous Supplies/Lab         |     |       | TOTAL           |   |   |                                 |     |       | 780         | 00 |  |
| T13       |   | Lab Labor                          |     |       |                 |   |   |                                 |     |       |             |    |  |

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