

090462-WS

CLASS A
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

UTILITIES, INC. OF FLORIDA

Exact Legal Name of Utility
Docket No.: 090462-WS

**ORANGE COUNTY
VOLUME III**



FOR THE
Test Year Ended: December 31, 2008

DOCUMENT NUMBER-DATE

00698 FEB-10

FPSC-COMMISSION CLERK

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (1)
DETAILED MAP**

Test Year Ended December 31, 2008



SERVICE AREA BOUNDARY

SOUTH LINE OF THE NW 1/4
NORTH LINE OF THE SW 1/4

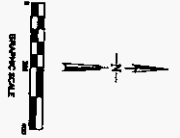
POINT OF BEGINNING

EAST FIRST AVENUE

ORANGE COUNTY
RESOLUTION NO. 2007-11

EAST LINE OF THE NW 1/4
WEST LINE OF THE NE 1/4

Residential



Sheet No. 1	WATER DISTRIBUTION SYSTEM	Activity Designed by: BWR 11/02 Drawn by: YJP 11/02 Checked by: DEM 11/02 Approved by: BWR 11/02	Name BWR YJP DEM BWR	Date 11/02 11/02 11/02 11/02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Scale: 1" = 200' Date: NOV. 2002 Job No.: U0722 File: Davis Shores System	<p>Engineers Planners Landscape Architects Surveyors Construction Management</p> <p>3030 W. U.S. Highway 1 Suite 200 Fort Lauderdale, Florida 33309 Phone: 954.333.3333 Fax: 954.333.3333</p>
	UTILITIES INC. OF FLORIDA Davis Shores Service Area Orange County, Florida	4/2007 REVISED SERVICE AREA BOUNDARY	No. Date Revision	Approved:			
	<small>Copyright of AutoCAD is by Autodesk Inc. © 2002</small>		Approved:				

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (2)
CHEMICALS USED**

Test Year Ended December 31, 2008

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (3)
CHEMICAL ANALYSIS**

Test Year Ended December 31, 2008

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
 7240 Old Cheney Highway
 Orlando, Florida 32807
 DOH# E83294
 407-275-8463

09 12
 049

Report Number: 12-1-09 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- Standard Coliform test
- HPC
- Other: _____

Lab Receipt Date & Time: 12-2-09 1555
 Analysis Date & Time: 12-2-09 1600
 Sample Acceptance Criteria:
 Sample Preservation: On Ice No Cooling °C
 Confirmation Check: Not Detected
 The sample does not meet the following NELAP requirement:

System Name: Crescent Heights

PWS I.D. 3 4 8 0 2 5 5

System Address: Amelia

City: Orlando

System Owner's Phone #: 407-869-1919

Fax: 407-869-6961

Collector: Elisa Williams

Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

- Community Water System
 - Limited Use System
 - Borehole Water
 - Non-Transient Non-community Water System
 - Private Well
 - Swimming Pool
 - Treatment Non-community Water System
 - Other: _____
- Reason For Sampling: (check only one)
- Routine Compliance
 - Repeat
 - Replacement
 - Main Clearance
 - Well Survey
 - Other: _____

Sample Collection Date: 12-1-09

To be completed by collector of sample						To be completed by lab						
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disturb Resid (mg/ml)	Lot	Total Coliform Analysis Method	Fecal or E. coli Analysis Method	Non Coliform	Total Coliform	Fecal or E. coli	Date Qualified	Lab Sample Number
1	6120 Amelia	1442	D	1.1		TNFC						1
2	6226 Harwood	1456	D	1.0								2

Average of significant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)
 Chloride Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: (Please see instructions or reverse)
 A certified Operator # B1484C Employed by a certified lab
 Supervised by a certified operator # _____ Employed by DEP or DOH

*Defined in Florida Administrative Code Rule 62-160 Table 1
 All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
 Date State notified by lab of positive result: _____

Lab signature: _____
 Title: _____

Name and Mailing Address of Person to Receive Report
 Scott Gosnell
 200 Weathersfield ave
 Altamonte Springs, FL
 32714

DEP/DOH Use Only

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

*DEP Sample Type Codes: D=Distribution (Routine Compliance) C=Repeat or Check R=Raw T=Entry to Distribution P=Plant Tap S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

09-12
166

Tri-Tech Analytical Laboratories, Inc
7240 Old Cheney Highway
Orlando, Florida 32807
DOH# E83294
407-275-8463

Report Number: 09-12-166 Sub Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- Standard Coliform test
 HPC
 Other _____

Lab Receipt Date & Time: 17-8-07 0900
Analysis Date & Time: 17-8-09 0915
Sample Acceptance Criteria:
Sample Presentation: On Ice Not On Ice °C
Disinfectant Check: Not Detected
This sample does not meet the following NELAC requirements:

System Name: Crescent Heights

PWS I.D. 3 4 8 0 2 5 5

System Address: Amelia

City: Orlando

System Owner's Phone #: 407-869-1919

Fax: 407-869-6961

Collector: Ellsa Williams

Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____

Reason For Sampling: (check only one)

- Routine Compliance Repair Replacement Main Clearance Well Surveys Other _____

Sample Collection Date: 12-7-09

To be completed by collector of sample						To be completed by lab						
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/ml)	pH	Total Coliform Analysis Method: 9222B	Fecal or E. coli Analysis Method	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	Lab Sample Number
1	6226 Harwood	1050	D	1.2					4			1

Average of disinfectant residuals for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations up to and including 4,999. Do not include raw or plant samples in the average)
Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
Person performing analysis is: (Please see instructions on reverse)
 A Certified Operator (Signature: DH246) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

¹ Defined in Florida Administrative Code Rule 62-180, Table 1
All tests are performed in accordance with NELAC standards.

Date PWS notified by lab of positive result: _____
Date State notified by lab of positive result: _____

Lab signature: _____
Title: _____

Name and Mailing Address of Person to Receive Report

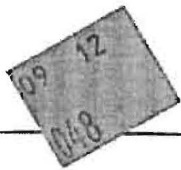
Scott Gosnell
200 Weathersfield ave
Altamonte Springs, FL
32714

DEP/DOH Use Only
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special (clearance, etc.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Tri-Tech Analytical Laboratories, Inc
 7240 Old Cheney Highway
 Orlando, Florida 32807
 DOH# E83294
 407-275-8463



Report Number: 09-12-648 Sub Contract Lab ID:

Analysis Requested: (please check all that apply)

- Standard Coliform test
- HPC
- Other: _____

Lab Receipt Date & Time: 12-2-09 1555
 Analysis Date & Time: 12-2-09 1600
 Sample Acceptance Criteria:
 Sample Temperature: On Ice Not On Ice °C
 On-Store Check: Not Checked
 This sample does not meet the following NELAC requirements:

System Name: Davis Shores

PWS I.D. 3 4 8 0 2 7 2

System Address: Oak

City: Orlando

System Owner's Phone #: 407-869-1919

Fax: 407-869-6961

Collector: Elisa Williams

Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

- Community Water System
 - Limited Use System
 - Bottled Water
 - Non-Transient Non-Community Water System
 - Private Well
 - Swimming Pool
 - Transient Non-Community Water System
 - Other: _____
- Reason For Sampling: (check only one)
- Routine Compliance
 - Repeat
 - Replacement
 - Main Clearance
 - Well Survey
 - Other: _____

Sample Collection Date: 12-1-09

To be completed by collector of sample						To be completed by lab						
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/ml)	pH	Total Coliform Analysis Method	Fecal or E. coli Analysis Method	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualified	Lab Sample Number
1	76 Oakdale	1515	D	1.0		9222B			A			1
2	71 Main Street	1529	D	1.2					A			2

Average of duplicate results for routine and repeat samples. (Complete for Community and non-transient non-community systems serving populations of 10 and including 4900. Do not include raw or part-pipes in the average)

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing analysis is: (Please see instructions on reverse)

- A certified Operator (E-14844)
- Supervised by a cert operator (E-_____)
- Employed by a certified lab
- Employed by DEP or DOD

*Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Date PWS notified by lab of positive result: _____
 Date State notified by lab of positive result: _____

Lab signature: [Signature]
 Title: _____

Name and Mailing Address of Person to Receive Report

Scott Gosnell
 200 Weathersfield ave
 Altamonte Springs, FL
 32714

DEP/DOH Use Only

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D=Distribution (Routine Compliance), R=Repeat or Check, N=Raw, W=Entry to Distribution, P=Plant Tap, S=Special (Leak, etc.)

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (4)
OPERATIONS REPORTS**

Test Year Ended December 31, 2008

C
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: January 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month/Year of: January 2007

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

Day of the Month	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	Day of the Month	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			17	1.2	
2	1.2		18		
3			19		
4	1.1		20		
5			21		
6			22	1.4	
7			23		
8	1.1	BACT'S	24		
9			25	1.6	
10			26	1.6	
11	1.3		27		
12			28		
13			29	1.6	
14			30		
15	1.1		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 1-31-07
 Signature and Date Printed or Typed Name License Number or Title C-7806

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: Jan.
 YEAR: 2007
 OPERATOR: Allan Finch

DATE	TOTAL GALLONS	2" METER	8" METER	REMOTE	COMMENTS
PREVIOUS		05429	245589	1.1	
1					
2	330,000	05683	245665	1.2	A.F.
3					
4	116,000	05776	245688	1.1	A.F.
5					
6					
7					
8	263,000	05975	245752	1.1	BACT'S A.F.
9					
10					
11	182,000	06122	245787	1.3	A.F.
12					
13					
14					
15	261,000	06321	245849	1.1	A.F.
16					
17	136,000	06423	245883	1.2	A.F.
18					
19					
20					
21					
22	316,000	06668	245954	1.4	A.F.
23					
24					
25	176,000	06816	245982	1.6	A.F.
26					
27					
28					
29	292,000	07015	246067	1.6	A.F.
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: February 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month Year of: February 2007

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

Day of the Month	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	Day of the Month	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	1.4		17		
2			18		
3			19		
4			20	1.5	
5			21		
6			22	1.3	
7	0.8		23		
8	0.8		24		
9	0.8		25		
10			26	1.0	
11			27		
12			28		
13	1.4	BACT'S	29		
14			30		
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Kathy S. Hill 3-1-07 Allan Finch Kathy S. Hill P-7886 C-13094
 Signature and Date Printed or Typed Name License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH: Feb.
YEAR: 2007
OPERATOR: Allen Finch C-7806

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		07015	246067	1.6	
1	158,000	07162	246078	1.4	A.F.
2					
3					
4					
5					
6					
7	363,000	07453	246150	0.8	AZ
8					
9	124,000	07549	246178	0.8	AZ
10					
11					
12					
13	276,000	07750	246253	1.4	BACT'S A.F.
14					
15					
16	197,000	07903	246297	1.4	A.F.
17					
18					
19					
20	275,000	08107	246368	1.5	A.F.
21					
22	138,000	08203	246410	1.3	A.F.
23					
24					
25					
26	385,000	8472	246526	1.0	AZ
27					
28					
29					
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

6020

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: March 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month Year of: March 2007

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

Day of the Month	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	Day of the Month	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			17		
2	0.4		18		
3			19	0.9	
4			20		
5	0.6		21		
6			22	0.8	
7			23		
8	0.6		24		
9			25		
10			26	1.0	
11			27		
12			28		
13	1.2	BACT'S	29	0.9	
14			30		
15	1.2		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch
Signature and Date

4-2-07

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: MARCH
 YEAR: 2007
 OPERATOR: ALEXANDER LORENZO C-13756

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		8472	246526		az
1					
2	196,000	8610	246584	0.4	2x az
3					
4					
5	232,000	8784	246642	0.6	az
6					
7					
8	222,000	8932	246716	0.6	az
9					
10					
11					
12					
13	409,000	09199	246858	1.2	BACT A.F.
14					
15	152,000	09303	246906	1.2	A.F.
16					
17					
18					
19	295,000	09506	246998	0.9	A.F.
20					
21					
22	221,000	09660	247065	0.8	A.F.
23					
24					
25					
26	238,000	09873	247190	1.0	A.F.
27					
28					
29	257,000	10032	247288	0.9	A.F.
30					
31					

620



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT REPORT WATER QUALITY DATA
FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: April 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month Year of: April 2007

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

Day of the Month	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	Day of the Month	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			17		
2			18		
3	1.0	BACT'S	19		
4			20	0.9	
5	1.1		21		
6			22		
7			23		
8			24		
9	1.0		25	1.1	
10			26		
11			27	1.2	
12	1.2		28		
13			29		
14			30	1.2	
15			31		
16	1.1				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 5-1-07 Allan Finch C-7806
 Signature and Date Printed or Typed Name License Number or Title

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: April
 YEAR: 2007
 OPERATOR: Allan Finckl

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		10032	247288		
1					
2					
3	429,000	10307	247442	1.0	BACT'S A.F.
4					
5	175,000	10411	247513	1.1	A.F.
6					
7					
8					
9	310,000	10619	247615	1.0	A.F.
10					
11					
12	193,000	10765	247662	1.2	A.F.
13					
14					
15					
16	258,000	10959	247721	1.1	A.F.
17					
18					
19					
20	248,000	11153	247775	0.9	A.F.
21					
22					
23					
24					
25	334,000	11400	247862	1.1	A.F.
26					
27	134,000	11496	247900	1.2	A.F.
28					
29					
30	212,000	11650	247958	1.2	A.F.
31					

Total 2288



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: May 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Alamonte 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

II. Daily Data for the Month/Year of: May 2007

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

Day of the Month	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	Day of the Month	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			17	1.1	
2			18		
3	0.9		19		
4			20		
5			21	1.1	
6			22		
7	0.9	BACT'S	23		
8			24	0.9	
9			25		
10	1.2		26		
11			27		
12			28	1.2	
13			29		
14	1.2		30		
15			31	1.1	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 6-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH: *May*
YEAR: 2007
OPERATOR: *Alan Finch* C-7806

DATE	TOTAL GALLONS	11650 2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		247958	247958	1.2	
1					
2					
3	220,000	11797	248031	0.9	A.F.
4					
5					
6					
7	290,000	11994	248124	0.9	BWT'S A.F.
8					
9					
10	185,000	12132	248171	1.2	A.F.
11					
12					
13					
14	273,000	12332	248244	1.2	A.F.
15					
16					
17	237,000	12492	248321	1.1	A.F.
18					
19					
20					
21	287,000	12694	248406	1.1	A.F.
22					
23					
24	231,000	12848	248483 24843	0.9	A.F.
25					
26					
27					
28	286,000	13052	248565	1.2	A.F.
29					
30					
31	270,000	13213	248674	1.1	A.F.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: June 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month Year of: June 2007

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

Day of the Month	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	Day of the Month	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			17		
2			18	1.1	
3			19		
4	1.2		20		
5			21	1.2	
6			22		
7	1.0	BACT'S	23		
8			24		
9			25		
10			26		
11	1.2		27	1.2	
12			28		
13			29	1.2	
14	1.3		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 7-3-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: June
 YEAR: 2007
 OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		13213	248677	1.1	
1					
2					
3					
4	262,000	13410	248739	1.2	A.F.
5					
6					
7	209,000	13563	248795	1.0	BACT's A.F.
8					
9					
10					
11	116,000	13609 / 00000	248865	1.2	2" meter face changed by OUC A.F.
12					
13					
14	365,000	00325	248905	1.3	A.F.
15					
16					
17					
18	297,000	00538	248989	1.1	A.F.
19					
20					
21	184,000	00689	249022	1.2	A.F.
22					
23					
24					
25					
26					
27	369,000	00989	249091	1.2	A.F.
28					
29	130,000	01093	249117	1.2	A.F.
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: July 2007			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System 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.e.flynn@utilitiesinc-usa.com			

II. Daily Data for the Month/Year of: July 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.1		17		
2			18		
3			19		
4			20	1.1	
5			21		
6	1.1		22		
7			23	1.1	
8			24		
9			25		
10			26		
11	1.3	BACT'S	27	1.2	
12			28		
13	1.2		29		
14			30	1.1	
15			31		
16	1.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 8-1-07
 Signature and Date

Allan Finch
 Printed or Typed Name

C-7806
 Report Number or Title

FILE COPY

620

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: July
 YEAR: 2006
 OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		01093	249117	1.2	
1					
2	194,000	01248	249156	1.1	A.F.
3					
4					
5					
6	227,000	01443	249188	1.1	A.F.
7					
8					
9					
10					
11	337,000	01710	249258	1.3	BACT'S A.F.
12					
13	129,000	01817	249280	1.2	A.F.
14					
15					
16	169,000	01958	249308	1.0	A.F.
17					
18					
19					
20	269,000	02174	249361	1.1	A.F.
21					
22					
23	247,000	02391	249391	1.1	A.F.
24					
25					
26					
27	158,000	02520	249420	1.2	A.F.
28					
29					
30	130,000	02622	249448	1.1	A.F.
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: August 2007	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System 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	

II. Daily Data for the Month/Year of: August 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17		
2	1.5		18		
3			19		
4			20		
5			21	1.4	
6	1.5		22		
7			23		
8			24	1.5	
9	1.6	BACT'S	25		
10			26		
11			27	1.4	
12			28		
13	1.5		29		
14			30	1.4	
15			31		
16	1.5				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 9-3-07
 Signature and Date

Allan Finch
 Printed or Typed Name

C-7806
 License Number or Title
FILE COPY

6020

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: August
 YEAR: 2007
 OPERATOR: Allan F.uch C-7806

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		02622	249448	1.1	
1		02832	249		
2	243,000	02832	249481	1.5	E ⁿ meter not turning - Backflow problem
3					
4					
5					
6	254,000	03040	249527	1.5	A.F.
7					
8					
9	189,000	03199	249557	1.6	BMCT'S A.F.
10					
11					
12					
13	311,000	03430	249637	1.5	A.F.
14					
15					
16	234,000	03612	249689	1.5	95
17					
18					
19					
20					
21	305,000	03897	249789	1.4	
22					
23					
24	248,000	04079	249855	1.5	
25					
26					
27	225,000	04247	249912	1.4	A.F.
28					
29					
30	220,000	04412	249967	1.4	A.F.
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: September 2007	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System 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	

II. Daily Data for the Month/Year of: September 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.5	
2			18		
3	1.3		19		
4			20		
5			21	1.4	
6			22		
7	1.3	BACT'S	23		
8			24	1.3	
9			25		
10	1.4		26		
11			27		
12			28	1.6	
13			29		
14	1.3		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 10-1-07
 Signature and Date

Allan Finch
 Printed or Typed Name

C-7806
 License Number or Title

620

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: September
 YEAR: 2007
 OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		04412	249967	1.4	
1					
2					
3	293,000	04632	250,040	1.3	A.F.
4					
5					
6					
7	327,000	04878	250121	1.3	A.F. BACT'S A.F.
8					
9					
10	229,000	05058	250170	1.4	BACT'S A.F.
11					
12		0526			
13					
14	251,000	05268	250211	1.3	A.F.
15					
16					
17	206,000	05433	250252	1.5	A.F.
18					
19					
20					
21	235,000	05636	250284	1.4	A.F.
22					
23					
24	165,000	05779	250306	1.3	A.F.
25					
26					
27					
28	238,000	05982	250341	1.6	A.F.
29					
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month/Year of: September 2007

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

Day of the Month	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	Day of the Month	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	1.5		17		
2			18	1.3	
3			19		
4	1.4		20		
5			21		
6			22		
7			23		
8	1.5	BACT'S	24	1.4	
9			25		
10			26	1.5	
11	1.4		27		
12			28		
13			29	1.5	
14			30		
15	1.3		31		
16					

FILE COPY

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 11-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

11-27-07 Daily Meter Contract

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH: October
YEAR: 2007
OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		05982	250341	1.6	
1	184,000	06142	250365	1.5	A.F.
2					
3					
4	182,000	06298	250391	1.4	A.F.
5					
6					
7					
8	231,000	06493	250427	1.5	BACT'S A.F.
9					
10					
11	195,000	06649	250466	1.4	A.F.
12					
13					
14					
15	259,000	06858	250516	1.3	A.F.
16					
17					
18	191,000	07013	250552	1.3	A.F.
19					
20					
21					
22					
23					
24	317,000	07317	250595	1.4	A.F.
25					
26	120,000	07427	250671	1.5	A.F.
27					
28					
29	149,000	07559	250628	1.5	A.F.
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

620

FILE

See page 2 for instructions.

I. General Information for the Month/Year of: November 2007

Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System 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			

II. Daily Data for the Month/Year of: September 2007

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

Day of the Month	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	Day of the Month	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	1.3		17		
2			18		
3			19	1.3	
4			20		
5	1.5	Bact's	21	1.4	
6			22		
7			23		
8			24		
9	1.4		25		
10			26	1.2	
11			27		
12			28		
13			29	1.3	
14	1.3		30		
15			31		
16	1.4	THM's, HAA's			

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 12-3-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH:
 YEAR:
 OPERATOR:

12-11-07 only flow from PM

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		250611	07559		
1	161,000	250628	07703	1.3	A.F.
2					
3					
4					
5	233,000	250658	07906	1.5	BMC'S A.F.
6					
7					
8					
9	204,000	250678	08090	1.4	A.F.
10					
11					
12					
13					
14	293,000	250727	08334	1.3	A.F.
15					
16	109,000	250740	08430	1.4	TEAM'S, HAA A.F.
17					
18					
19	184,000	250767	08587	1.3	A.F.
20					
21	126,000	250788	08692	1.4	A.F.
22					
23					
24					
25					
26	296,000	250837	08939	1.2	A.F.
27					
28					
29	167,000	250858	09085	1.3	A.F.
30					
31					

620



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: December 2007

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month Year of: December 2007

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

Day of the Month	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	Day of the Month	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			17	1.60	
2			18		
3			19		
4			20	1.40	
5	1.20	BACT'S	21		
6			22		
7	1.30		23		
8			24	1.50	
9			25		
10	1.30		26		
11			27	1.40	
12			28		
13	1.40		29		
14			30		
15			31	1.40	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 1-7-08
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH: December
YEAR: 2007
OPERATOR: Allan Finch C-7506

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		09085	250858	1.3	
1					
2					
3					
4					
5	341,000	09379	250905	1.2	BACT'S N.F.
6					
7	108,000	09476	250916	1.3	A.F.
8					
9					
10	179,000	09623	250948	1.3	A.F.
11					
12					
13	178,000	09773	250976	1.4	N.F.
14					
15					
16					
17	224,000	09972	251005	1.6	A.F.
18					
19					
20	179,000	10120	251036	1.4	N.F.
21					
22					
23					
24	202,000	10311	251047	1.5	N.F.
25					
26					
27	159,000	10451	251066	1.4	
28					
29					
30					
31	226,000	10645	251098	1.4	

2
0
0
8

620
PB



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: January 2008

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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.e.flynn@utilitiesinc-usa.com

II. Daily Data for the Month/Year of: January 2008

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

Day of the Month	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	Day of the Month	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			17	1.00	
2			18		
3	1.00	Collected Hse - F samples	19		
4			20		
5			21	0.90	
6			22		
7	1.10		23		
8			24		
9			25	1.00	
10			26		
11	1.00		27		
12			28	1.10	
13			29		
14	0.90		30		
15			31	1.10	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: *Elisa Williams* 2-5-08 Printed or Typed Name: Elisa Williams License Number or Title: C-14846

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH: JANUARY
YEAR: 2008
OPERATOR: E. WILLIAMS

DATE	TOTAL GALLONS	2 METER	5 METER	REMOTE	COMMENTS
PREVIOUS		10675	251095		
2					
3	170,000	10797	251116	1.0	BMC-T'S
4					
5					
6					
7	242,000	11000	251149	1.1	
8					
9					
10					
11	228,000	11202	251181	1.0	
12					
13					
14	175,000	11355	251203	0.9	
15					
16					
17	162,000	11500	251220	1.0	
18					
19					
20					
21	208,000	11690	251233	0.9	
22					
23					
24					
25	206,000	11870	251258	1.0	
26					
27					
28	163,000	12023	251274	1.1	
29					
30					
31	170,000	12175	251292	1.1	



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: February 2008	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System 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.flynn@utilitiesinc-usa.com	

II. Daily Data for the Month/Year of: February 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17		
2			18	0.80	
3			19		
4	1.00	Collected Bac - T samples	20	0.80	
5			21		
6			22		
7	1.00		23		
8			24		
9			25		
10			26	0.90	
11	1.10		27		
12			28		
13			29	0.80	
14	0.90	Collected TTHM's and HAA5 samples	30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 3-4-08
Signature and Date

Elisa Williams
Printed or Typed Name

C-14846
License Number or Title

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH: February
 YEAR: 2008
 OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		12175	251292	1.1	
1					
2					
3					
4	243,000	12383	251327	1.0	BAC-T'S CW
5					
6					
7	228,000	12573	251365	1.0	CW
8					
9					
10					
11	169,000	12728	251379	1.1	A.F.
12					
13					
14	169,000	12879	251398	0.9	TYNIMS 2 HAAS CW
15					
16					
17					
18	254,000	13094	251436	0.8	CW
19					
20	197,000	13263	251464	0.8	CW
21					
22					
23					
24					
25					
26	276,000	13498	251505	0.9	CW
27					
28					
29	145,000	13625	251523	0.8	CW
30					
31					

620



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: March 2008

Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System 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			

II. Daily Data for the Month/Year of: March 2008

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

Day of the Month	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	Day of the Month	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			17	1.10	
2			18		
3	0.90		19		
4			20		
5			21	1.00	
6	1.00	Collected fac - T samples	22		
7			23		
8			24	1.00	
9			25		
10			26		
11			27	1.10	
12	1.00		28		
13			29		
14	1.00		30		
15			31	1.20	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 4-1-08
 Signature and Date
 Elisa Williams
 Printed or Typed Name
 C-14846
 License Number or Title

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH : MARCH
 YEAR : 2008
 OPERATOR: ELISA WILLIAMS

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	145,000	13625	251523	0.8	
1					
2					
3	213,000	13801	251560	0.7	A.F.
4					
5					
6	185,000	13963	251583	1.0	ARC-T'S E-W
7					
8					
9					
10					
11					
12	323,000	14250	251619	1.0	E-W
13					
14	119,000	14343	251635	1.0	E-W
15					
16					
17	184,000	14504	251669	1.1	E-W
18					
19					
20					
21	329,000	14649	251702	1.0	E-W
22					
23					
24	190,000	14850	251732	1.0	E-W
25					
26					
27	191,000	15015	251767	1.1	E-W
28					
29					
30					
31	258,000	15225	251815	1.2	E-W

620



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: April 2008

Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System 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			

II. Daily Data for the Month/Year of: April 2008

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

Day of the Month	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	Day of the Month	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			17	1.10	
2			18		
3	1.20	Collected Hac - T samples	19		
4			20		
5			21		
6			22	1.10	
7			23		
8			24	1.00	
9	1.10		25		
10			26		
11	1.20		27		
12			28	1.00	
13			29		
14			30		
15	1.00		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 5-1-08
Signature and Date

Elisa Williams
Printed or Typed Name

C-148-16
License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : APRIL
YEAR : 2008
OPERATOR : E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS		15225	251815	1-2	E.W
1					
2					
3	217,000	15383	251874	1-2	BACT'S E.W
4					
5					
6					
7					
8					
9	364,000	15689	251932	1-1	E.W
10					
11	122,000	15792	251951	1-2	E.W
12					
13					
14					
15	241,000	15993	251991	1-0	E.W
16					
17	117,000	16091	252010	1-1	E.W
18					
19					
20					
21					
22	346,000	16352	252095	1-1	E.W
23					
24	122,000	16453	252116	1-0	in A.F
25					
26					
27					
28	327,000	16712	252184	1-0	E.W
29					
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: May 2008

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 901

Consecutive System 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

II. Daily Data for the Month/Year of: May 2008

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

Day of the Month	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	Day of the Month	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	1.10		17		
2			18		
3			19		
4			20	1.10	
5	1.10	Collected Doc - T samples	21		
6			22		
7			23	1.20	
8			24		
9	1.30		25		
10			26		
11			27	1.10	
12			28		
13	1.20	Collected 2 nd Quarter TTHM's and HAA5's	29	1.10	
14			30		
15			31		
16	1.00				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 5/31/08
Signature and Date

Elisa Williams
Printed or Typed Name

C-14846
License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : MAY-
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	327,000	16712	252184	1.0	EW
1	179,000	16824	252291	1.1	EW
2					
3					
4					
5	311,000	17042	252344	1.1	ENC-T'S EW
6					
7					
8					
9	287,000	17254	252421	1.3	EW
10					
11					
12					
13	304,000	17478	252501	1.2	7MM'S/HMM'S EW
14					
15					
16	214,000	17633	252560	1.0	EW
17					
18					
19					
20	303,000	17850	252640	1.1	EW
21					
22					
23	206,000	18017	252685	1.2	EW
24					
25					
26					
27	302,000	18230	252731	1.1	EW
28					
29	180,000	18344	252770	1.1	EW
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: June 2008

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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.flynn@utilitiesinc-usa.com

II. Daily Data for the Month/Year of: June 2008

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

Day of the Month	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	Day of the Month	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			17		
2	1.00		18		
3			19		
4			20	1.20	
5	1.10	Collected Bac - 1 samples	21		
6			22		
7			23		
8			24	1.10	
9			25		
10	1.20		26	0.90	
11			27		
12	1.20		28		
13			29		
14			30		
15			31		
16	1.00				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: *Elisa Williams* 7-2-08 Printed or Typed Name: Elisa Williams License Number or Title: C-14846

CRESCENT HEIGHTS
 PWS: 3480255
 CUP: 2-095-0212 NRM

MONTH : JUNE
 YEAR : 2008
 OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	180,000	18344	252770	1.1	L.L.
1					
2	294,000	18552	252856	1.2	H.F.
3					
4					
5	234,000	18724	252918	1.1	BACT'S A.G.
6					
7					
8					
9					
10	415,000	19011	253040	1.2	E.W.
11					
12	112,000	19110	253040	1.2	E.W.
13	112,000	19110	253040	1.2	(GREEN ONE) E.W.
14					
15					
16	250,000	19312	253094	1.0	E.W.
17					
18					
19					
20	224,000	19512	253119	1.2	E.W.
21					
22					
23					
24	237,000	19711	253157	1.1	E.W.
25					
26	187,000	19800	253169	0.9	A.F.
27					
28					
29					
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

FILE COPY

I. General Information for the Month/Year of: July 2008	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480235
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield 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	

II. Daily Data for the Month/Year of: July 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.00		17	1.00	
2			18		
3			19		
4	1.00		20		
5			21		
6			22	1.30	
7	1.20	Collected Bac - 1 sample	23		
8			24		
9			25	1.60	
10	1.20		26		
11			27		
12			28		
13			29	1.20	
14			30		
15	1.10		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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>Elisa Williams</i> Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number or Title
---	---	------------------------------------

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : JULY
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	107,000	19806	253169	0.9	A F
1	294,000	20062	253207	1.0	E W
2					
3					
4	199,000	20214	253254	1.0	A F
5					
6					
7	225,000	20350	253309	1.2	ANC-T'S E W
8					
9					
10	193,000	20549	253357	1.2	E W
11					
12					
13					
14					
15	303,000	20808	253387	1.1	E W
16					
17	113,000	20904	253400	1.0	E W
18					
19					
20					
21					
22	313,000	21170	253451	1.3	E W
23					
24					
25	202,000	21351	253492	1.0	E W
26					
27					
28					
29	253,000	21544	253533	1.2	E W
30					
31					

~~2,202,000~~



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: August 2008

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month/Year of: August 2008

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

Day of the Month	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	Day of the Month	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	1.20	Distributed Lead and Copper sample bottles	17		
2			18		
3			19		
4	0.90	Collected Bac - T samples	20	1.00	
5			21		
6	1.00	Completed collection of Lead and Copper bottles, sent to Lab	22	1.00	
7			23		
8			24		
9			25	1.00	
10			26		
11			27		
12	1.00	Collected THM/HAAS's	28		
13			29		
14			30	1.00	
15	1.00		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 9-4-08 Signature and Date
 Elisa Williams Printed or Typed Name
 C-11816 License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : AUGUST
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	253,000	21544	253532	1.2	EW
1	160,000	21688	253554	1.2	LEAKS WITHIN DIST EW
2					
3					
4	208,000	21859	253591	0.9	BAC-T'S EW
5					
6	141,000	21970	253621	1.0	COMPLETION L/C EW
7					
8					
9					
10					
11					
12	410,000	22290	253705	1.0	TRIM/ITONS EW
13					
14					
15	195,000	22453	253743	1.0	EW
16					
17					
18					
19					
20	322,000	22720	253795	1.0	EW
21					
22	140,000	22844	253814	1.0	EW
23					
24					
25	137,000	22969	253827	1.0	EW
26					
27					
28					
29					
30	305,000	23233	253861	1.0	EW
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: September 2008

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System 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

II. Daily Data for the Month/Year of: September 2008

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

Day of the Month	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	Day of the Month	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			17		
2	1.20		18		
3			19	1.00	
4	1.00		20		
5			21		
6			22	1.10	
7			23		
8	1.10	Collected Bac - T samples	24		
9			25	1.10	
10			26		
11			27		
12	1.00		28		
13			29	1.10	
14			30		
15			31		
16	1.00				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date
Elisa Williams 10/3/08

Printed or Typed Name
 Elisa Williams

License Number or Title
 C-11846

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : SEPTEMBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	305,000	23239	253861	1.0	EW
1					
2	133,000	23358	253875	1.2	EW
3					
4	113,000	23456	253890	1.0	
5					
6					
7					
8	252,000	23661	253937	1.1	ISAC-7'S EW
9					
10					
11					
12	244,000	23864	253979	1.0	EW
13					
14					
15					
16	286,000	24035	254040	1.0	EW
17					
18					
19	182,000	24237	254075	1.0	EW
20					
21					
22	218,000	24406	254122	1.1	EW
23					
24					
25	172,000	24552	254143	1.1	EW
26					
27					
28					
29	292,500	24775	254217	1.1	EW
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2008			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System 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			

II. Daily Data for the Month/Year of: October 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.30	
2	1.00		18		
3			19		
4			20	1.20	
5			21		
6			22		
7	1.30	Collected HAc - T samples	23		
8			24	1.20	
9			25		
10	1.50		26		
11			27	1.20	
12			28		
13	1.10		29		
14			30	1.20	
15			31		
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system 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>Elisa Williams</i> Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : OCTOBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	292,000	24775	254217	1.1	EW
1					
2	188,000	24923	254250	1.0	AIF-
3					
4					
5					
6					
7	354,000	25266	254321	1.3	KAC-T'S EW
8					
9					
10	265,000	25371	254361	1.3	EW
11					
12					
13	200,000	25538	254394	1.1	EW
14					
15					
16					
17	227,000	25730	254423	1.3	EW
18					
19					
20	201,000	25904	254456	1.2	EW
21					
22					
23					
24	237,000	26108	254491	1.2	EW
25					
26					
27	184,000	26268	254515	1.2	EW
28					
29					
30	177,000	26422	254538	1.2	EW
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: November 2008	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System 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.flynn@utilitiesinc-usa.com	

II. Daily Data for the Month/Year of: November 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.30	
2			18		
3			19		
4	1.20	Collected Bac + T samples	20	1.30	
5			21		
6	1.20		22		
7			23		
8			24	1.20	
9			25		
10			26		
11	1.20		27		
12			28	1.20	
13			29		
14	1.30		30		
15			31		
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system 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.		
Signature and Date <i>Elisa Williams</i>	Printed or Typed Name Elisa Williams	License Number or Title C-14846

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : NOVEMBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	177,000	26422	254538	1-2	GW
1					
2					
3					
4	328,000	26698	254510	1-2	ENC. T'S GW
5					
6	122,000	26503	254007	1-2	GW
7					
8					
9					
10					
11	295,000	27055	254660	1-2	GW
12					
13					
14	149,000	27190	254664	1-3	GW
15					
16					
17	144,000	27321	254677	1-3	GW
18					
19					
20	176,000	27485	254689	1-3	GW
21					
22					
23					
24	217,000	27651	254710	1-2	GW
25					
26					
27					
28	268,000	27730	254727	1-2	GW
29					
30					
31					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: December 2008

Consecutive System Name: Crescent Heights PWS Identification Number: 3480255

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 283 Total Population Served at End of Month: 991

Consecutive System Owner: Utilities, Inc. Of Florida

Contact Person: Patrick Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 300 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.e.flynn@utilitiesinc-usa.com

II. Daily Data for the Month/Year of: December 2008

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

Day of the Month	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	Day of the Month	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	1.20		17		
2			18	1.30	
3			19		
4			20		
5	1.30		21		
6			22	1.10	
7			23		
8			24		
9	1.30	Collected Back - 1 samples	25		
10			26	1.10	
11	1.30		27		
12			28		
13			29	1.20	
14			30		
15	1.30		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams
 Signature and Date

Elisa Williams
 Printed or Typed Name

C-148-16
 License Number or Title

CRESCENT HEIGHTS
PWS: 3480255
CUP: 2-095-0212 NRM

MONTH : DECEMBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	2" METER	6" METER	REMOTE	COMMENTS
PREVIOUS	264,000	27930	254729	1.3	EN
1	124,000	28227	254754	1.7	EN
2					
3					
4					
5	229,000	28242	254770	1.8	EN
6					
7					
8					
9	197,000	28415	254794	1.3	842.7'S EN
10					
11	106,000	28512	254803	1.3	EN
12					
13					
14					
15	202,000	28697	254820	1.2	A.F.
16					
17					
18	158,000	28841	254834	1.3	EN
19					
20					
21					
22	227,000	29044	254858	1.1	EN
23					
24					
25					
26	217,000	29233	254880	1.1	EN
27					
28					
29	193,000	29395	254917	1.2	EN
30					
31					

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: January 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: January 2007

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

Day of the Month	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	Day of the Month	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			17	1.4	
2	1.4		18		
3			19		
4	1.3		20		
5			21		
6			22	1.8	
7			23		
8	1.4	BACT'S	24		
9			25	1.7	
10			26		
11	1.3		27		
12			28		
13			29	1.8	
14			30		
15	1.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Alan Finch 1-31-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: Jan.
YEAR: 2008
OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		44345	1.4	
1				
2	43,000	44388	1.4	A.F.
3				
4	16,000	44404	1.3	A.F.
5				
6				
7				
8	38,000	44442	1.4	BACT'S A.F.
9				
10				
11	35,000	44477	1.3	A.F.
12				
13				
14				
15	40,000	44517	1.4	A.F.
16				
17	22,000	44539	1.4	A.F.
18				
19				
20				
21				
22	66,000	44605	1.8	A.F.
23				
24				
25	20,000	44625	1.7	A.F.
26				
27				
28				
29	30,000	44655	1.8	A.F.
30				
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: February 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month Year of: February 2007

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

Day of the Month	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	Day of the Month	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	1.6		17		
2			18		
3			19		
4			20	1.7	
5			21		
6			22	1.4	
7	1.0		23		
8			24		
9	1.0		25		
10			26	1.2	
11			27		
12			28		
13	1.5	BACT'S	29		
14			30		
15			31		
16	1.5				

III. Certification by Authorized Representative
 I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Kathy Sillioe 3-1-07 Printed or Typed Name: Altan Finch Kathy Sillioe License Number or Title: 67806 C-13094

DAVIS SHORES
PWS: 3480272

MONTH: Feb.
YEAR: 2007
OPERATOR: Allan Finch C-T&B

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		44655	1.8	
1	23,000	44678	1.6	A.F.
2				
3				
4				
5				
6				
7	45,000	44723	1.0	AZ
8				
9	12,000	44735	1.0	AZ
10				
11				
12				
13	31,000	44766	1.5	BACT'S A.F.
14				
15				
16	22,000	44788	1.8	A.F.
17				
18				
19				
20	30,000	44818	1.7	A.F.
21				
22	19,000	44837	1.4	A.F.
23				
24				
25				
26	51,000	44888	1.2	AZ
27				
28				
29				
30				
31				

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: March 2007

Consecutive System Name: Davis Shores | PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 | Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month Year of: March 2007

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

Day of the Month	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	Day of the Month	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			17		
2	1.2		18		
3			19	1.2	
4			20		
5	1.0		21		
6			22	1.3	
7			23		
8	1.2		24		
9			25		
10			26	1.2	
11			27		
12			28		
13	1.6	BACT'S	29	1.4	
14			30		
15	1.3		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Alan Finch 4-2-07 | Allan Finch | C-7806

Signature and Date | Printed or Typed Name | License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: MARCH
YEAR: 2007
OPERATOR: ALEXANDER LORENZO C-13756

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		44888		a2
1				
2	44,000	44932	1.2	a2
3				
4				
5	54,000	44986	1.0	a2
6				
7				
8	52,000	45038	1.2	a2
9				
10				
11				
12				
13	66,000	45104	1.6	BACT'S A.F.
14				
15	20,000	45228	1.3	A.F.
16				
17				
18				
19	53,000	45181	1.2	A.F.
20				
21				
22	40,000	45221	1.3	A.F.
23				
24				
25				
26	67,000	45288	1.2	A.F.
27				
28				
29	75,000	45333	1.4	A.F.
30				
31				

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: April 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: April 2007

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

Day of the Month	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	Day of the Month	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			17		
2			18		
3	1.2	BACT'S	19		
4			20	1.2	
5	1.4		21		
6			22		
7			23		
8			24		
9	1.3		25	1.2	
10			26		
11			27	1.4	
12	1.3		28		
13			29		
14			30	1.4	
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 5-1-07 Allan Finch C-7806
 Signature and Date Printed or Typed Name License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: April
YEAR: 2007
OPERATOR: Allan Finck

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		45333		
1				
2				
3	82,000	45415	1.2	BACT'S A.F.
4				
5	36,000	45451	1.4	A.F.
6				
7				
8				
9	66,000	45517	1.3	A.F.
10				
11				
12	39,000	45556	1.3	A.F.
13				
14				
15				
16	53,000	45609	1.4	A.F.
17				
18				
19				
20	41,000	45650	1.2	A.F.
21				
22				
23				
24				
25	58,000	45708	1.2	A.F.
26				
27	24,000	45732	1.4	A.F.
28				
29				
30	42,000	45774	1.4	A.F.
31				

Total - 450



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: May 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: May 2007

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

Day of the Month	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	Day of the Month	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			17	1.4	
2			18		
3	1.3		19		
4			20		
5			21	1.3	
6			22		
7	1.1	BACT'S	23		
8			24	1.6	
9			25		
10	1.3		26		
11			27		
12			28	1.4	
13			29		
14	1.4		30		
15			31	1.3	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 6-7 6-1-07 Allan Finch C-7806
 Signature and Date Printed or Typed Name License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: *May*
YEAR: 2007
OPERATOR: *Allan Finch C-7806*

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		45774	1.4	
1				
2				
3	37,000	45811	1.3	A.F.
4				
5				
6				
7	48,000	45859	1.1	BACT'S A.F.
8				
9				
10	23,000	45882	1.3	A.F.
11				
12				
13				
14	62,000	45944	1.4	A.F.
15				
16				
17	42,000	45986	1.4	A.F.
18				
19				
20				
21	57,000	46043	1.3	A.F.
22				
23				
24	42,000	46085	1.6	A.F.
25				
26				
27				
28	53,000	46138	1.4	A.F.
29				
30				
31	64,000	46202	1.3	A.F.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: June 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month Year of: May 2007

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

Day of the Month	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	Day of the Month	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			17		
2			18	1.4	
3			19		
4	1.3		20		
5			21	1.3	
6			22		
7	1.4	BACT'S	23		
8			24		
9			25		
10			26		
11	1.3		27	1.1	
12			28		
13			29	1.2	
14	1.2		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 7-3-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: June
YEAR: 2007
OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		46202	1.3	
1				
2				
3				
4	42,000	46244	1.3	A.F.
5				
6				
7	21,000	46265	1.4	BACT'S A.F.
8				
9				
10				
11	42,000	46307	1.3	A.F.
12				
13				
14	19,000	46326	1.2	A.F.
15				
16				
17				
18	44,000	46370	1.4	A.F.
19				
20				
21	35,000	46405	1.3	A.F.
22				
23				
24				
25				
26				
27	64,000	46469	1.1	A.F.
28				
29	16,000	46485	1.2	A.F.
30				
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: July 2007	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System 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	

II. Daily Data for the Month/Year of: May 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17		
2	1.2-1.3		18		
3			19		
4			20	1.2	
5			21		
6	1.1		22		
7			23	1.4	
8			24		
9			25		
10			26		
11	1.4	BACT's	27	1.1	
12			28		
13	1.3		29		
14			30	1.3	
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 8-1-07
Signature and Date

Allan Finch
Printed or Typed Name

FILE COPY
7-7-06
License Number or Title

621

DAVIS SHORES
PWS: 3480272

MONTH: July
YEAR: 2007
OPERATOR: Allan Finch C-7906

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		46485	1.2	
1				
2	32,000	46517	1.3	A.F.
3				
4				
5				
6	32,000	46553	1.4	A.F.
7				
8				
9				
10				
11	55,000	46608	1.4	BACT'S A.F.
12				
13	17,000	46625	1.3	A.F.
14				
15				
16	25,000	46650	1.4	A.F.
17				
18				
19				
20	33,000	46683	1.2	A.F.
21				
22				
23	25,000	46708	1.4	A.F.
24				
25				
26				
27	29,000	46737	1.1	A.F.
28				
29				
30	21,000	46758	1.3	A.F.
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: August 2007	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System 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	

II. Daily Data for the Month/Year of: May 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.3	
2	1.4		18		
3			19		
4			20		
5			21	1.3	Boil Water - back flow preventer replaced
6	1.5		22	1.5	Boil Water
7			23		Boil Water 1: Good
8			24	1.5	
9	1.4	BACT's	25		
10			26		
11			27	1.6	
12			28		
13	1.6		29		
14			30	1.5	
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 9-3-07
 Signature and Date

Allan Finch
 Printed or Typed Name

FILE COPY
 License Number or Title

Local

DAVIS SHORES
PWS: 3480272

MONTH: August
YEAR: 2007
OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		46758	1.3	
1				
2	30,000	46788	1.4	A.F.
3				
4				
5				
6	34,000	46822	1.5	A.F.
7				
8				
9	20,000	46842	1.4	BACT'S A.F.
10				
11				
12				
13	46,000	46888	1.6	A.F.
14				
15				
16	33,000	46921	1.4	OK
17				
18				
19				
20				
21	67,000	46988	1.3	Back flow preventer replaced Boil Water BACT'S A.F.
22			1.5	Boil Water BACT'S A.F.
23				Recand Boil Water A.F.
24	25,000	47013	1.5	A.F.
25				
26				
27	33,000	47046	1.6	A.F.
28				
29				
30	22,000	47068	1.5	A.F.
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: September 2007	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weatherfield 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	

II. Daily Data for the Month/Year of: May 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.4	
2			18		
3	1.4		19		
4			20		
5			21	1.6	
6			22		
7	1.4	BACT'S	23		
8			24	1.6	
9			25		
10	1.6		26		
11			27		
12			28	1.4	
13			29		
14	1.5		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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>Allan Finch</i> 10-1-07	Allan Finch	C-7806
Signature and Date	Printed or Typed Name	License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: September
YEAR: 2007
OPERATOR: Alan Finch C-7806

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		47068	1.5	
1				
2				
3	30,000	47098	1.4	A.F.
4				
5				
6				
7	38,000	47136	1.4	BACT'S A.F.
8				
9				
10	22,000	47158	1.6	A.F.
11				
12				
13				
14	30,000	47188	1.5	A.F.
15				
16				
17	23,000	47211	1.4	A.F.
18				
19				
20				
21	28,000	47239	1.6	A.F.
22				
23				
24	24,000	47263	1.4	A.F.
25				
26				
27				
28	32,000	47285	1.4	A.F.
29				
30				
31				

621



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: May 2007

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

Day of the Month	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	Day of the Month	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	1.5		17		
2			18	1.4	
3			19		
4	1.6		20		
5			21		
6			22		
7			23		
8	1.6	BACT'S	24	1.6	
9			25		
10			26	1.4	
11	1.5		27		
12			28		
13			29	1.5	
14			30		
15	1.5		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 11-1-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

FILE COPY

DAVIS SHORES
PWS: 3480272

MONTH: *October*
YEAR: 2007
OPERATOR: *Allan Finch C-7806*

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		47295	1.4	
1	24,000	47319	1.5	A.F.
2				
3		47343		
4	24,000	47343	1.6	A.F.
5				
6				
7				
8	30,000	47373	1.6	BACT'S A.F.
9				
10				
11	24,000	47397	1.5	A.F.
12				
13				
14				
15	34,000	47431	1.5	A.F.
16				
17				
18	23,000	47454	1.4	A.F.
19				
20				
21				
22				
23				
24	48,000	47502	1.4	A.F.
25				
26	17,000	47519	1.4	A.F.
27		47519		
28				
29	24,000	47543	1.5	A.F.
30				
31				

FILE COPY

11-21-07 Daily flow entered

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: November 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: May 2007

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

Day of the Month	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	Day of the Month	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	1.4		17		
2			18		
3			19	1.3	
4			20		
5	1.3	DNCT'S	21	1.4	
6			22		
7			23		
8			24		
9	1.3		25		
10			26	1.3	
11			27		
12			28		
13			29	1.4	
14	1.4		30		
15			31		
16	1.4				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Alan Finch 12-3-07
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: November
YEAR: 2007
OPERATOR: Allan Finch C-7806

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		47543		
1	22,000	47565	1.4	A.F.
2				
3				
4				
5	34,000	47599	1.3	DIRT'S A.F.
6				
7				
8				
9	34,000	47633	1.3	A.F.
10				
11				
12				
13				
14	52,000	47685	1.4	A.F.
15				
16	17,000	47702	1.4	A.F.
17				
18				
19	39,000	47741	1.3	A.F.
20				
21	12,000	47753	1.4	A.F.
22				
23				
24				
25				
26	66,000	47819	1.3	A.F.
27				
28				
29	28,000	47847	1.4	A.F.
30				
31				

12-11-07 Only Filw MOR AA



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

621
FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: DECEMBER 2007

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month Year of: April 2007

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

Day of the Month	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	Day of the Month	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			17	1.40	
2			18		
3			19		
4			20	1.60	
5	1.30	BACT'S	21		
6			22		
7	1.50		23		
8			24	1.40	
9			25		
10	1.50		26		
11			27	1.50	
12			28		
13	1.50		29		
14			30		
15			31	1.40	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Allan Finch 1-7-08
Signature and Date

Allan Finch
Printed or Typed Name

C-7806
License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: December
YEAR: 2007
OPERATOR: Allan Fineli

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		47847	1.4	
1				
2				
3				
4				
5	68,000	47915	1.3	BACT'S A.F.
6				
7	19,000	47934	1.5	A.F.
8				
9				
10	42,000	47976	1.5	A.F.
11				
12				
13	32,000	48008	1.5	A.F.
14				
15				
16				
17	48,000	48056	1.4	A.F.
18				
19				
20	40,000	48096	1.6	A.F.
21				
22				
23				
24	35,000	48131	1.4	A.F.
25				
26				
27	36,000	48167	1.5	A.F.
28				
29				
30				
31	46,000	48213	1.4	A.F.

2
0
0
8



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: January 2008

Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System 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			

II. Daily Data for the Month/Year of: January 2008

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

Day of the Month	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	Day of the Month	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			17	1.10	
2			18		
3	0.90	Collected 6ac - T samples	19		
4			20		
5			21	0.80	
6			22		
7	1.20		23		
8			24		
9			25	1.30	
10			26		
11	1.00		27		
12			28	1.20	
13			29		
14	0.80		30		
15			31	1.30	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 2-5-08
 Signature and Date

Elisa Williams
 Printed or Typed Name

C-14846
 License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: JANUARY
YEAR: 2008
OPERATOR: B. WILLIAMS

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		48213		
1				
2				
3	28,000	48241	0.9	BAC-7'S
4				
5				
6				
7	54,000	48295	1.2	
8				
9				
10				
11	39,000	48334	1.0	
12				
13				
14	35,000	48369	0.8	
15				
16				
17	31,000	48399	1.1	
18				
19				
20				
21	35,000	48434	0.9	
22				
23				
24				
25	35,000	48469	1.3	
26				
27				
28	37,000	48506	1.2	
29				
30				
31	51,000	48557	1.3	



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

6-21

See page 2 for instructions.

I. General Information for the Month/Year of: February 2008

Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System 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			

II. Daily Data for the Month/Year of: February 2008

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

Day of the Month	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	Day of the Month	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			17		
2			18	1.20	
3			19		
4	1.40	Collected Haz - 1 samples	20	1.30	
5			21		
6			22		
7	1.50		23		
8			24		
9			25		
10			26	1.50	
11	1.30		27		
12			28		
13			29	1.30	
14	1.30		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: *Elisa Williams* 3-1-08
 Printed or Typed Name: Elisa Williams
 License Number or Title: C-14846

DAVIS SHORES
PWS: 3480272

MONTH: February
YEAR: 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		48557	1.3	
1				
2				
3				
4	115,000	48672	1.4	BAC-T'S CW
5				
6				
7	33,000	48705	1.5	CW
8				
9				
10				
11	30,000	48735	1.3	A.F.
12				
13				
14	25,000	48760	1.3	E-W
15				
16				
17				
18	37,000	48797	1.2	CW
19				
20	21,000	48818	1.3	E-W
21				
22				
23				
24				
25				
26	50,000	48868	1.5	E-W
27				
28				
29	24,000	48892	1.3	E-W
30				
31				

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: March 2008			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System 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			

II. Daily Data for the Month/Year of: March 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.40	
2			18		
3	1.20		19		
4			20		
5			21	1.30	
6	1.50	Collected Bas - T samples	22		
7			23		
8			24	1.40	
9			25		
10			26		
11			27	1.40	
12	1.30		28		
13			29		
14	1.20		30		
15			31	1.40	
16					

III. Certification by Authorized Representative
 I am duly authorized to sign this report on behalf of the consecutive system 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.

4-1-08	Elisa Williams Printed or Typed Name	C-14846 License Number or Title
Signature and Date		

DAVIS SHORES
PWS: 3480272

MONTH : MARCH
YEAR : 2008
OPERATOR: ELISA WILLIAMS

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	24,000	48892	1.3	
1				
2				
3	28,000	48920	1.2	A.F.
4				
5				
6	25,000	48945	1.5	ENC - T'S E.W
7				
8				
9				
10				
11				
12	44,000	48989	1.3	E.W
13				
14	22,000	49011	1.2	E.W
15				
16				
17	22,000	49033	1.4	E.W
18				
19				
20				
21	35,000	49064	1.3	E.W
22				
23				
24	31,000	49099	1.4	E.W
25				
26				
27	28,000	49127	1.4	E.W
28				
29				
30				
31	43,000	49170	1.4	E.W



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: April 2008

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: April 2008

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

Day of the Month	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	Day of the Month	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			17	1.50	
2			18		
3	1.50	Collected Bac - T samples	19		
4			20		
5			21		
6			22	1.40	
7			23		
8			24	1.60	
9	1.40		25		
10			26		
11	1.40		27		
12			28	1.40	
13			29		
14			30		
15	1.60		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 5-1-08 Signature and Date

Elisa Williams Printed or Typed Name

C-14846 License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH: APRIL
YEAR: 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS		49170	1.4	E-N
1				
2				
3	22,000	49192	1.5	BAC-T'S E-W
4				
5				
6				
7				
8				
9	45,000	49237	1.4	E-W
10				
11	17,000	49254	1.4	E-W
12				
13				
14				
15	33,000	49287	1.6	E-W
16				
17	20,000	49307	1.5	E-W
18				
19				
20				
21				
22	32,000	49339	1.4	E-W
23				
24	18,000	49357	1.6	AK A-F
25				
26				
27				
28	27,000	49384	1.4	E-W
29				
30				
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: May 2008	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System 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	

II. Daily Data for the Month/Year of: May 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.50		17		
2			18		
3			19		
4			20	1.40	
5	1.60	Collected Dac - T samples	21		
6			22		
7			23	1.40	
8			24		
9	1.50		25		
10			26		
11			27	1.50	
12			28		
13	1.60		29	1.50	
14			30		
15			31		
16	1.50				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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>Elisa Williams</i> 5/31/08	Elisa Williams	C-14846
Signature and Date	Printed or Typed Name	License Number or File

DAVIS SHORES
PWS: 3480272

MONTH : MAY
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	27,000	49354	14	EW
1	54,000	49468	15	EW
2				
3				
4				
5	42,000	49532	16	BAC-T'S EW
6				
7				
8				
9	70,000	49600	17	EW
10				
11				
12				
13	77,000	49697	18	EW
14				
15				
16	49,000	49725	19	EW
17				
18				
19				
20	66,000	49791	20	EW
21				
22				
23	32,000	49823	21	EW
24				
25				
26				
27	47,000	49873	22	EW
28				
29	26,000	49876	23	EW
30				
31				



FILE COPY

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: June 2008

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: June 2008

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

Day of the Month	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	Day of the Month	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			17		
2	1.50		18		
3			19		
4			20	1.40	
5	1.40	Collected 6ac - 1 samples	21		
6			22		
7			23		
8			24	1.50	
9			25		
10	1.50		26	1.30	
11			27		
12	1.50		28		
13			29		
14			30		
15			31		
16	1.20				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: *Elisa Williams* 7-2-08

Printed or Typed Name: Elisa Williams License Number or Title: C-14846

DAVIS SHORES
PWS: 3480272

MONTH : JUNE
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	26,000	49898	1.5	E.W.
1				
2	75,000	49973	1.5	A.F.
3				
4				
5	31,000	50004	1.4	BACT'S A.F.
6				
7				
8				
9				
10	100,000	50104	1.5	E.W.
11				
12	19,000	50123	1.5	E.W.
13				
14				
15				
16	41,000	50164	1.2	E.W.
17				
18				
19				
20	42,000	50206	1.4	E.W.
21				
22				
23				
24	55,000	50241	1.5	E.W.
25				
26	15,000	50250	1.3	A.F.
27				
28				
29				
30				
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: July 2008 PWS Identification Number: 3480272

Consecutive System Name: Davis Shores

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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.flynn@utilitiesinc-usa.com

II. Daily Data for the Month/Year of: July 2008

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

Day of the Month	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	Day of the Month	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	1.40		17	1.50	
2			18		
3			19		
4	1.20		20		
5			21		
6			22	1.30	
7	1.40	Collected Bak - T sample	23		
8			24	1.30	
9			25		
10	1.30		26		
11			27		
12			28		
13			29	1.30	
14			30		
15	1.40	Collected F11br's and HAAS's samples for single EPA	31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Elisa Williams 2-11-08

Elisa Williams
Printed or Typed Name

C-14846
License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH : JULY
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	15,100	50250	1.3	A /
1	53,000	50300	1.4	EW
2				
3				
4	21,000	50330	1.2	A.J.
5				
6				
7	32,000	50362	1.4	BAC - 7'S EW
8				
9				
10	30,000	50392	1.3	EW
11				
12				
13				
14				
15	45,000	50437	1.4	TITAN/12MA 3 EW
16				
17	31,000	50468	1.5	EW
18				
19				
20				
21				
22	47,000	50515	1.3	EW
23				
24				
25	29,000	50544	1.3	EW
26				
27				
28				
29	59,000	50583	1.3	EW
30				
31				

~~329,000~~



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

FILE COPY

I. General Information for the Month/Year of: August 2008	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System 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	

II. Daily Data for the Month/Year of: August 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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	1.30	Distributed Lead and Copper sample bottles	17		
2			18		
3			19		
4	1.4	Completed collection of Lead and Copper samples, sent to lab	20	1.20	
5			21		
6	1.30	Collected HAc - T samples	22	1.20	
7			23		
8			24		
9			25	1.30	
10			26		
11			27		
12	1.10		28		
13			29		
14			30	1.30	
15	1.00		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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>Elisa Williams</i> 8-4-08 Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number or Title
--	---	------------------------------------

DAVIS SHORES
PWS: 3480272

MONTH : AUGUST
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	39,000	50583	1-3	
1	25,000	50617	1-2	LEAK & CORRECTION BENTON-DART
2				
3				
4	35,000	50646	1-4	COMPLETE TOY LEAK & CORRECTION EW
5				
6	23,000	50669	1-3	BAC-T'S EW
7				
8				
9				
10				
11				
12	60,000	50729	1-1	EW
13				
14				
15	27,000	50756	1-0	EW
16				
17				
18				
19				
20	46,000	50802	1-2	EW
21				
22	17,000	50819	1-2	EW
23				
24				
25	20,000	50839	1-3	EW
26				
27				
28				
29				
30	35,000	50874	1-3	EW
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: September 2008

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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

II. Daily Data for the Month/Year of: September 2008

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

Day of the Month	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	Day of the Month	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			17		
2	1.30		18		
3			19	1.20	
4	1.30		20		
5			21		
6			22	1.30	
7			23		
8	1.20	Collected Dac - T samples	24		
9			25	1.30	
10			26		
11			27		
12	1.20		28		
13			29	1.30	
14			30		
15			31		
16	1.30				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Elisa Williams 10/3/08
 Signature and Date Printed or Typed Name License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH : SEPTEMBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	39,000	50874	1-3	OK
1				
2	17,000	50891	1-3	OK
3				
4	15,000	50906	1-3	OK
5				
6				
7				
8	36,000	50942	1-2	AM - 1-3 OK
9				
10				
11				
12	25,000	50967	1-2	OK
13				
14				
15				
16	30,000	51003	1-3	OK
17				
18				
19	33,000	51036	1-2	OK
20				
21				
22	32,000	51068	1-3	OK
23				
24				
25	28,000	51096	1-3	OK
26				
27				
28				
29	40,000	51142	1-4	OK
30				
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2008		PWS Identification Number: 3480272	
Consecutive System Name: Davis Shores			
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System 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			

II. Daily Data for the Month/Year of: October 2008					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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			17	1.40	
2	1.40		18		
3			19		
4			20	1.30	
5			21		
6			22		
7	1.40	Collected Bac - 4 samples	23		
8			24	1.40	
9			25		
10	1.40		26		
11			27	1.40	Painted Inter - Connect piping, safety poles
12			28		
13	1.40		29		
14			30	1.30	
15			31		
16					

III. Certification by Authorized Representative
 I am duly authorized to sign this report on behalf of the consecutive system 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.

 Signature and Date	Elisa Williams Printed or Typed Name	C-14846 License Number or Title
------------------------	---	------------------------------------

DAVIS SHORES
PWS: 3480272

MONTH : OCTOBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	46,000	51142	1.4	DN
1				
2	22,000	51164	1.4	A.F.
3				
4				
5				
6				
7	58,000	51222	1.4	BAC-T'S DN
8				
9				
10	20,000	51248	1.4	DN
11				
12				
13	28,000	51270	1.4	DN
14				
15				
16				
17	37,000	51307	1.4	DN
18				
19				
20	45,000	51352	1.3	DN
21				
22				
23				
24	41,000	51393	1.4	DN
25				
26				
27	20,000	51419	1.4	PAINTED INTERCONNECT DN
28				
29				
30	30,000	51449	1.3	DN
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: November 2008

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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.e.flynn@utilitiesinc-usa.com

II. Daily Data for the Month/Year of: November 2008

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

Day of the Month	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	Day of the Month	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			17	1.30	
2			18		
3			19		
4	1.30	Collected Bag - 1 sample	20	1.40	
5			21		
6	1.40		22		
7			23		
8			24	1.30	
9			25		
10			26		
11	1.30		27		Painted Inter - Connect pipings, safety poles
12			28	1.30	
13			29		
14	1.20		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Elisa Williams 11/2/08

Printed or Typed Name: Elisa Williams

License Number or Title: C-14846

DAVIS SHORES
 PWS: 3480272

MONTH :NOVEMBER
 YEAR : 2008
 OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	50,000	51449	1-3	EW
1				
2				
3				
4	55,000	51504	1-4	ENC-T'S EW
5				
6	21,000	51525	1-3	EW
7				
8				
9				
10				
11	56,000	51581	1-4	EW
12				
13				
14	25,000	51406	1-2	EW
15				
16				
17	23,000	51424	1-3	EW
18				
19				
20	30,000	51459	1-4	EW
21				
22				
23				
24	47,000	51706	1-3	EW
25				
26				
27				
28	49,000	51755	1-3	EW
29				
30				
31				



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month/Year of: December 2008

Consecutive System Name: Davis Shores PWS Identification Number: 3480272

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 44 Total Population Served at End of Month: 154

Consecutive System 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: 407-869-1019 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

II. Daily Data for the Month/Year of: December 2008

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

Day of the Month	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	Day of the Month	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	1.30		17		
2			18	1.30	
3			19		
4			20		
5	1.30		21		
6			22	1.30	
7			23		
8			24		
9	1.30	Collected Bac - 1 samples	25		
10			26	1.30	
11	1.30		27		
12			28		
13			29	1.30	
14			30		
15	1.30		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Elisa Williams
Printed or Typed Name

C-14846
License Number or Title

DAVIS SHORES
PWS: 3480272

MONTH :DECEMBER
YEAR : 2008
OPERATOR: E. Williams

DATE	TOTAL GALLONS	METER READ	REMOTE	COMMENTS
PREVIOUS	49,000	51755	1.3	
1	29,000	51950	1.3	
2				
3				
4				
5	44,000	51830	1.3	
6				
7				
8				
9	38,000	51828	1.3	BAL. T'S
10				
11	22,000	51890	1.3	
12				
13				
14				
15	42,000	51432	1.3	A.F.
16				
17				
18	35,000	51907	1.3	
19				
20				
21				
22	48,000	52015	1.3	
23				
24				
25				
26	37,000	52052	1.3	
27				
28				
29	30,000	52082	1.3	
30				
31				

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (5)
INSPECTION REPORTS**

Test Year Ended December 31, 2008

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**Florida Department of
Environmental Protection**

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

cc: File

BC

Charlie Crist
Governor

SM

Jeff Kottkamp
Lt. Governor

KS

Allen

Michael W. Sole
Secretary

RECEIVED

SEP 18 2007

September 10, 2007

UTILITIES, INC.

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

OCD-PW-SS-07-1109

Allen, good job.

Shenker 1/2/07

Orange County - PW
Crescent Heights Subdivision (Consecutive)
PWS ID Number 3480255

Davis Shores (Consecutive)
PWS ID Number 3480272

Dear Mr. Flynn:

This confirms visits to the subject community public water systems on August 1, 2007, by Chris Rossing to conduct sanitary surveys. Copies of the sanitary survey reports are enclosed for your reference and records.

There were no deficiencies at your water plants at the time of our visit. The overall operation of the water plants was good, which is a credit to both you and your operators. The Department appreciates the excellent work being done on your water systems and values your continued spirit of cooperation in complying with Department rules.

If you have any questions, please contact Chris Rossing at the above address or by phone at (407) 893-3319 ext. 2294.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance/Enforcement

KMD/cr
Enclosures

cc: Chris Rossing, FDEP

File: 19.1 620/2007

State of Florida
Department of Environmental Protection
Central District

Sanitary Survey Report for Consecutive Water Systems
that Do Not Retreat Their Water

System Name CRESCENT HEIGHTS S/D (CONSECUTIVE) County Orange PWS ID # 3480255
System Location Amelia Street, Orlando, FL 32814 Phone 407/869-1919
Owner Name Utilities Inc. of Florida, Attn: Patrick Flynn Phone 407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick C. Flynn Title Regional Director Phone 407/869-1919
This Survey Date 8/1/07 Last Survey Date 6/29/04 Last C.I. Date 4/21/99

PWS TYPE & CATEGORY/CLASS

- Consecutive/Community (6)
 Consecutive/Non-transient non-community
 Consecutive/Non-community

PWS STATUS

- Approved system with approval number & date
 Accepted
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections 277
Population Served 969 Basis Operator
Flow Measuring Device Master Meter (purchased)
Chlorine Residual 0.73
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Bacteriological Monitoring Monthly
Coliform Sampling Plan: Yes No N/A
Lead and Copper Sampling Sampled in 2005, due in 2008.
Comments _____

PURCHASED WATER SOURCE

PWS Name Orlando Utilities Commission
PWS ID # 3480962
Source Design Capacity 174,650,000 gpd
Treatment: Disinfection, corrosion control, taste-odor control, fluoridation, and ozonation.

AUXILIARY POWER SOURCE

Yes None Not Required
Source Purchased

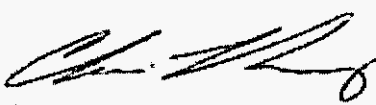
OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number:
Allan Finch C-7806
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

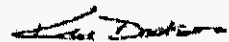
Comments _____

DEFICIENCIES:

No deficiencies noted at the time of inspection.

Inspector 

Title Environmental Specialist I Date 8/15/07

Approved by 

Title Environmental Manager Date 9/10/07

State of Florida
Department of Environmental Protection
Central District

Sanitary Survey Report for Consecutive Water Systems
that Do Not Retreat Their Water

System Name DAVIS SHORES (CONSECUTIVE) County Orange PWS ID # 3480272
System Location Main Street, Windermere, FL 34786 Phone 407/869-1919
Owner Name Utilities Inc. of Florida, Attn: Patrick Flynn Phone 407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick C. Flynn Title Regional Director Phone 407/869-1919
This Survey Date 8/1/07 Last Survey Date 6/29/04 Last C.I. Date 4/27/99

PWS TYPE & CATEGORY/CLASS

- Consecutive/Community (6)
 Consecutive/Non-transient non-community
 Consecutive/Non-community

PWS STATUS

- Approved system with approval number & date
 Accepted
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections 42
Population Served 143 Basis Operator
Flow Measuring Device Master Meter (purchased)
Chlorine Residual 1.29
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Bacteriological Monitoring Monthly
Coliform Sampling Plan: Yes No N/A
Lead and Copper Sampling Sampled in 2005, due in 2008.
Comments _____

PURCHASED WATER SOURCE

PWS Name OCUD/Western Regional Water System
PWS ID # 3481546
Source Design Capacity 42,452,000 gpd
Treatment: Disinfection, aeration, fluoridation, & corrosion control.

AUXILIARY POWER SOURCE

Yes None Not Required
Source Purchased

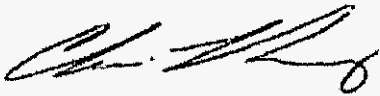
OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number:
Allan Finch C 7806
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Comments _____

DEFICIENCIES:

No deficiencies noted at the time of inspection.

Inspector 

Title Environmental Specialist I Date 8/1/07

Approved by 

Title Environmental Manager Date 9/10/07

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Jeb Bush
Governor

Department of Environmental Protection

ORIG: Full
CC: PC, DO, SA

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

RECEIVED
Calleen M. Castillo
Secretary

July 1, 2004

JUL 12 2004

UTILITIES, INC.

Utilities, Inc
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-SS-04-0513

Attention: Brian Gongre

Orange County - PW
Davis Shores and Crescent Heights
PWS ID Number 3480272 and 3480255

Dear Mr. Gongre:

The Department conducted a sanitary survey of your public water system on June 29, 2004. This inspection was conducted by Mary Pace of this office. A copy of the sanitary survey report is enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

If you have any questions concerning this letter, please contact Mary Pace at the above address or by phone at (407) 894-7555 extension 2294.

Sincerely,

Roberto C. Ansag
Roberto C. Ansag, Environmental Manager
Drinking Water Compliance/Enforcement

RCamp
Enclosure

19.1

Compliance Inspection Report for Consecutive Water Systems that Do Not Retreat Their Water

System Name Davis Shores County Orange PWS ID # 3480272
System Location Main St. Windermere Phone _____
Owner Name Utilities, Inc. Phone 407-869-1919
Owner Address 200 Weathersfield, Ave. Altamonte Springs, FL. 32714
Contact Person Brian Gongre Title _____ Phone _____
This Survey Date 4/27/99 Last Survey Date 4/22/97 Last C.I. Date 6/18/98

PWS TYPE & CATEGORY/CLASS

- Consecutive/Community
- Consecutive/Non-transient non-community
- Consecutive/Non-community

PWS STATUS

- Approved system with approval number & date _____
- Accepted
- Unapproved system

SERVICE AREA CHARACTERISTICS

Residential _____
Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections _____
Population Served _____ Basis _____
Flow Measuring Device Master Meter (purchased)
Chlorine Residual 1.7 mg/L 52 Oakdale
Backflow Prevention Devices: Yes No
Cross-connections none noted
Written Cross-connection Control Program: Yes
Bacteriological Monitoring Monthly
Coliform Sampling Plan: Yes No N/A
Lead and Copper Sampling 6/05 - 9/05

Comments _____

COMET: SITE ID _____ PROJECT ID _____

Inspector Mary Pace
Approved by _____

Title Env. Specialist III Date 7/1/04
Title Environmental Manager Date _____

PURCHASED WATER SOURCE

PWS Name OCUD/ Western
PWS ID # 3481546
Source Design Capacity 42,452,000 gpd
Treatment: _____

AUXILIARY POWER SOURCE

Yes None Not Required
Source _____ Purchased _____

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number: _____

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Comments _____

DEFICIENCIES:

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (6)
PERMITS**

Test Year Ended December 31, 2008

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

25-30.440 (7)
NOTICES

Test Year Ended December 31, 2008

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (8)
FIELD EMPLOYEES**

Test Year Ended December 31, 2008

State of Florida
Department of Environmental Protection

ISSUED: 3/25/2009

LICENSE NO.: 8527

**THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2011

STEPHEN J HABERY

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOL
SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 3/25/2009

LICENSE NO.: 8012

**THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2011

STEPHEN J HABERY

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOL
SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/16/2009

LICENSE NO.: 009509

**THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2011

STEVEN L. PFOUTS

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/16/2009

LICENSE NO.: 014204

**THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2011

STEVEN L. PFOUTS

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/22/2009

LICENSE NO.: 008122

THE CLASS A WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

DANIEL SCOTT ANDERSON

CHARLIE CRIST

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/16/2009

LICENSE NO.: 007141

THE CLASS A DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

DANIEL SCOTT ANDERSON

CHARLIE CRIST

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

State of Florida
Department of Environmental Protection

ISSUED: 1/28/2009

LICENSE NO.: 0014846

**THE CLASS B DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2011

ELISA MATARLO WILLIAMS

CHARLIE CRIST

MICHAEL W. SOLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY



State of Florida

Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, N. S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7300

ELISA MATARLO WILLIAMS
2549 GRASSY POINT DR UNIT 103
LAKE MARY, FL 32746-6518

State of Florida
Department of Environmental Protection

LICENSE NO.: 014187 DATE ISSUED: 4/16/2009
CLASS C WASTEWATER TREATMENT PLANT OPERATOR
ELISA MATARLO WILLIAMS
LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA
STATUTES
VALID UNTIL: 4/30/2011

State of Florida
Department of Environmental Protection

ISSUED: 4/16/2009 LICENSE NO.: 014187

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

ELISA MATARLO WILLIAMS

CHARLIE CRIST
GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE
SECRETARY

UIF RATE CASE - 2008 EMPLOYEE LICENSE INFORMATION

Last Name	First Name/MI	Title	System(s)	Classification	Type	Description	Type	Description
Anderson	Daniel S.	Lead Operator	Crownwood	Class A DWTPO Class A WWTPO	A	Class A Drinking Water Treatment Plant Operator - FDEP (0007141 4/30/11)	A	Class A WW Treatment Plant Operator - FDEP (0006490 4/30/11)
Habery	Stephen (Steve) J.	Lead Operator	Orangewood Buena Vista MHP Buena Vista Manor L/S Summertree Summertree L/S	Class C DWTPO Class C WWTPO	C	Class C Drinking Water Treatment Plant Operator - FDEP (0008012 4/30/11)	C	Class C WW Treatment Plant Operator - FDEP (0008527 4/30/11)
Pfouts	Steven L.	Lead Operator	Golden Hills	Class C DWTPO Class B WWTPO	C	Class C Drinking Water Treatment Plant Operator - FDEP (0014204 4/30/11)	B	Class B WW Treatment Plant Operator - FDEP (0009509 4/30/11)
Williams	Elisa M.	Lead Operator	Weathersfield Oakland Shores Little Wekiva Park Ridge Phillips Crystal Lake Ravenna Park Jansen Crescent Heights Davis Shores	Class C DWTPO Class C WWTPO	C	Class B Drinking water Treatment Plant Operator - FDEP 0014846 4/30/11	C	Class C WW Treatment Plant Operator - FDEP 0014187 4/30/11



JOB TITLE	Water/Wastewater Treatment Operator I
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under direct supervision, performs routine tasks related to the operation of water and/or wastewater treatment facilities. Assists with maintaining plant compliance with EPA standards and state water Commission. Performs general cleaning of grounds and buildings. Ensures plant safety and sanitary requirements.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when below-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol. ▪ Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state. ▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. ▪ Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors. ▪ Ensures regulatory compliance and adherence to Company policies and standards. ▪ Maintains a safe working environment and reports safety concerns to Area Manager.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Completes facility and vehicle inspections, along with related follow-up. ▪ Assists w repairs of water/wastewater treatment plant equipment. ▪ Forwards customer inquiries on to Operator II or Lead Operator.



	<ul style="list-style-type: none"> ▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. ▪ Ensures that facilities and grounds are kept clean and orderly and comply with Company standards. ▪ May install and read water meters. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations. ▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. ▪ Ability to review, classify, categorize, prioritize and/or analyze data. ▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. ▪ Ability to follow verbal and written instructions. ▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Currently holds first-level operator license, may be in the process of obtaining second-level license; must maintain a valid driver's license.
EXPERIENCE	Requires 2 - 4 years mechanical experience, including at least 1 year specializing in chemical treatment of water and/or wastewater and/or a minimum of 1 year in water and/or wastewater utility field with experience in the operation and maintenance of ground-water supplied water systems and associated distribution system.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water and/or wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; may operate heavy equipment.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Water/Wastewater Treatment Operator II
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under general supervision, performs routine tasks related to the operation of water and/or wastewater treatment facilities. Maintains plant compliance with EPA standards and state water Commission. Performs general cleaning of grounds and buildings. Ensures plant safety and sanitary requirements.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when below-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol. ▪ Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state. ▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. ▪ Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors. ▪ Ensures regulatory compliance and adherence to Company policies and standards. ▪ Maintains a safe working environment and reports safety concerns to Area Manager.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Completes facility and vehicle inspections, along with related follow-up. ▪ Installs and reads water meters. ▪ Acts as liaison between customers and customer service; provides on-site customer communication.



	<ul style="list-style-type: none"> ▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. ▪ Ensures that facilities and grounds are kept clean and orderly and comply with Company standards. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations. • Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. • Ability to review, classify, categorize, prioritize and/or analyze data. ▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. • Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. • Ability to follow verbal and written instructions. • Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Currently holds second-level operator license, may be in the process of obtaining third-level license; must maintain a valid driver's license.
EXPERIENCE	Requires 3 - 5 years mechanical experience, including at least 3 years specializing in chemical treatment of water and/or wastewater and/or a minimum of 3 years in water and/or wastewater utility field with experience in the operation and maintenance of ground-water supplied water systems and associated distribution system.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water and/or wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; may operate heavy equipment.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Area Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Oversees the operation and maintenance of water and wastewater treatment plants. Provides leadership and guidance in water and wastewater plant management. Works with Regional Manager and Regional Director to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Develops strategic plans for water and wastewater facility needs; manages the design and construction of facilities and infrastructure. ▪ Hires, directs, evaluates, promotes and disciplines subordinate employees, including meter readers, operators, field technicians, etc, engaged in the operation of water/wastewater plants and distribution systems. ▪ Manages the operation of multiple water systems and wastewater treatment facilities. ▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. ▪ Ensures water and wastewater quality consistently meet Federal, state and local laws. ▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. ▪ Stays abreast of Federal, state and local regulations and environmental guidelines regarding water/wastewater treatment and distribution. ▪ Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures; trains employees of safety policies and procedures. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Responds to all emergency situations, including coordination of contractors, public notification and informing UI personnel and governmental agencies as needed. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to objectively coach employees through complex, difficult and emotional issues.



	<ul style="list-style-type: none"> ▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to delegate responsibility and authority to maximize use of employees' skills. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Ability to effectively communicate and interact with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Proven ability to motivate others in the pursuit of Company goals.
EDUCATION	Required: HS Diploma or GED Preferred: Bachelor's degree, this may be required in some circumstances; completion of multiple utility industry related courses, seminars, management and supervisory training is preferred.
CERTIFICATIONS/LICENSES	Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license.
EXPERIENCE	Requires a minimum of 6 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment.
TRAVEL REQUIRED	Within service area.
SHIFT	Requires 24 hour responsiveness to various situations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Construction Inspector
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Project Manager
JOB SUMMARY	Inspects initial construction projects and additional repairs to ensure adherence to contract specifications, building ordinances and zoning laws. Reviews, processes, supervises and inspects installation of water and sewer utility mains and new service connections, evaluates existing services, provides service information, investigates water and sewer service problems, and supports field maintenance activities.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> • Analyzes and manages a variety of situations relating to construction and installation of new water and sewer infrastructure, storage tanks, wastewater treatment plant construction and expansion. • Evaluates specifications for plan procedures, start and completion dates, and staffing requirements for each phase of the construction project. ▪ Inspects construction of new service connections and water/sewer main breaks. • Oversees construction and maintenance employees at a property location. • Provides timely information regarding construction projects and work relating to construction projects. ▪ Prepares service work orders per plans for water and sewer main installations. ▪ Maintains frequent contact with external agencies and the general public in order to coordinate activities related to water and sewer service. ▪ Responds to customer issues related to construction projects. • Reviews water and sewer main plans. ▪ Enforces Company policies and procedures, work methods and operational procedures.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> • Assists Project Manager with property inspections, completing environmental and engineer reports and attaining all necessary permits. • Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook, Explorer, JD Edwards
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to follow verbal and written instructions. ▪ Excellent organizational and problem solving skills. ▪ Ability to provide safe working conditions for fellow workers.



	<ul style="list-style-type: none"> ▪ Ability to effectively communicate and interact with other employees. ▪ Ability to deal professionally with customers and maintain good public relations.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Grade 2 State Distribution License, or ability to obtain within 18 months of hire; must maintain a valid driver's license
EXPERIENCE	A minimum of 3 years experience in the installation, maintenance, repair or inspection of water supply and/or distribution facilities and sewer force mains, or 2 years as a Lead Operator.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (50 lbs.), walking (2+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Field Technician I
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for the accurate and timely reading and recording of water meters to facilitate customer billing; to identify water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Walks 5 - 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. • Documents customer interaction and field activities in CC&B. • Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Maintains accurate and up-to-date records. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Performs minor meter maintenance and repair duties. ▪ Assists with repairs of water/wastewater treatment plant equipment. ▪ Assists with ordering parts and job costing. ▪ May assist with on-site customer communication. • May assist with customer inquiries, requests and minor issues regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ May prepare a variety of operational reports related to water meter reading activities. ▪ Assists with the installation and disconnect of water meters. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word; ability to learn internal software programs Preferred: MS Excel, Outlook



ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn to read a variety of water meters. ▪ Ability to learn and understand tariffs as they apply to assigned duties. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions. ▪ Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. *May be in the process of obtaining Distribution and/or Collections Systems certification or first-level plant operating license.
EXPERIENCE	Some water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Field Technician II
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater system; identifying water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains ▪ Maintains and tests water meters; performs new meter installation. ▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. ▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic plumbing tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. ▪ Inspects area for cross connection violations and other unsafe conditions. ▪ Maintains accurate and up-to-date records. ▪ Documents customer interaction and Field Activities in CC&B. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. • Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ Provides on-site customer communication. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May assist with repairs of water/wastewater treatment plant equipment. ▪ May walk 5 - 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor. • Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. • Indicates irregularities on forms for necessary action by servicing department. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. • Assists with ordering parts and job costing. ▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. ▪ Assists with the installation and/or disconnection of water and/or sewer services. ▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. ▪ May assist in maintaining plant compliance with Federal, state and local



	<p>regulatory requirements.</p> <ul style="list-style-type: none"> ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently in the absence of supervision. ▪ Demonstrates initiative and desire to learn new tasks. ▪ Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to read a variety of water meters. ▪ Ability to apply the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to understand tariffs as they apply to assigned duties. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions. ▪ Ability to read and transfer digits accurately.
EDUCATION	<p>Required: HS diploma or GED</p>
CERTIFICATIONS/LICENSES	<p>Required: Must maintain a valid driver's license. Preferred: Distribution and/or Collections certification as required by statute or regulation, or the ability to attain certification within 12 months of hire. *May be in the process of obtaining first-level operating license.</p>
EXPERIENCE	<p>A minimum of one year water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.</p>
PHYSICAL DEMANDS	<p>Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.</p>
EQUIPMENT USED	<p>Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.</p>
TRAVEL REQUIRED	<p>Within service area.</p>
SHIFT	<p>May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

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JOB TITLE	Field Technician III
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater systems; identifying water meter equipment problems; and performing water meter and/or system maintenance activities.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains ▪ Maintains and tests water meters; performs new meter installation. • Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. ▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic plumbing tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. • Inspects area for cross connection violations and other unsafe conditions. ▪ Maintains accurate and up-to-date records. • Documents customer interaction and Field Activities in CC&B. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ Provides on-site customer communication. • Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> • May assist AM with overseeing the daily tasks of other field technicians. • May assist with repairs of water/wastewater treatment plant equipment. • May walk 5 - 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Assists with ordering parts and job costing. • Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. ▪ Assists with the installation and disconnection of water meters and sewer services. • May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. ▪ May assist in maintaining plant compliance with Federal, state and local regulatory requirements. • Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently in the absence of supervision. ▪ Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to motivate others in pursuit of Company goals. ▪ Demonstrates initiative to take on new tasks. ▪ Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to read a variety of water meters. ▪ Ability to apply the methods, techniques, tools, equipment and materials used in the repair, installation and testing of water and flow meters. ▪ Ability to understand tariffs as they apply to assigned duties. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions. ▪ Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Distribution and/or Collections certification as required by State regulatory laws, or the ability to attain certification within 12 months of hire. *May be in the process of obtaining dual certifications or first-level operating license.
EXPERIENCE	A minimum of three years water meter reading experience preferred, in addition to previous mechanical or maintenance experience; in-depth, working knowledge of water meters, care and operation of a variety of tools and equipment used in maintaining water/wastewater systems, and safe work practices. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Lead Water/Wastewater Treatment Operator
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under limited supervision, performs routine tasks related to the operation of a water/wastewater treatment facility. Responsible for maintaining plant compliance with EPA standards and state water Commission. Assists with training of other personnel and leading work crews. Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes and works cooperatively to provide quality seamless utility service. Works with AM and RM to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees the operation and maintenance of water/wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Oversees the organization and delegation of team tasks. ▪ Develops and maintains operational records and prepares reports in compliance with regulatory standards. ▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. ▪ Installs and repairs pumps, motors, valves and piping; diagnoses, repairs and clarifies aeration equipment, ion exchange bins, filtration equipment and other major apparatuses. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when non-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: identifying damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Cleans and maintains treatment plant, pumping stations and wells. Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Implements emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol and notifies local emergency responders. ▪ Adds chemicals to water by predetermined formula. Maintains minimum inventory levels of these materials. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state.



	<ul style="list-style-type: none"> • Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. • Ensures regulatory compliance and adherence to Company policies and standards. • Coordinates construction and excavation involved in system repairs; estimates required labor and materials; identifies equipment needed for all projects; orders necessary parts. • Maintains a safe working environment and reports safety concerns to Area Manager. • Trains personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures. • Ensures all operators are equipped with necessary tools, parts and safety equipment to work effectively. • Stays abreast of Federal, State and local regulations and environmental guidelines regarding water/wastewater treatment and distribution.
<p style="text-align: center;">ADDITIONAL RESPONSIBILITIES</p>	<ul style="list-style-type: none"> • May assist with training personnel on safety procedures. • Assists with overseeing and inspections of local construction projects. • Assists with the development of short and long term plans for operation of facilities, including contingency plans as well as plant and equipment removal/replacement. • Assists with the design and construction of extension and improvement projects. • Provides on-site customer communication. • Acts as liaison between the customers and customer service. • Responds to requests and inquiries from the general public. • Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. • Performs other related duties as assigned.
<p style="text-align: center;">COMPUTER SKILLS</p>	<p>Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook, Internet Explorer</p>
<p style="text-align: center;">ADDITIONAL SKILLS</p>	<ul style="list-style-type: none"> • Ability to work independently and under limited supervision. • Demonstrates initiative to take on new tasks. • Ability to mentor and guide co-workers to increase skill level, morale and efficiency. • Ability to motivate others in pursuit of Company goals. • Ability to read meters, charts and gauges and accurately maintain records of plant operations. • Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. • Ability to review, classify, categorize, prioritize and/or analyze data. • Ability to keep accurate records and prepare and submit accurate reports. • Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. • Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies.



	<ul style="list-style-type: none"> ▪ Ability to follow verbal and written instructions. ▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license.
EXPERIENCE	Requires a minimum of 5 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water/wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; operates and oversees the use of heavy equipment, including agricultural sludge spreaders.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required. Requires 24 hour responsiveness to various situations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Project Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for all water and wastewater utility construction projects from initial contract negotiations through warranty termination.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> • Oversees complex technical projects, adhering to strict goals and deadlines. ▪ Creates and maintains activity and progress reports for internal and external customers. ▪ Responsible for all project development. ▪ Hires, directs, evaluates and disciplines Construction Inspectors. ▪ Obtains engineering proposals, monitors project budgets, construction activity and coordinates timing with operations. ▪ Tracks all budget related information, such as hours worked and expenses, etc. ▪ Coordinates all daily activities and personnel for each project. ▪ Processes paperwork, including invoices, for each project in a timely manner and submits to Regional Director. ▪ Ensures the success of projects, while remaining in line with time and budget parameters. ▪ Notifies management staff of any current or pending escalations relating to projects, or items that could impact the success of projects. ▪ Coordinates and completes the work necessary to obtain approval on emergency projects.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists AM & RM with forecasting and planning capital projects up to 5 years in advance. ▪ Attends project team status meetings as required. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel, Outlook; ability to learn internal software programs</p> <p>Preferred: PowerPoint and Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to calculate basic mathematical equations. ▪ Ability to read and interpret soil and hydro-geological reports and maps. ▪ Ability to complete work that will ensure the approval of all capital projects in a timely manner. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Excellent organizational and problem solving skills, including negotiating, decision-making research and analysis, and interpersonal skills.



	<ul style="list-style-type: none"> ▪ Ability to provide safe working conditions for fellow workers. ▪ Ability to effectively communicate and interact with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	<p>Required: Bachelor's Degree in Civil/Environmental Engineering or similar field.</p> <p>Preferred: MS or MBA</p>
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license
EXPERIENCE	Requires a minimum of 3 years engineering experience, preferably related to water and/or wastewater projects and design.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (50 lbs.), walking (2+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within the region; up to 25% for training, meetings, project management, etc.
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CONTACT INFORMATION	

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JOB TITLE	Regional Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for the management of water and wastewater treatment operations for the region, including directing, planning, managing, staffing, and organizing the safe and efficient operation of all UI subsidiaries in assigned region. Provides leadership and guidance in water and wastewater plant management. Works with Area Managers and Regional Director to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ■ Oversees plant operations and maintenance, customer contact and capital planning. ■ Provides support and follow up to Area Managers. ■ Maintains accurate and timely reports, records and permits associated with facility operations and customer relations, ensuring they meet compliance regulations. ■ Assists Regional Director in the development and implementation of operational and regional strategies. ■ Ensures water and wastewater quality consistently meet Federal, state and local laws. ■ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. ■ Provides expertise as required to maintain compliance with local, state, regional and Federal regulatory requirements regarding water/wastewater treatment and distribution. ■ Offers opportunities to increase efficiency by identifying and implementing operational cost saving ideas. ■ Serves as the contact for inquiries regarding operational issues; answers routine and ad hoc information requests that are regional or unit-specific in nature. ■ Responsible for safety and maintaining a safe work environment. ■ Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures, in addition to safety policies and procedures. ■ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ■ Provides leadership and guidance in energy management. ■ Acts as point of contact with developers, engineers, consultants, regulators and customers. ■ Assists Regional Director in executing any additional assigned duties. ■ Meets Company goals and objectives in conformance with budgetary guidelines. ■ Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Must have ability to effectively communicate with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	Required: Bachelor's degree in Business, Engineering, Environmental Science or similar field, or a combination of education and experience. Preferred: Completion of multiple utility industry related courses, seminars, management and/or supervisory training.
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Ability to hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment.
EXPERIENCE	Requires a minimum of 7 years progressive experience working in utility management or the utility industry. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Light to moderate physical activity; requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within region.
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CONTACT INFORMATION	

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JOB TITLE	Warehouse Clerk
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Responsible for maintaining the inventory and allocation of commonly used supplies and equipment from the warehouse to local operations staff and other special projects as needed.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Manages warehouse facility, including minor grounds upkeep. ▪ Orders all supplies and chemicals through assigned vendors. ▪ Receives, processes and unpacks supplies; verifies correctness of shipments against purchase orders; maintains records regarding discrepancies and/or damaged merchandise and works with vendor to correct issues. ▪ Ensures safe loading and unloading of supplies. ▪ Manages distribution record of items received by operations staff for Company facilities. ▪ Coordinates inspection of fire extinguishers returned by field staff. ▪ Follows established safety policies and procedures to ensure safe work environment. ▪ Maintains warehouse facility and equipment in a clean and orderly condition.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists RM with performing price comparisons with competing vendors to select most cost efficient option for the region. ▪ Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook, Explorer, Filemaker Pro; familiarity with Mac computers would be helpful.
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently in the absence of supervision. ▪ Ability to effectively communicate and interact with other employees. ▪ Ability to receive, track and distribute materials, supplies and equipment. ▪ Ability to read, write, sort, check, count and verify numbers. ▪ Ability to prepare routine administrative paperwork. ▪ Ability to understand and follow safety procedures.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Forklift certification
EXPERIENCE	Previous warehouse work is preferred, including shipping and receiving.



PHYSICAL DEMANDS	Requires the ability to lift and move heavy and/or bulky items and to push, pull, lift and/or carry up to 50 lbs; ability to climb ladders in order to stock supplies; ability to remain standing in an upright position for an extended period of time. Also requires
EQUIPMENT USED	Riding forklift, walk-behind electric and manual pallet jack, pivot davit (crane) with hoist; PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
SHIFT	This is a part-time position; Monday - Friday, 8am - 12pm with minor variations.
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CONTACT INFORMATION	

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JOB TITLE	Administrative Assistant
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Director or Regional Manager
JOB SUMMARY	Under direct supervision of the Regional Director, provides administrative and secretarial support to the Regional Director and Regional Managers.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Coordinates and performs a wide range of staff and/or operational support activities for the region; assists visitors, resolves and/or refers administrative problems and inquiries. ▪ Schedules and organizes meetings, conferences, interviews and/or other events; distributes information or invitations; prepares agendas, notices, minutes and resolutions for meetings. ▪ Performs complex and confidential administrative functions, including written correspondence, reports, spreadsheets and other documents. Responds to routine external correspondence. ▪ Assists with arranging travel plans and itineraries for the RD, RM and others. ▪ Establishes, maintains and updates files, databases, reports, and/or other documents. ▪ Performs routine analyses and calculations in the processing of data for recurring internal reports. ▪ Prepares or assists with the preparation of scheduled and/or ad hoc statistical and narrative reports; performs basic information gathering and analysis and/or forecasting, as specifically directed. ▪ Sorts, reviews and distributes incoming and outgoing mail; composes, prepares and ensures timely responses to a variety of routine written inquiries. ▪ Serves as liaison with regional companies in the resolution of day-to-day administrative and operational problems. ▪ Uses the internet and historical documents to perform research. ▪ Maintains office supplies, maintenance of office equipment and other services.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists RD and RM with calendar management; coordinates daily, weekly and monthly schedules; schedules daily meetings and appointments as requested. ▪ Assists management and staff in problem solving, project planning and development and execution of stated goals and objectives. ▪ Assists with special projects as needed. ▪ May assist other operational staff depending on workload. ▪ Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Office, Internet Explorer; ability to learn internal software programs Preferred: Visio
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Must have high level of interpersonal skills to handle sensitive and confidential information and situations. Position continually requires demonstrated poise, tact and diplomacy. ▪ Adapts to changes in work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events. ▪ Ability to multitask in a fast-paced environment. ▪ Ability to communicate and work professionally with senior level management and external contacts. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality. ▪ Work requires continual attention to detail in composing, typing and proofing materials, establishing priorities and meeting deadlines. ▪ Identifies and resolves problems in a timely manner and gathers and analyzes information skillfully. ▪ Ability to develop a working knowledge of regulations, policies and procedures involved in the administration of the utility systems.
EDUCATION	Required: HS Diploma or GED Preferred: Associates Degree in business related field
CERTIFICATIONS/LICENSES	Required: Valid driver's license
EXPERIENCE	A minimum of 1-2 years previous experience in an administrative role or similar position.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Accounts Payable/Receivable Clerk
DEPARTMENT	Operations - BioTech
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Maintains accounts payable and receivable records, including editing, checking and preparing accounts receivable entries and tabulating control statistics.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Processes AP and AR for BioTech. ▪ Performs data entry of AP and AR invoices and journal entries. ▪ Enters and posts daily cash receipts. ▪ Accepts vendor payments and supplies receipt of payment; maintains copies of all cash receipts for reconciling. ▪ Maintains sole responsibility of cash drawer, i.e. opening/closing, deposit/tender controls and balancing of each. ▪ Endorses checks daily with proper endorsing equipment. ▪ Prepares daily cash deposits and delivers to bank; obtains receipt of all bank transactions. ▪ Contacts vendors with payment discrepancies and/or to verify remittance information. ▪ Researches payment inquiries, provides copies of cancelled checks as proof of payment. ▪ Researches and processes payment related items.. ▪ Responds to vendor and staff inquiries and answers AP/AR related questions. ▪ Maintains AP/AR reports, spreadsheets and files.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Prepares analysis of accounts as required. ▪ Assists with receiving checks, processing utility invoices, proofing AP/AR and filing journal entries. ▪ Assembles and processes overnight shipments, as needed. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: JD Edwards, CC&B, Outlook, Internet Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Friendly, customer service focus. ▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. ▪ Reliable, self-motivated and well organized. ▪ Strong written and verbal communication skills. ▪ Maintains confidentiality.
EDUCATION	<p>Required: HS Diploma or GED</p> <p>Preferred: Associate's Degree or equivalent</p>



CERTIFICATIONS/LICENSES	Required: Valid Driver's License, safe driving record and proof of valid insurance.
EXPERIENCE	2 - 3 years related experience and/or training. Requires general knowledge of accounts receivable and bookkeeping skills.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision and ability to lift and transport daily mail.
EQUIPMENT USED	PC and/or laptop, endorsing machine, copy/fax/scan machine, telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Accounts Receivable Clerk
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Office Manager
JOB SUMMARY	Maintains accounts receivable records, including editing, checking and preparing accounts receivable entries and tabulating control statistics.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Processes AR for multiple states. ▪ Performs data entry of AR invoices, journal entries, cash book entries and customer address/contact information changes. ▪ Enters and posts daily cash receipts. ▪ Accepts customer payments and supplies receipt of payment; maintains copies of all cash receipts for reconciling. ▪ Maintains sole responsibility of cash drawer, i.e. opening/closing, deposit/tender controls and balancing of each. ▪ Endorses checks daily with proper endorsing equipment. ▪ Prepares daily cash deposits and delivers to bank; obtains receipt of all bank transactions. ▪ Contacts customers with payment discrepancies and/or to verify remittance information. • Reviews customer accounts with customers and Regional Office Manager. • Researches payment inquiries, provides copies of cancelled checks as proof of payment. ▪ Researches and processes payment related items.. ▪ Responds to customer and regional staff inquiries and answers AR questions related to processed payments. ▪ Prepares written notification to customers when payment cannot be processed for various reasons. ▪ Forwards all customer correspondence to branch offices daily. ▪ Maintains AR reports, spreadsheets and files.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Prepares analysis of accounts as required. ▪ Assists with receiving checks, processing utility invoices, proofing AR and filing journal entries. ▪ Assembles and processes overnight shipments, as needed. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: JD Edwards, OC&B, Outlook, Internet Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Friendly, customer service focus. ▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.



	<ul style="list-style-type: none">▪ Reliable, self-motivated and well organized.▪ Strong written and verbal communication skills.▪ Maintains confidentiality.
EDUCATION	Required: HS Diploma or GED Preferred: Associate's Degree or equivalent
CERTIFICATIONS/LICENSES	Required: Valid Driver's License, safe driving record and proof of valid insurance.
EXPERIENCE	2 - 3 years related experience and/or training. Requires general knowledge of accounts receivable and bookkeeping skills.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision and ability to lift and transport daily mail.
EQUIPMENT USED	PC and/or laptop, endorsing machine, copy/fax/scan machine, telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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JOB TITLE	Regional Executive Assistant
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Under direct supervision of the RVP, provides administrative and secretarial support to the RVP. Organizes and expedites flow of work through the office; coordinates special projects with regional staff.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Manages the RVP's calendar; coordinates daily, weekly and monthly schedules; schedules daily meetings and appointments. ▪ Arranges detailed travel plans and itineraries for the RVP. ▪ Organizes meetings, conferences and/or events by arranging facilities and caterers and issuing information or invitations; prepares agendas, notices, minutes and resolutions for meetings. ▪ Performs complex and confidential administrative functions, including written correspondence, reports and other documents. Responds to routine external correspondence. Types memos, purchase requisitions, payment requests and other department forms and documents. ▪ Prepares the RVP's expense reports. ▪ Reviews and summarizes miscellaneous reports, presentation materials and other documents; prepares background documents as necessary. ▪ Completes inquiry forms; analyzes resolves and distributes forms for resolution. ▪ Provides follow up on information requests, projects and pending matters with limited direction. ▪ Maintains regional headcount and organizational chart. ▪ Maintains regional filing system for records, reports and other documents. ▪ Acts as liaison between executive staff and others, including PUC, county and other government officials, as well as community and political leaders.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Acts as receptionist to the RVP's office; screens calls for executive staff; relays messages or directs callers to appropriate personnel; responds to emergency calls. ▪ Attends internal and external meetings and takes minutes as requested; transcribes and disseminates minutes to executive staff; prepares agenda for staff meetings. ▪ Assists office staff with JDE and other computer issues. ▪ Prepares various documents and forms upon request. ▪ Researches and analyzes projects as assigned. ▪ Makes photocopies, faxes documents and performs other clerical functions. ▪ Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Office; ability to learn internal software programs Preferred: Visio, JD Edwards, CC&B
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Must have high level of interpersonal skills to handle sensitive and confidential information and situations. Position continually requires demonstrated poise, tact and diplomacy. ▪ Adapts to changes in work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events. ▪ Highly organized and ability to multitask in a fast-paced environment. ▪ Ability to communicate and work professionally with senior level management and external contacts while under pressure. ▪ Excellent written and verbal communication skills. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality. ▪ Work requires continual attention to detail in composing, typing and proofing materials, establishing priorities and meeting deadlines. ▪ Strong decision-making ability. ▪ Identifies and resolves problems in a timely manner and gathers and analyzes information skillfully. ▪ Ability to develop a working knowledge of regulations, policies and procedures involved in the administration of the utility systems.
EDUCATION	Required: HS Diploma or GED Preferred: Associates Degree in business related field
CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Executive Assistant certification, or similar certification
EXPERIENCE	A minimum of 3 - 5 years previous experience as an Executive Assistant, or similar position, providing support at the executive level. Requires knowledge of regulatory and corporate policies and practices.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Regional Office Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for overall regional office activities, including customer service, accounts receivable, phone reception, mail, purchasing requests and assisting local facilities.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Manages customer service team and regional office staff; hires, directs, evaluates, promotes and disciplines subordinate employees. ▪ Responds to and resolves employee relations issues expressed by team members; creates and maintains a high quality work environment so team members are motivated to perform at their best level. ▪ Addresses disciplinary and/or performance problems according to Company policy. ▪ Oversees and coordinates overall administrative activities for the regional offices. ▪ Oversees the organization and delegation of team tasks. Assumes, assigns or re-assigns responsibilities temporarily as necessary. ▪ Maintains effective customer service and resolves escalated customer calls. ▪ Provides training to regional office staff and CSR's in the areas of billing, tariff compliance, rate case preparation, reporting and customer service. ▪ Maintains tap records, tracks Rule 9 apportionments and sewer deposits, and requests reapportionment refunds from Corporate. ▪ Manages the reception area to ensure effective telephone and mail communications both internally and externally to maintain a professional image. ▪ Supervises the maintenance of office areas and premises. ▪ Informs management by reviewing and analyzing special reports, summarizing information and identifying trends. ▪ Negotiates the purchase of office supplies and equipment for the regional office staff in accordance with company purchasing policies and budgetary restrictions. ▪ Supervises the maintenance of office equipment, including copy/fax machines, etc. ▪ Provides continual evaluation of processes and procedures; evaluates existing systems and tools and provides feedback for future improvements. ▪ Establishes work procedures and processes that support Company and departmental standards, procedures and strategic directives. ▪ Responsible for suggesting methods to improve area operations, efficiency and service to customers
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May serve as liaison between Public Utilities Commission and regional office regarding customer service issues; maintains files for commercial



	<p>and developer agreements.</p> <ul style="list-style-type: none"> ▪ Follows pre-established guidelines in emergency situations. ▪ Participates in special projects as needed. ▪ Performs other duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel, Outlook Preferred: Internet Explorer, JD Edwards, CC&B, AccuTerm</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Maintains high level of confidentiality. ▪ Communicates clearly and effectively, both verbally and in writing. ▪ Ability to coach employees through complex, difficult and emotional issues. ▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. • Excellent organizational and interpersonal skills. • Ability to delegate responsibility and authority to maximize use of employees' skills. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality; detail oriented. ▪ Friendly, customer service focus. ▪ Ability to work equally well in a leadership role, within a team environment and independently. ▪ Ability to motivate others in pursuit of Company goals. ▪ Ability to promote positive morale and teamwork among staff while maintain a professional work environment. • Ability to specify goals and effectively achieve them. • Ability to provide vision and leadership.
EDUCATION	<p>Associates Degree in Accounting, Business Administration or other business related field is preferred.</p>
EXPERIENCE	<p>Requires a minimum of 5 years experience in customer service or administrative services related area. Familiar with standard concepts, practices and procedures related to customer service. 3 years of previous supervisory experience is preferred. Experience in a public utility customer service work is highly desirable.</p>
PHYSICAL DEMANDS	<p>Light to moderate physical activity, ability to lift approximately 15-20 lbs.; requires normal hearing and vision</p>
EQUIPMENT USED	<p>Handheld/BlackBerry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.</p>
TRAVEL REQUIRED	<p>Occasional travel may be required.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

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JOB TITLE	Regional Vice President
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Chief Operating Officer
JOB SUMMARY	Responsible for directing the safe, efficient and profitable operation of assigned region's assets. Works with Regional Managers, Regional Director, Regional Business Manager, Regional Compliance & Safety Manager and Regional Office Manager to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees all operations of the regional offices. ▪ Drives profitability by effectively challenging and motivating employees. ▪ Develops capital plan to meet customer growth and maintenance requirements and adherence to that plan. ▪ Monitors and executes approved capital plan and operating budget. ▪ Leads operations team to be in compliance with all applicable local, state and federal regulations. ▪ Ensures and promotes a safe work environment for all employees. ▪ Analyzes margins to ensure efficient operations. ▪ Manages and provides leadership to regional staff. ▪ Serves as the regional ambassador and local company contact for customers, community organizations, state commissions and representatives; manages UI's relationship with communities by attending local and regional community events. ▪ Maintains profit and loss responsibility for assigned region(s). ▪ Oversees new business development. ▪ Supports the CEO, COO, CFO and CRO (Executive Team) to achieve the Company's goals and objectives.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Performs strategic planning for operations and provides input and assists the Executive Team on policy issues. ▪ Serves as main contact for local media and manages relationship. ▪ Stays abreast of local environment and upcoming regulation changes. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Ensures assets are maintained in good operating condition. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Able to maintain confidential information. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Experience in strategic planning and execution. Knowledge of contracting, negotiating and change management. Knowledge of finance, accounting, budgeting and cost control principles including Generally Accepted Accounting Principles.



	<ul style="list-style-type: none"> ▪ Exceptional organizational and analytical skills and experience interpreting a strategic vision into an operational model. ▪ Ability to provide vision and leadership. ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to objectively coach employees and managers through complex, difficult and emotional issues. ▪ Ability to define specific problems and offer variable solutions. ▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to specify goals and effectively achieve them. ▪ Exceptional verbal and written communication skills. ▪ Ability to motivate others in pursuit of Company goals; strong leadership skills. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Detail oriented with ability to see the big picture.
EDUCATION	Required: Bachelor's degree Preferred: MBA or equivalent
CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
EXPERIENCE	Minimum 10 years experience with water and/or wastewater utility management, or equivalent, with increasing levels of responsibility. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of all local, state and Federal water/wastewater tariffs, regulations and laws pertaining to the assigned region.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/BlackBerry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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JOB TITLE	Regional Business Operations Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Provides analytical and business support to the Regional Vice President, including cash maintenance and planning, etc. Works with Regional Director and Regional staff to assure continuity of processes, goals and vision of Utilities, Inc.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> • Directs the annual regional financial budgeting process, including an array of excel based statistical and financial reports, which are used internally and/or distributed to the Corporate office. • Coordinates the annual regional capital project planning effort. • Manages monthly regional capital spending and financial re-forecasting efforts, including preparing all corporate schedules. • Evaluates and reports on monthly and YTD regional financial performance results vs. budget and prior year's results. • Reviews progress of monthly capital spending to ensure regional conformity to projected budgetary goals. • Responsible for the accuracy of regional financial reporting. • Drives revenue and cost savings by effectively challenging and motivating employees. • Coordinates miscellaneous initiatives assigned to region.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> • Assists in the determination of monthly regional Operations & Maintenance posting validity and suggests corrective measures where necessary. • Assists with the completion of special projects for the Corporate Operations Support Team. • Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
ADDITIONAL SKILLS	<ul style="list-style-type: none"> • Able to maintain confidential information. • Experience in strategic planning and execution. Knowledge of contracting, negotiating and change management. Knowledge of finance, accounting, budgeting and cost control principles including Generally Accepted Accounting Principles. Knowledge of automated financial and accounting reporting systems. Knowledge of Federal and State financial regulations. Ability to analyze financial data and prepare financial reports, statements and projections. • Exceptional analytical skills and experience interpreting a strategic vision into an operational model.



	<ul style="list-style-type: none"> ▪ Excellent analytical, communication and organizational skills. ▪ Proven ability to motivate others in pursuit of Company goals. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Detail oriented. ▪ Ability to develop and maintain effective working relationships with a wide variety of individuals.
EDUCATION	Required: Bachelor's degree in Business, Finance, Management, Accounting or similar field. Preferred: MBA
EXPERIENCE	Minimum 3 years business and finance or accounting experience, preferably in water /wastewater utility management, with increasing levels of responsibility.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel will be required as necessary.
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JOB TITLE	Regional Compliance & Safety Advisor
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Responsible for developing and administering safety programs, as outlined in the UI Safety Manual, and to ensure compliance with all Company, local, state and federal regulations for all employees and facilities located within assigned region(s).
ESSENTIAL FUNCTIONS	<p>SAFETY:</p> <ul style="list-style-type: none"> • Coordinates all safety and compliance initiatives with RVP, RD, Corporate Compliance & Safety Coordinator and managers. • Ensures every location conducts monthly safety meetings involving all employees; collects and files attendance forms. • Works with all regional facilities to ensure safe working conditions and interact with team members and management to continually reinforce safe work practices, pointing out both the issues and encouraging positive behavior. Promotes good safety culture. • Ensures all safety plans and programs are implemented, reviewed and updated according to changes in regulations or process/policy/equipment. • Performs local safety inspections and training. • Investigates accidents and injuries and recommends ways to avoid reoccurrence. • Assists with all regional accident and injury claims. • Oversees and assists managers with annual facility inspections and follow-ups. • Performs facility safety inspections on newly acquired facilities and/or properties, within assigned region. • Provides inspection reports to RD and CCSC. • Ensures that correct PPE for all job tasks are provided with associated training. • Ensures that drivers comply with all safety regulations and that monthly vehicle inspection forms are completed by all employees that drive a Company vehicle. • Actively participates in safety committee meetings. <p>COMPLIANCE:</p> <ul style="list-style-type: none"> • Ensures compliance with applicable OSHA, EPA, NIOSH, state departments of health and public service commissions' standards. • Communicates regularly with employees and management to ensure assigned region operates in compliance with all local, state and federal regulations. • Monitors monthly DMR's and all water results for issues. • Tracks implementation of capital projects to ensure compliance (e.g. radium, arsenic, etc.).



	<ul style="list-style-type: none"> • Performs follow-up on all non-compliance advisories to address the specific issue and any underlying issues. ▪ Negotiates and tracks consent orders/compliance schedules to assure timely completion and closure. ▪ Provides reports to senior management to demonstrate compliance assurance. ▪ Maintains files on Notice of Violations, inspection reports, etc. for all facilities and Company response. • Compiles annual Consumer Confidence Report and any customer notifications regarding water quality. ▪ Acts as liaison to Corporate Compliance & Safety Coordinator to implement standardized practices, policies and procedures. ▪ Stays abreast of upcoming regulations and works with Operations Support team to evaluate their impact on UI operations and capital planning.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> • Performs employee job safety observations as needed. ▪ Conducts or assists managers with New Employee Safety Orientation for all new hires prior to entering the workplace. ▪ Assists managers with general and specific security concerns. ▪ Ensures that all documents regarding the safety program are completed and filed appropriately. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel Preferred: PowerPoint, Outlook and Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Strong written and verbal communication skills; previous public speaking experience required. ▪ Excellent analytical, communication and organizational skills. ▪ Proven ability to motivate others in pursuit of Company goals. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Relies on previous experience and judgment to plan and accomplish goals.
EDUCATION	<p>Required: Bachelors degree in Environmental Health Sciences, Safety or related field, or the equivalent in related work experience demonstrating the ability to manage compliance and safety programs, as well as incident investigations.</p>
CERTIFICATIONS/LICENSES	<p>Required: Valid driver's license Preferred: Certified Safety Professional, OSHA 30-hour course, Operator certification(s) in water and/or wastewater</p>
EXPERIENCE	<p>Requires a minimum of 5 year regulatory compliance and/or safety experience and an in-depth and up-to-date knowledge of relevant codes and standards associated with regulatory agencies such as OSHA, EPA, etc. One or more years of experience in environmental health and safety, or the equivalent in related work experience, demonstrating experience in aggressive worker's compensation claims management is preferred.</p>
PHYSICAL DEMANDS	<p>Light to moderate physical activity, requires normal hearing and vision.</p>



EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
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JOB TITLE	Regional Director
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Responsible for directing the safe and efficient operation of all Utilities, Inc. subsidiaries in assigned region. Oversees all areas of operations: water, wastewater, customer service, development, etc.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Monitors financial performance on a regional and business unit basis. ▪ Leads operations team to be in compliance with all applicable local, state and federal regulations. ▪ Manages the preparation and execution of all rate case, pass-through and indexing activity, changes to service territory, and any other PSC related activities in coordination with the company's regulatory department. ▪ Oversees the development and execution of developer agreements, including payment of fees. ▪ Oversees the maintenance of facilities, company vehicles, tools and equipment to guarantee they are in good operating condition. ▪ Develops, monitors and executes approved capital plan and operating budget. ▪ Provides stewardship of legal issues. ▪ Coordinates with the VP of Corporate Development regarding potential acquisitions and divestitures. ▪ Provides information to corporate headquarters and to staff in a timely and comprehensive manner. ▪ Recruits, retains, manages and provides leadership for regional operations staff. ▪ Provides direction and directives to the operations staff in the performance of their duties, establishing work priorities and in achieving management initiatives. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Develops and maintains positive relationships with community. ▪ Remains up to date on new and revised regulations that may impact the company. ▪ Maintains assets in good operating condition. ▪ Develops familiarity with other regulated industries.
COMPUTER SKILLS	Required: MS Word, Excel, PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to provide vision and leadership. ▪ Ability to objectively coach employees and managers through complex, difficult and emotional issues. ▪ Ability to define specific problems and offer variable solutions.



	<ul style="list-style-type: none"> ▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to specify goals and effectively achieve them. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Must have ability to effectively communicate with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals. ▪ Excellent analytical, communication and organizational skills. ▪ Ability to read and comprehend maps, plans and surveys.
EDUCATION	Required: Bachelors Degree or a combination of related experience and education. Preferred: MBA
CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
EXPERIENCE	Minimum 9 years experience with water and/or wastewater utility management with increasing levels of responsibility. Knowledge of all local, state and federal tariffs, regulations and laws pertaining to the assigned region. Experience in strategic planning and execution is strongly preferred.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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JOB TITLE	Lead Customer Service Representative
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Customer Service Supervisor
JOB SUMMARY	Responsible for assisting the Customer Service Supervisor with daily responsibilities, including leading a team of CSR's, OJT training, new-hire training and performance feedback. Responds to inquiries received through phone, mail and/or face-to-face contact with customers by following standard scripts and procedures. Uses a computer system to track questions and answers as well as enter orders. Responds to inquiries requiring written response with the use of standard form letters. Works under limited supervision.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Answers all incoming calls from customers and resolves billing and service issues. ▪ Responds to customers in person, via telephone or written correspondence in a quick and accurate manner, in regards to routine customer requests, inquiries and complaints. ▪ Acts as primary point of contact for department in the absence of Customer Service Supervisor. ▪ Approves CSR adjustments on a daily basis, prior to posting. ▪ Oversees the maintenance of files for customer correspondence, legal notices, reports and other records. ▪ Tracks all reporting and filing for the department. ▪ Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists supervisor in resolving escalated customer calls and complex issues. ▪ Oversees bank deposits. ▪ Opens and closes customer accounts. ▪ Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues. ▪ Requests shut off door tags and monitors system-generated shut off field activities for non-payment; makes payment arrangements when possible. ▪ Processes customer payments and maintains the requisite financial tracking systems. ▪ Initiates and terminates service as required. ▪ Reviews various billing reports to resolve issues prior to billing. ▪ Reviews receivable shut-off reports and takes appropriate action. ▪ Files liens where appropriate. ▪ Applies tariffs for the areas assigned. ▪ May scan customer payments ▪ Performs other duties as assigned.



COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook, Explorer, JD Edwards, CC&B, AccuTerm
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently and under limited supervision. ▪ Ability to successfully research and resolve customer issues with minimal assistance. ▪ Demonstrates initiative to take on new tasks. ▪ Ability to mentor and guide co-workers to increase skill level, morale and efficiency. • Friendly, customer service focus. ▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. ▪ Reliable, self-motivated and well organized. ▪ Strong written and verbal communication skills. ▪ Ability to motivate others in pursuit of Company goals. ▪ Ability to multitask in a fast-paced environment. • Excellent organizational and interpersonal skills. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality. ▪ Detail oriented. ▪ Ability to work within a team environment, as well as independently. ▪ Maintains high level of confidentiality.
EDUCATION	Required: HS Diploma or GED Preferred: Associates Degree in accounting, business administration or other business related field
EXPERIENCE	3 - 5 years experience in customer service or related area. Familiar with standard concepts, practices and procedures related to customer service. Relies on experience and judgment to plan and accomplish goals.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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JOB TITLE	Customer Service Representative I
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Customer Service Supervisor
JOB SUMMARY	Responds to inquiries received through phone, mail and/or face-to-face contact with customers by following standard scripts and procedures. Uses a computer system to track questions and answers as well as enter orders. Responds to inquiries requiring written response with the use of standard form letters. Works under direct supervision.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Answers all incoming calls from customers and resolves billing and service issues. ▪ Responds to customers in person, via telephone or written correspondence in a quick and accurate manner, in regards to routine customer requests, inquiries and complaints; forwards complex issues on to CSR II, Lead CSR or supervisor. ▪ Opens and closes customer accounts. ▪ Reviews customer correspondence. ▪ Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues. ▪ Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction. ▪ Requests shut off door tags and monitors system-generated shut off field activities for non-payment; makes payment arrangements when possible. ▪ Processes customer payments and maintains the requisite financial tracking systems. ▪ Initiates and terminates service as requested.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists with account adjustments as necessary. ▪ Scans customer payments. ▪ Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Friendly, customer service focus. ▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. ▪ Reliable, self-motivated and well organized. ▪ Strong written and verbal communication skills. ▪ Ability to multitask in a fast-paced environment. ▪ Excellent organizational and interpersonal skills. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality. ▪ Detail oriented.



	<ul style="list-style-type: none">▪ Ability to work within a team environment, as well as independently.▪ Maintains high level of confidentiality.
EDUCATION	Required: HS Diploma or GED
EXPERIENCE	0 - 1 year of related experience is preferred. Knowledge of commonly used concepts, practices and procedures relating to customer service is helpful. Relies on instructions and pre-established guidelines to perform job functions.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
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JOB TITLE	Customer Service Representative II
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Customer Service Supervisor
JOB SUMMARY	Responds to inquiries received through phone, mail and/or face-to-face contact with customers by following standard scripts and procedures. Uses a computer system to track questions and answers as well as enter orders. Responds to inquiries requiring written response with the use of standard form letters. Works under general supervision.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Answers all incoming calls from customers and resolves billing and service issues. ▪ Responds to customers in person, via telephone or written correspondence in a quick and accurate manner, in regards to routine customer requests, inquiries and complaints; responds to escalated calls from CSR; forwards complex issues on to Lead CSR or supervisor. • Opens and closes customer accounts. • Reviews customer correspondence. ▪ Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues. ▪ Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction. ▪ Requests shut off door tags and issues shut off Service Orders for non-payment; makes payment arrangements when possible. • Processes customer payments and maintains the requisite financial tracking systems. ▪ Initiates and terminates service as required. ▪ Reviews various billing reports to resolve issues prior to billing. ▪ Reviews receivable shut-off reports and takes appropriate action. ▪ Files liens where appropriate. ▪ Applies tariffs for the areas assigned.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May be required to make bank deposits. ▪ Assists with account adjustments as necessary. ▪ Scans customer payments. ▪ Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel, Preferred: Outlook, Explorer, JD Edwards, OC&B, AccuTerm
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently and under limited supervision. • Ability to successfully research and resolve customer issues with some assistance. ▪ Demonstrates initiative to take on new tasks.



	<ul style="list-style-type: none"> ▪ Friendly, customer service focus. ▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. ▪ Reliable, self-motivated and well organized. ▪ Strong written and verbal communication skills. ▪ Ability to multitask in a fast-paced environment. ▪ Excellent organizational and interpersonal skills. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality. ▪ Detail oriented. ▪ Ability to work within a team environment, as well as independently. ▪ Maintains high level of confidentiality.
EDUCATION	Required: HS Diploma or GED
EXPERIENCE	2 - 5 years experience in customer service or related area. Familiar with standard concepts, practices and procedures related to customer service. Relies on limited experience and judgment to plan and accomplish goals.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
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JOB TITLE	Customer Service Supervisor
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Customer Care Manager
JOB SUMMARY	Responsible for providing quality and efficient customer service to customers through the daily management of a team of employees, including hiring, motivating, recognition and rewarding, coaching, counseling, training and problem solving. This position will serve as the primary contact for problem resolution and information gathering regarding customer inquiries.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees the organization and delegation of team tasks. Assumes, assigns or re-assigns responsibilities temporarily as necessary. ▪ Provides daily direction and communication to employees so that customer service calls are answered in a timely, efficient and knowledgeable manner. ▪ Responsible for scheduling customer service representative work schedules. ▪ Monitors appropriate usage of overtime by the customer service staff and follows policy regarding overtime. ▪ Ensures employees receive appropriate training and other resources to perform their jobs. ▪ Analyzes monthly Customer Service reports from Corporate; creates reports as requested. ▪ Identifies and informs management of trends by reviewing, analyzing and summarizing special reports. ▪ Evaluates the Customer Service Department's effectiveness by reviewing daily, weekly and monthly reports. ▪ Maintains commercial and developer agreements, tap records, Rule 9 apportionments and sewer deposits; requests Rule 9 reapportionment refund from Corporate. ▪ Conducts monthly audits of monetary transactions. ▪ Responds to and resolves employee relations issues expressed by team members; creates and maintains a high quality work environment so team members are motivated to perform at their best level. ▪ Addresses disciplinary and/or performance problems according to Company policy. ▪ Establishes work procedures and processes that support Company and departmental standards, procedures and strategic directives. ▪ Provides continual evaluation of processes and procedures. Responsible for suggesting methods to improve area operations, efficiency and service to customers. ▪ Resolves escalated customer calls and complex service issues.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May assist with maintaining contact with State public utilities commissions for the region. ▪ Periodically monitors the interaction between CSR's and customers to ensure quality control. Give direction and makes recommendations as necessary.



	<ul style="list-style-type: none"> ▪ Works to maintain high level of cooperation and proper attitude within the department. ▪ Executes special projects assigned by ROM. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel, Outlook Preferred: Internet Explorer, JD Edwards, CC&B, AccuTerm</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to perform all duties of a Customer Service Representative. ▪ Communicates clearly and effectively, both verbally and in writing. ▪ Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to delegate responsibility and authority to maximize use of employees' skills. ▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to motivate others in pursuit of Company goals. ▪ Excellent organizational and interpersonal skills. ▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality. ▪ Detail oriented. ▪ Ability to work within a team environment, as well as independently. ▪ Maintains high level of confidentiality. ▪ Friendly, customer service focus.
EDUCATION	Associates Degree in business administration or other business related field is preferred.
EXPERIENCE	Requires a minimum of 5 years experience in customer service or related area. Familiar with standard concepts, practices and procedures related to customer service. 2 years of previous supervisory experience is preferred. Experience in a public utility customer service work is highly desirable.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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Utilities, Inc. of Florida
Employee

Job Title

Job Descriptions

ERC Methodology

Employee	Job Title
Anderson, Daniel	Operator
Bailey, Alan	Operator
Blasco, Christopher	Meter Reader
Bonagura, John	Business Manager
Brown, Donna	Meter Reader
Callahan, Robert	Operator
Cardinal, Anthony	Operator
Carver, Nathaniel	Project Manager
Chard, Ronald	Cross Connection Specialist
Coffee Jr, John	Operator
Cooper, Robert	Operator
Durham, Rick	Regional Vice President
Ebert, Shawn	Field Technician
Eubanks, Brian	Operator
Finch, Allan	Operator
Finch, Jeffrey	Lead Operator
Flynn, Patrick	Regional Director
Galarza, Richard	Field Technician
Gentilucci, Domenic	Area Manager
Gongre, Bryan	Regional Manager
Habery, Stephen	Lead Operator
Haws, Scotty	Safety Manager
Hogue, Raymond	Operator
Hollister, Jimmie	Field Technician
Keys, Thomas	Lead Operator
Lesrd, Mark	Field Technician
Lorenzo, Alexander	Operator
Marinelli, John	Field Supervisor
McPhee, Alison	Lead Operator
Morrell, Matthew	Field Technician
Neal, William	Area Manager
Overton, Michael	Field Technician
Parriah, Raymond	Operator
Pennington, Jonathan	Field Technician
Phillips, Christopher	Operator
Pinder, Jeffrey	Field Supervisor
Remigio, Roberto	Meter Reader
Richardson, James	Operator
Schneider, Keith	Operator
Schwedes, Charles	Area Manager
Shue, Mickey	Field Technician
Sillito, Terry	Operator (PT)
Smith, Donald	Field Technician
Stewart, Malcolm	Area Manager
Swegheimer, James	Operator
Tzaroff, Paul	Field Technician
Vanmeter Jr, Nathan	Lead Operator
White, Ronald	Field Supervisor
Wierzbicki, Anthony	Project Manager
Wilson, Michael	Regional Manager
Womell, David	Operator
Wright, Thomas	Field Technician
Abbott, Loreta	Office Clerk (1)
Bennett, Kimberly	Customer Service Representative (1)
Ceballos, Isabel	Customer Service Representative (1)
Chandler, Matthew	Accounts Receivable Clerk (1)
Christian, Elise	Customer Service Representative (1)
Dipasquale, Susan	Staff Assistant (1)
Hanks, Peggy	Office Clerk (1)
Mayeski, Lorie	Customer Service Representative (1)
Loeffel, Lenne	Customer Service Representative (1)
Noel, Sandra	Office Clerk (1)
Patricio, Reginald	Accounts Receivable Clerk (1)
Raponi, Ann	Office Clerk (1)
Sasic, Karen	Office Manager (1)
Sillito, Jacqueline	Customer Service Representative (1)
Trovinger, Ferrellyn	Accounts Payable Clerk (1)

*Please see attached job descriptions for duties performed

* Allocation method for all employees is based on ERCs. Employee salary allocations by employee are attached. Please note Patrick Flynn's salary allocation is based off the FL ERC count, and John Bonagura's, Scotty Haws's, Rick Durham's, and all customer service salary's (1) allocations are based off the FL and South ERC Count.

ERC COUNT 12/08
FLORIDA AND SOUTH REGIONS

w/p d-1

State	Company	Business Unit	ERC	% to Total Florida/South		
Florida	00241	241100	2,093.2	2.23%	2.23%	Tierra Verde
	00242	242100	130.7	0.14%		
	00242	242101	130.7	0.14%	0.28%	Lake Placid
	00245	245100	7,545.9	8.04%		
	00245	245101	1,065.0	1.14%	9.18%	Alafaya
	00246	246100	1,745.0	1.86%	1.86%	Longwood
	00248	248100	1,247.0	1.33%		
	00248	248101	1,145.5	1.22%	2.55%	Cypress Lakes
	00249	249100	1,602.6	1.71%		
	00249	249101	908.0	0.97%	2.68%	Eagle Ridge
	00250	250100	3,355.0	3.58%	3.58%	Mid-County
	00251	251100	66.0	0.07%		
	00251	251101	43.0	0.05%		
	00251	251102	3,065.1	3.27%		
	00251	251103	2,966.8	3.16%		
	00251	251106	5,684.5	6.06%	12.60%	LUSI
	00252	252106	1,788.3	1.91%		
	00252	252107	162.0	0.17%		
	00252	252125	1,225.0	1.31%		
	00252	252126	1,023.0	1.09%	4.48%	UIF - Pasco
	00252	252110	1,174.0	1.25%		
	00252	252111	1,160.5	1.24%		
	00252	252113	225.5	0.24%		
	00252	252114	61.0	0.07%		
	00252	252115	102.0	0.11%		
	00252	252116	77.0	0.08%		
	00252	252117	171.0	0.18%		
	00252	252118	345.0	0.37%		
	00252	252119	245.0	0.26%		
	00252	252121	224.5	0.24%		
	00252	252122	250.5	0.27%	4.30%	UIF - Seminole
	00252	252123	260.5	0.28%		
	00252	252124	43.0	0.05%	0.32%	UIF - Orange
	00252	252128	433.3	0.46%	0.46%	UIF - Pinellas
	00252	252129	532.1	0.57%		
	00252	252130	78.8	0.08%	0.65%	UIF - Marion
	00253	253101	1,104.7	1.18%		
	00253	253102	1,030.2	1.10%	2.28%	Miles Grant
	00254	254100	197.0	0.21%		
	00254	254101	742.5	0.79%	1.00%	ACME
	00255	255100	11,797.7	12.58%		
	00255	255101	9,138.0	9.76%		
	00255	255102	4.0	0.00%	22.34%	Sarlando
	00256	256100	1,083.9	1.16%	1.16%	Sandalhaven
	00257	257100	242.0	0.26%		
	00257	257101	241.0	0.26%	0.51%	Bayside
	00259	259100	781.1	0.83%		
00259	259101	760.7	0.81%	1.64%	Labrador	
00260	260100	1,465.0	1.56%			
00260	260101	1,247.0	1.33%	2.89%	Pennbrooke	
00261	261100	195.2	0.21%			
00261	261101	167.2	0.18%	0.39%	Hutchinson Island	

	00262	262100	203.8	0.22%		
	00262	262101	171.0	0.18%	0.40%	Sandy Creek
Louisiana	00356	356102	511.0	0.54%		
	00356	356103	493.0	0.53%		
	00356	356105	2,101.7	2.24%		
	00356	356106	2,069.9	2.21%		
	00356	356108	672.7	0.72%		
	00356	356109	661.8	0.71%		
	00356	356111	672.5		0.72%	
	00356	356112	668.5	0.71%		
	00356	356114	386.5	0.41%		
	00356	356115	363.0	0.39%		
	00356	356117	556.4	0.59%		
	00356	356118	534.6	0.57%		
	00356	356120	49.5	0.05%		
	00356	356121	47.8	0.05%		
	00356	356122	41.8	0.04%		
	00356	356124	161.0	0.17%		
	00356	356125	158.0	0.17%		
	00356	356127	105.0		0.11%	10.93% LWS
	00357	357101	4,575.8	4.88%		
	00357	357102	4,265.4	4.55%		
	00357	357104	940.8	1.00%		
	00357	357105	811.8	0.87%	11.29%	UTIL
			93,816.5	100.00%		
					100.00%	

ERC COUNT 12/08
FLORIDA REGION

w/p d-2

<u>State</u>	<u>Company</u>	<u>Business Unit</u>	<u>ERC</u>	<u>% to Total Florida</u>	
Florida	00241	241100	2,093.2	2.87%	2.87% Tierra Verde
	00242	242100	130.7	0.18%	
	00242	242101	130.7	0.18%	0.36% Lake Placid
	00245	245100	7,545.9	10.34%	
	00245	245101	1,065.0	1.46%	11.80% Alafaya
	00246	246100	1,745.0	2.39%	2.39% Longwood
	00248	248100	1,247.0	1.71%	
	00248	248101	1,145.5	1.57%	3.28% Cypress Lakes
	00249	249100	1,602.6	2.20%	
	00249	249101	908.0	1.24%	3.44% Eagle Ridge
	00250	250100	3,355.0	4.60%	4.60% Mid-County
	00251	251100	66.0	0.09%	
	00251	251101	43.0	0.06%	
	00251	251102	3,065.1	4.20%	
	00251	251103	2,966.8	4.07%	
	00251	251106	5,684.5	7.79%	16.21% LUSI
	00252	252106	1,788.3	2.45%	
	00252	252107	162.0	0.22%	
	00252	252125	1,225.0	1.68%	
	00252	252126	1,023.0	1.40%	5.75% UIF - Pasco
	00252	252110	1,174.0	1.61%	
	00252	252111	1,160.5	1.59%	
	00252	252113	225.5	0.31%	
	00252	252114	61.0	0.08%	
	00252	252115	102.0	0.14%	
	00252	252116	77.0	0.11%	
	00252	252117	171.0	0.23%	
	00252	252118	345.0	0.47%	
	00252	252119	245.0	0.34%	
	00252	252121	224.5	0.31%	
	00252	252122	250.5	0.34%	5.53% UIF - Seminole
	00252	252123	260.5	0.36%	
	00252	252124	43.0	0.06%	0.42% UIF - Orange
	00252	252128	433.3	0.59%	0.59% UIF - Pineillas
	00252	252129	532.1	0.73%	
	00252	252130	78.8	0.11%	0.84% UIF - Marion
	00253	253101	1,104.7	1.51%	
	00253	253102	1,030.2	1.41%	2.93% Miles Grant
	00254	254100	197.0	0.27%	
	00254	254101	742.5	1.02%	1.29% ACME
	00255	255100	11,797.7	16.17%	
	00255	255101	9,158.0	12.55%	
	00255	255102	4.0	0.01%	28.72% Saniando
	00256	256100	1,083.9	1.49%	1.49% Sandalhaven
	00257	257100	242.0	0.33%	
	00257	257101	241.0	0.33%	0.66% Bayside

00259	259100	781.1	1.07%	
00259	259101	760.7	1.04%	2.11% Labrador
00260	260100	1,465.0	2.01%	
00260	260101	1,247.0	1.71%	3.72% Pennbrooke
00261	261100	195.2	0.27%	
00261	261101	167.2	0.23%	0.50% Hutchinson Island
00262	262100	203.8	0.28%	
00262	262101	171.0	0.23%	0.51% Sandy Creek
		<u>72,968.0</u>	<u>100.00%</u>	<u>100.00%</u>

ERC COUNT 12/08
FLORIDA FIELD EMPLOYEES

w/p d-3

<u>Neal, William</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100	Tierra Verde	S	2,093.2	14.07%	14.07%
248100	Cypress Lakes	W	1,247.0	8.38%	
248101	Cypress Lakes	S	1,145.5	7.70%	16.09%
250100	Mid-County	S	3,355.0	22.56%	22.56%
Utilities, Inc. of Florida					
252106	Orangewood	W	1,788.3	12.02%	
252107	Orangewood	S	162.0	1.09%	
252125	Summertree	W	1,225.0	8.24%	
252126	Summertree	S	1,023.0	6.88%	
252128	Lake Tarpon	W	433.3	2.91%	31.14%
257100	Bayside	W	242.0	1.63%	
257101	Bayside	S	241.0	1.62%	3.25%
259100	Labrador	W	781.1	5.25%	
259101	Labrador	S	760.7	5.12%	10.37%
262100	Sandy Creek	W	203.8	1.37%	
262101	Sandy Creek	S	171.0	1.15%	2.52%
			<u>14,871.9</u>	<u>100.00%</u>	<u>100.00%</u>
<u>Einshirsh, Jeffrey</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100	Tierra Verde	S	2,093.2	31.13%	31.13%
Utilities, Inc. of Florida					
252106	Orangewood	W	1,788.3	26.59%	
252107	Orangewood	S	162.0	2.41%	
252125	Summertree	W	1,225.0	18.22%	
252126	Summertree	S	1,023.0	15.21%	
252128	Lake Tarpon	W	433.3	6.44%	68.87%
			<u>6,724.8</u>	<u>100.00%</u>	<u>100.00%</u>
<u>Stewart, Malcolm</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100	Lake Placid	W	130.7	3.39%	
242101	Lake Placid	S	130.7	3.39%	6.78%
249100	Eagle Ridge	S	1,602.6	41.56%	
249101	Eagle Ridge	S	908.0	23.55%	65.11%
256100	Sandalhaven	S	1,083.9	28.11%	28.11%
			<u>3,855.9</u>	<u>100.00%</u>	<u>100.00%</u>
<u>Chard, Ronald</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100	Lake Placid	W	130.7	0.71%	
242101	Lake Placid	S	130.7	0.71%	1.42%
248100	Cypress Lakes	W	1,247.0	6.78%	
248101	Cypress Lakes	S	1,145.5	6.23%	13.01%
249100	Eagle Ridge	S	1,602.6	8.71%	
249101	Eagle Ridge	S	908.0	4.94%	13.65%
250100	Mid-County	S	3,355.0	18.24%	18.24%
Utilities, Inc. of Florida					
252106	Orangewood	W	1,788.3	9.72%	
252107	Orangewood	S	162.0	0.88%	
252125	Summertree	W	1,225.0	6.66%	
252126	Summertree	S	1,023.0	5.56%	

252128 Lake Tarpon	W	433.3	2.36%	25.18%
253101 Miles Grant	W	1,104.7	6.01%	
253102 Miles Grant	S	1,030.2	5.60%	11.61%
256100 Sandalhaven	S	1,083.9	5.89%	5.89%
257100 Bayside	W	242.0	1.32%	
257101 Bayside	S	241.0	1.31%	2.63%
259100 Labrador	W	781.1	4.25%	
259101 Labrador	S	760.7	4.14%	8.38%
		18,394.7	100.00%	100.00%

Wilson, Michael

	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W	130.7	0.68%	
242101 Lake Placid	S	130.7	0.68%	1.37%
248100 Cypress Lakes	W	1,247.0	6.52%	
248101 Cypress Lakes	S	1,145.5	5.99%	12.51%
249100 Eagle Ridge	S	1,602.6	8.38%	
249101 Eagle Ridge	S	908.0	4.75%	13.12%
250100 Mid-County	S	3,355.0	17.54%	17.54%
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	9.35%	
252107 Orangewood	S	162.0	0.85%	
252125 Summertree	W	1,225.0	6.40%	
252126 Summertree	S	1,023.0	5.35%	
252128 Lake Tarpon	W	433.3	2.26%	24.21%
253101 Miles Grant	W	1,104.7	5.77%	
253102 Miles Grant	S	1,030.2	5.38%	11.16%
256100 Sandalhaven	S	1,083.9	5.67%	5.67%
257100 Bayside	W	242.0	1.26%	
257101 Bayside	S	241.0	1.26%	2.52%
259100 Labrador	W	781.1	4.08%	
259101 Labrador	S	760.7	3.98%	8.06%
261100 Hutchinson Island	W	195.2	1.02%	
261101 Hutchinson Island	S	167.2	0.87%	1.89%
262100 Sandy Creek	W	203.8	1.07%	
262101 Sandy Creek	S	171.0	0.89%	1.96%
		19,131.9	100.00%	100.00%

Worrell, David

	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100 Tierra Verde	S	2,093.2	20.77%	20.77%
250100 Mid-County	S	3,355.0	33.28%	33.28%
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	17.74%	
252107 Orangewood	S	162.0	1.61%	
252125 Summertree	W	1,225.0	12.15%	
252126 Summertree	S	1,023.0	10.15%	
252128 Lake Tarpon	W	433.3	4.30%	45.95%
		10,079.8	100.00%	100.00%

Anderson, Daniel

	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	16.01%	
252130 Golden Hills	S	78.8	2.37%	18.38%

260100 Pennbrooke	W	1,465.0	44.09%	
260101 Pennbrooke	S	1,247.0	37.53%	81.62%
		<u>3,322.9</u>	<u>100.00%</u>	<u>100.00%</u>

Bailey, Alan
Brown, Donna
Finch, Allan
Keva, Eugene
Lorenzo, Alexander
Swesheimer, James
Tzareff, Paul

System

ERC Count (1) Percentage to Total

255100 Sanlando	W	11,797.7	56.29%	
255101 Sanlando	S	9,158.0	43.69%	
255102 Sanlando	R	4.0	0.02%	100.00%
		<u>20,959.7</u>	<u>100.00%</u>	<u>100.00%</u>

Blasco, Christopher
Richardson, James
Schwades, Charles
Smith, Donald
White, Donald

System

ERC Count (1) Percentage to Total

LUSI				
251100 Four Lakes	W	66.0	0.42%	
251101 Lake Saunders	W	43.0	0.27%	
251102 South	W	3,065.1	19.29%	
251103 South	S	2,966.8	18.67%	
251106 North	W	5,684.5	35.77%	74.42%
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	3.35%	
252130 Golden Hills	S	78.8	0.50%	3.84%
254101 ACME	N R	742.5	4.67%	4.67%
260100 Pennbrooke	W	1,465.0	9.22%	
260101 Pennbrooke	S	1,247.0	7.85%	17.07%
		<u>15,890.8</u>	<u>100.00%</u>	<u>100.00%</u>

Callahan, Robert
Cooper, Robert
Ebert, Shawn
Galarza, Richard
Hollister, Jimmie
Leard, Mark
Learned, Scott
Marinelli, John
Morrall, Matthew
Pennington, Jonathan
Pinder, Jeffrey
Shue, Mickey
Wright, Thomas

System

ERC Count (1) Percentage to Total

245100 Alafaya	S	7,545.9	21.16%	
245101 Alafaya	R	1,065.0	2.99%	24.15%
246100 Longwood	S	1,745.0	4.89%	4.89%
Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	3.29%	
252111 Weathersfield	S	1,160.5	3.25%	
252113 Oakland Shores	W	225.5	0.63%	
252114 Little Wekiva	W	61.0	0.17%	
252115 Park Ridge	W	102.0	0.29%	
252116 Phillips	W	77.0	0.22%	
252117 Crystal Lake	W	171.0	0.48%	
252118 Ravenna Park	W	345.0	0.97%	
252119 Ravenna Park	S	245.0	0.69%	
252121 Bear Lake Manor	W	224.5	0.63%	

252122 Jansen	W	250.5	0.70%	
252123 Crescent Heights	W	260.5	0.73%	
252124 Davis Shores	W	43.0	0.12%	12.17%
255100 Sanlando	W	11,797.7	33.09%	
255101 Sanlando	S	9,158.0	25.68%	
255102 Sanlando	R	4.0	0.01%	58.78%
		<u>35,655.1</u>	<u>100.00%</u>	<u>100.00%</u>

Cardinal, Anthony
Habery, Stephen
Schneider, Keith

	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida					
252106 Orangewood	W		1,788.3	38.61%	
252107 Orangewood	S		162.0	3.50%	
252125 Summertree	W		1,225.0	26.45%	
252126 Summertree	S		1,023.0	22.09%	
252128 Lake Tarpon	W		433.3	9.36%	100.00%
			<u>4,631.6</u>	<u>100.00%</u>	<u>100.00%</u>

Carver, Nathaniel

	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S		7,545.9	14.85%	
245101 Alafaya	R		1,065.0	2.10%	16.95%
246100 Longwood	S		1,745.0	3.43%	3.43%
LUSI					
251100 Four Lakes	W		66.0	0.13%	
251101 Lake Saunders	W		43.0	0.08%	
251102 South	W		3,065.1	6.03%	
251103 South	S		2,966.8	5.84%	
251106 North	W		5,684.5	11.19%	23.28%
Utilities, Inc. of Florida					
252110 Weathersfield	W		1,174.0	2.31%	
252111 Weathersfield	S		1,160.5	2.28%	
252113 Oakland Shores	W		225.5	0.44%	
252114 Little Wekiva	W		61.0	0.12%	
252115 Park Ridge	W		102.0	0.20%	
252116 Phillips	W		77.0	0.15%	
252117 Crystal Lake	W		171.0	0.34%	
252118 Ravenna Park	W		345.0	0.68%	
252119 Ravenna Park	S		245.0	0.48%	
252121 Bear Lake Manor	W		224.5	0.44%	
252122 Jansen	W		250.5	0.49%	
252123 Crescent Heights	W		260.5	0.51%	
252124 Davis Shores	W		43.0	0.08%	
252129 Golden Hills	W		532.1	1.05%	
252130 Golden Hills	S		78.8	0.16%	9.74%
255100 Sanlando	W		11,797.7	23.22%	
255101 Sanlando	S		9,158.0	18.03%	
255102 Sanlando	R		4.0	0.01%	41.26%
260100 Pennbrooke	W		1,465.0	2.88%	
260101 Pennbrooke	S		1,247.0	2.45%	5.34%
			<u>50,803.4</u>	<u>100.00%</u>	<u>100.00%</u>

Coffee Jr, John

	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida					
252110 Weathersfield	W		1,174.0	4.64%	
252111 Weathersfield	S		1,160.5	4.59%	
252113 Oakland Shores	W		225.5	0.89%	
252114 Little Wekiva	W		61.0	0.24%	
252115 Park Ridge	W		102.0	0.40%	
252116 Phillips	W		77.0	0.30%	
252117 Crystal Lake	W		171.0	0.68%	
252118 Ravenna Park	W		345.0	1.36%	

252119	Ravenna Park	S	245.0	0.97%	
252121	Bear Lake Manor	W	224.5	0.89%	
252122	Jansen	W	250.5	0.99%	
252123	Crescent Heights	W	260.5	1.03%	
252124	Davis Shores	W	43.0	0.17%	17.15%
255100	Sanlando	W	11,797.7	46.63%	
255101	Sanlando	S	9,158.0	36.20%	
255102	Sanlando	R	4.0	0.02%	82.85%
			25,299.2	100.00%	100.00%

Eubanks, Brian

		System	ERC Count (1)	Percentage to Total	
LUSI					
251100	Four Lakes	W	66.0	0.44%	
251101	Lake Saunders	W	43.0	0.28%	
251102	South	W	3,065.1	20.23%	
251103	South	S	2,966.8	19.59%	
251106	North	W	5,684.5	37.53%	78.06%
Utilities, Inc. of Florida					
252129	Golden Hills	W	532.1	3.51%	
252130	Golden Hills	S	78.8	0.52%	4.03%
260100	Pennbrooke	W	1,465.0	9.67%	
260101	Pennbrooke	S	1,247.0	8.23%	17.90%
			15,148.3	100.00%	100.00%

Gentiluoci, Domenic

		System	ERC Count (1)	Percentage to Total	
245100	Alafaya	S	7,545.9	16.60%	
245101	Alafaya	R	1,065.0	2.34%	18.94%
LUSI					
251100	Four Lakes	W	66.0	0.15%	
251101	Lake Saunders	W	43.0	0.09%	
251102	South	W	3,065.1	6.74%	
251103	South	S	2,966.8	6.53%	
251106	North	W	5,684.5	12.50%	26.01%
Utilities, Inc. of Florida					
252129	Golden Hills	W	532.1	1.17%	
252130	Golden Hills	S	78.8	0.17%	1.34%
255100	Sanlando	W	11,797.7	25.95%	
255101	Sanlando	S	9,158.0	20.14%	
255102	Sanlando	R	4.0	0.01%	46.10%
254101	ACME	N R	742.5	1.63%	1.63%
260100	Pennbrooke	W	1,465.0	3.22%	
260101	Pennbrooke	S	1,247.0	2.74%	5.97%
			45,461.4	100.00%	100.00%

Gonore, Brian

		System	ERC Count (1)	Percentage to Total	
245100	Alafaya	S	7,545.9	14.64%	
245101	Alafaya	R	1,065.0	2.07%	16.71%
246100	Longwood	S	1,745.0	3.39%	3.39%
LUSI					
251100	Four Lakes	W	66.0	0.13%	
251101	Lake Saunders	W	43.0	0.08%	
251102	South	W	3,065.1	5.95%	
251103	South	S	2,966.8	5.76%	
251106	North	W	5,684.5	11.03%	22.94%
Utilities, Inc. of Florida					
252110	Weathersfield	W	1,174.0	2.28%	
252111	Weathersfield	S	1,160.5	2.25%	

252113 Oakland Shores	W	225.5	0.44%	
252114 Little Wekiva	W	61.0	0.12%	
252115 Park Ridge	W	102.0	0.20%	
252116 Phillips	W	77.0	0.15%	
252117 Crystal Lake	W	171.0	0.33%	
252118 Ravenna Park	W	345.0	0.67%	
252119 Ravenna Park	S	245.0	0.48%	
252121 Bear Lake Manor	W	224.5	0.44%	
252122 Jansen	W	250.5	0.49%	
252123 Crescent Heights	W	260.5	0.51%	
252124 Davis Shores	W	43.0	0.08%	
252129 Golden Hills	W	532.1	1.03%	
252130 Golden Hills	S	78.8	0.15%	9.60%
254101 ACME	N R	742.5	1.44%	1.44%
255100 Sanlando	W	11,797.7	22.89%	
255101 Sanlando	S	9,158.0	17.77%	
255102 Sanlando	R	4.0	0.01%	40.66%
260100 Pennbrooke	W	1,465.0	2.84%	
260101 Pennbrooke	S	1,247.0	2.42%	5.26%
		51,545.9	100.00%	100.00%

Hogue, Raymond

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S		7,545.9	25.52%	
245101 Alafaya	R		1,065.0	3.60%	29.12%
255100 Sanlando	W		11,797.7	39.90%	
255101 Sanlando	S		9,158.0	30.97%	
255102 Sanlando	R		4.0	0.01%	70.88%
			29,570.6	100.00%	100.00%

McPhee, Allison

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
260100 Pennbrooke	W		1,465.0	54.02%	
260101 Pennbrooke	S		1,247.0	45.98%	100.00%
			2,712.0	100.00%	100.00%

Overton, Michael

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245101 Alafaya	R		1,065.0	4.51%	4.51%
LUSI					
251100 Four Lakes	W		66.0	0.28%	
251101 Lake Saunders	W		43.0	0.18%	
251106 North	W		5,684.5	24.10%	24.56%
Utilities, Inc. of Florida					
252110 Weathersfield	W		1,174.0	4.98%	
252113 Oakland Shores	W		225.5	0.96%	
252114 Little Wekiva	W		61.0	0.26%	
252115 Park Ridge	W		102.0	0.43%	
252116 Phillips	W		77.0	0.33%	
252117 Crystal Lake	W		171.0	0.72%	
252118 Ravenna Park	W		345.0	1.46%	
252121 Bear Lake Manor	W		224.5	0.95%	
252122 Jansen	W		250.5	1.06%	
252123 Crescent Heights	W		260.5	1.10%	
252124 Davis Shores	W		43.0	0.18%	
252129 Golden Hills	W		532.1	2.26%	14.69%
255100 Sanlando	W		11,797.7	50.01%	
255102 Sanlando	R		4.0	0.02%	50.03%
260100 Pennbrooke	W		1,465.0	6.21%	6.21%
			23,591.3	100.00%	100.00%

Parrish, Raymond

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
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LUSI				
251100 Four Lakes	W	66.0	0.45%	
251101 Lake Saunders	W	43.0	0.30%	
251102 South	W	3,065.1	21.08%	
251103 South	S	2,966.8	20.41%	
251106 North	W	5,684.5	39.10%	81.34%
260100 Pennbrooke	W	1,465.0	10.08%	
260101 Pennbrooke	S	1,247.0	8.58%	18.66%
		<u>14,537.4</u>	<u>100.00%</u>	<u>100.00%</u>

<u>Phillips, Christopher</u>		<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S	7,545.9	56.78%			
245101 Alafaya	R	1,065.0	8.01%		64.79%	
246100 Longwood	S	1,745.0	13.13%		13.13%	

Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	8.83%	
252113 Oakland Shores	W	225.5	1.70%	
252114 Little Wekiva	W	61.0	0.46%	
252115 Park Ridge	W	102.0	0.77%	
252116 Phillips	W	77.0	0.58%	
252117 Crystal Lake	W	171.0	1.29%	
252118 Ravenna Park	W	345.0	2.60%	
252121 Bear Lake Manor	W	224.5	1.69%	
252122 Jansen	W	250.5	1.88%	
252123 Crescent Heights	W	260.5	1.96%	
252124 Davis Shores	W	43.0	0.32%	22.08%
		<u>13,289.9</u>	<u>100.00%</u>	<u>100.00%</u>

<u>Remigio, Robert</u>		<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
255100 Sanlando	W	11,797.7	99.97%			
255102 Sanlando	R	4.0	0.03%		100.00%	
		<u>11,801.7</u>	<u>100.00%</u>	<u>100.00%</u>		

<u>Sillito, Terry</u>		<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida						
252110 Weathersfield	W	1,174.0	8.14%			
252113 Oakland Shores	W	225.5	1.56%			
252114 Little Wekiva	W	61.0	0.42%			
252115 Park Ridge	W	102.0	0.71%			
252116 Phillips	W	77.0	0.53%			
252117 Crystal Lake	W	171.0	1.19%			
252118 Ravenna Park	W	345.0	2.39%			
252121 Bear Lake Manor	W	224.5	1.56%			
252122 Jansen	W	250.5	1.74%		18.23%	
255100 Sanlando	W	11,797.7	81.77%		81.77%	
		<u>14,428.2</u>	<u>100.00%</u>	<u>100.00%</u>		

<u>Vanmeter Jr, Nathan</u>		<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
246100 Longwood	S	1,745.0	100.00%		100.00%	
		<u>1,745.0</u>	<u>100.00%</u>	<u>100.00%</u>		

<u>Weirzbicki, Anthony</u>		<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W	130.7	0.77%			
242101 Lake Placid	S	130.7	0.77%		1.54%	
248100 Cypress Lakes	W	1,247.0	7.34%			
248101 Cypress Lakes	S	1,145.5	6.74%		14.08%	
249100 Eagle Ridge	S	1,602.6	9.43%			
249101 Eagle Ridge	S	908.0	5.34%		14.77%	
250100 Mid-County	S	3,355.0	19.74%		19.74%	

Utilities, Inc. of Florida					
252106	Orangewood	W	1,788.3	10.52%	
252107	Orangewood	S	162.0	0.95%	
252125	Summertree	W	1,225.0	7.21%	
252126	Summertree	S	1,023.0	6.02%	
252128	Lake Tarpon	W	433.3	2.55%	27.25%
256100	Sandalhaven	S	1,083.9	6.38%	6.38%
257100	Bayside	W	242.0	1.42%	
257101	Bayside	S	241.0	1.42%	2.84%
259100	Labrador	W	781.1	4.60%	
259101	Labrador	S	760.7	4.48%	9.07%
261100	Hutchinson Island	W	195.2	1.15%	
261101	Hutchinson Island	S	167.2	0.98%	2.13%
262100	Sandy Creek	W	203.8	1.20%	
262101	Sandy Creek	S	171.0	1.01%	2.21%
			<u>16,997.0</u>	<u>100.00%</u>	<u>100.00%</u>

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

**25-30.440 (9)
VEHICLES**

Test Year Ended December 31, 2008

Vehicle Schedule

Company: Utilities, Inc of Florida, Orange County
 Docket No.: 090402-WS
 Test Year Ended: December 31, 2008

<u>Vehicle #</u>	<u>Year</u>	<u>Model</u>	<u>Serial Number</u>	<u>Driver</u>	<u>Position</u>	<u>Vehicle Price</u>	<u>Allocation Method</u>
312	2003	CHEV SILVERADO	1GCEC14X03Z114378	Shue, Mickey	Field Technician	18,519.00	ERCS
431	2004	CHEV SILVERADO 2500	1GCHK24U04E296751	Cooper, Robert	Operator	25,239.68	ERCS
455	2004	CHEV SILVERADO LS 1500	1GCEC14X94Z320851	Ebert, Shawn	Field Technician	19,386.15	ERCS
503	2005	CHEV COLORADO	1GCCS146658179178	Phillips, Christopher	Operator	16,750.47	ERCS
509	2005	CHEV SILVERADO EXT CAB	1GCEK19T35E230984	Marinelli, John	Field Supervisor	29,474.75	ERCS
512	2005	CHEV TAHOE 2WD	1GNEC13T85R119267	Flynn, Patrick	Regional Director	53,357.93	ERCS
649	2006	CHEV TRAILBLAZER LS	1GNDT13SX62176280	Sudduth, Donald	Business Director	29,748.89	ERCS
650	2006	CHEV TAHOE LS	1GNEK13TX6R148941	Durham, Rick	Regional Vice President	32,505.83	ERCS
658	2006	CHEV SILVERADO	1GCHC24U26E156264	Learned, Scott	Field Technician	23,720.56	ERCS
659	2006	CHEV TRAILBLAZER LS	1GNDT13S462302634	Carver, Nathaniel	Project Manager	26,206.16	ERCS
703	2007	CHEV COLORADO	1GCCS14E578115658	Coffee Jr, John	Operator	17,363.98	ERCS
726	2007	CHEV SILVERADO RCAB	1GCEC14V37E150478	Callahan, Robert	Operator	17,224.42	ERCS
729	2007	CHEV TRAILBLAZER	1GNDS13S572108957	Haws, Scotty	Safety Manager	29,355.64	ERCS
731	2007	CHEV COLORADO	1GCCS19E078137723	Wright Thomas	Field Technician	18,386.81	ERCS
807	2008	CHEV SILVERADO REG CAB 2	1GCEC140X8Z100756	Leard, Mark	Field Technician	20,309.88	ERCS
808	2008	CHEV SILVERADO REG CAB 2	1GCEC140X8Z100840	Morrell, Matthew	Field Technician	20,347.01	ERCS
809	2008	CHEV SILVERADO REG CAB 2	1GCEC14048Z102261	Pinder, Jeffrey	Field Supervisor	20,347.01	ERCS
810	2008	CHEV SILVERADO REG CAB 2	1GCEC14068Z104173	Hollister, Jimmie	Field Technician	20,309.88	ERCS
812	2008	CHEV SILVERADO REG CAB 2	1GCEC14028Z104431	Galarza, Richard	Field Technician	20,347.01	ERCS
813	2008	CHEV SILVERADO REG CAB 2W	1GCEC14078Z104411	Pennington, Jonathan	Field Technician	20,494.48	ERCS
818	2008	TOTY HIGHLANDER	JTDS41A482011962	Gongre, Bryan	Regional Manager	29,220.44	ERCS
833	2008	CHEV EXPRESS VAN	1GCFG15X581152329	Overton, Micheal	Field Technician	20,253.31	ERCS

Utilities, Inc. of Florida

Docket No.: 090462-WS

Orange County

25-30.440 (10)

CUSTOMER COMPLAINTS

Test Year Ended December 31, 2008

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Orange County – Crescent Heights
Service Orders and Resolutions 01/01/2008 to 05/31/2008

SUBDIVISION :. 00620
ROUTE :. 620
SERVICE ORDER# :. 291873
ACCOUNT# :. 006200011046
CUSTOMER NAME :. GILMORE, CHARLES D
SERVICE ADDRESS: . 6026 W MELBOURNE AVE
EDATE :. 04/30/08
TYPE :. 29
COMMENT :. Customer called to report her water is brown. Please check
Why this has occurred. Paged Jeff P.
RESOLUTION :. LEFT MESSAGE W/MRS. MILLER @ 6026 W. MELBOURNE
. AVENUE. NO PROBLEM FOUND IN AREA. WE ARE ON
. AN INNERCONNECT WITH OUC & NO PROBLEMS THERE.
. ADVISED MRS. MILLER TO CHECK WATER SOFTNER OR
. FILTRATION SYSTEM IF SHE HAS ONE.
RDATE :. 04/30/08

**Orange County – Crescent Heights
Service Orders and Resolutions 06/01/2008 to 12/31/2008**

Sub Division : 084 MR Route : F22 FA ID: 0461400746
Account # : 0461400000 Customer Name: TREDO, JOHN E Phone #: (407) 926-7526
Address : 6118 W ROBINSON ST CSR: Isabel Ceballos Operator: Jeff Pinder
Entry Date : 7/24/2008 2:54:20PM SO Type: M-SIO Request Type: General Investigation
Instructions : Customer would like meter turned off temporarily for repairs. Call customer at 407-926-7526 before coming.
Updated to turn off in the morning.
Due Date : 7/25/2008 12:00:00AM Resolution Date : 7/25/2008 8:20:00AM FA Status: Completed
Resolution : Customer did not want water off. He wanted curb stop lubricated and exercised.

Sub Division : 084 MR Route : F22 FA ID: 0490400676
Account # : 0490400000 Customer Name: IRLAND, SIMONE D Phone #: (407) 362-5479
Address : 6124 W MELBOURNE AVE CSR: Leanne Loeffel Operator: Elisa Williams
Entry Date : 10/3/2008 9:42:25AM SO Type: M-SIO Request Type: General Investigation
Instructions : Please check water. Customer complains of a scummy foam in his water in the mornings. Has been ongoing in
the mornings. Wants to know if it's safe. Please tag door with findings.
Due Date : 10/6/2008 12:00:00AM Resolution Date : 10/7/2008 1:00:00PM FA Status: Completed
Resolution : No one home, CL2 @ 1.3 Some air in line but all o.k.

Sub Division : 084 MR Route : F22 FA ID: 0880400251
Account # : 0187872916 Customer Name: Lopez-Diaz, Udilfrido Phone #: (407) 860-9510
Address : 6107 W MELBOURNE AVE CSR: Lyn Paulk Operator: Leroy Grainger
Entry Date : 11/10/2008 1:25:09PM SO Type: M-SIO Request Type: General Investigation
Instructions : No leaks detected but did find hose bib partly open which caused meter running when I arrived.
Shut off hose bib and meter stopped running. Tagged door with findings.

Sub Division : 084 MR Route : F22 FA ID: 3632400700
Account # : 3632400000 Customer Name: DEAMUS, MARY Phone #:
Address : 5952 W AMELIA ST CSR: Kimberly Bennett Operator: Leroy Grainger
Entry Date : 7/1/2008 11:00:13AM SO Type: M-SIO Request Type: General Investigation
Instructions : Customer called due to leak at meter. Please check. Paged to Matt M.
Due Date : 7/1/2008 12:00:00AM Resolution Date : 7/2/2008 10:30:00AM FA Status: Completed
Resolution : Curb stop was leaking for neighbors service. Replaced CS.

Sub Division : 084 MR Route : F22 FA ID: 3832400290
Account # : 3832400000 Customer Name: LAVIOLETTE, DAVID Phone #: (407) 291-9133
Address : 5948 W AMELIA ST CSR: Matthew Chandler Operator: Mark Leard
Entry Date : 7/1/2008 3:12:27PM SO Type: M-SIO Request Type: Water Service Line Break
Instructions : Customer called in a leak at the meter. It is leaking out into the road. Paged to Kevin C.
Due Date : 7/1/2008 12:00:00AM Resolution Date : 7/2/2008 10:30:00AM FA Status: Completed
Resolution : Replaced leaking curb stop.

**Orange County – Crescent Heights
Service Orders and Resolutions 06/01/2008 to 12/31/2008**

Sub Division : 084 MR Route : F22 FA ID: 5681400540
Account # : 5681400000 Customer Name: ROBINETTE, LISA Phone #: (321) 558-3222
Address : 443 N NOWELL ST CSR: Matthew Chandler Operator: Jeff Pinder
Entry Date : 8/25/2008 9:12:38AM SO Type: M-SIO Request Type: Water Service Line Break
Instructions : Customer called in a leak at the meter. Please check out and repair if needed. Paged to Jeff P.
Due Date : 8/25/2008 12:00:00AM Resolution Date : 8/26/2008 9:41:00AM FA Status: Completed
Resolution : No leak found.

Sub Division : 084 MR Route : F22 FA ID: 5681400657
Account # : 5681400000 Customer Name: ROBINETTE, LISA Phone #: (321) 558-3222
Address : 443 N NOWELL ST CSR: Florida Temp 2 Operator: Mark Leard
Entry Date : 8/28/2008 10:31:22AM SO Type: M-SIO Request Type: General Investigation
Instructions : Customer called to say meter is still leaking. Please resend someone to check it out.
Due Date : 8/29/2008 12:00:00AM Resolution Date : 9/9/2008 9:00:00AM FA Status: Completed
Resolution : Replaced 3/4" curb stop and used 1' of poly and a 3/4" comp to comp 90.

Sub Division : 084 MR Route : F22 FA ID: 6969300991
Account # : 6969300000 Customer Name: BAKER, CINDY M Phone #: (407) 532-6865
Address : 6120 W AMELIA ST CSR: Lyn Paulk Operator:
Entry Date : 8/13/2008 8:05:52AM SO Type: M-SIO Request Type: General Investigation
Instructions : Customer called the answering service on 8/9/08 asking us to check for a leak at the meter. Please provide a resolution explaining your findings.
Due Date : 8/13/2008 12:00:00AM Resolution Date : 8/11/2008 1:00:00PM FA Status: Completed
Resolution : On call went out and found a leak in our gasket. Replaced gasket.

Sub Division : 084 MR Route : F22 FA ID: 7703400118
Account # : 7703400000 Customer Name: BROOKS, KEERA M Phone #: (407) 340-8931
Address : 6011 W AMELIA ST CSR: Matthew Chandler Operator: Leroy Grainger
Entry Date : 12/29/2008 8:12:34AM SO Type: M-SIO Request Type: General Investigation
Instructions : Meter should be locked. Please reread meter and shutoff. Tag door for new customer to apply.
Due Date : 12/30/2008 6:00:00PM Resolution Date : 12/30/2008 8:18:00AM FA Status: Completed
Resolution : Read meter/locked meter/ tagged door for new customer.

Sub Division : 084 MR Route : F22 FA ID: 7902400630
Account # : 4780641666 Customer Name: Minichiello, Carol Phone #: (407) 409-1416
Address : 6031 W AMELIA ST CSR: Matthew Chandler Operator:
Entry Date : 6/23/2008 7:22:25AM SO Type: M-SIO Request Type: No Water
Instructions : Customer called with no water. Please check out and make sure water is on. Tag door with info.

**Orange County – Crescent Heights
Service Orders and Resolutions 06/01/2008 to 12/31/2008**

Due Date : 6/23/2008 12:00:00AM Resolution Date : 6/23/2008 11:50:00AM FA Status: Completed

Resolution : Water was on at meter. Landlord shut water off at the house valve due to leak.

Sub Division : 084

MR Route : F22

FA ID: 9421400084

Account # : 9421400000

Customer Name: SMITH, ESTELLA

Phone #: (407) 451-5093

Address : 6201 W RIDGEWOOD ST

CSR: Kimberly Bennett

Operator: Shawn Ebert

Entry Date : 9/22/2008 10:45:09AM

SO Type: M-SIO

Request Type: General Investigation

Instructions : Owner called due to leak @ meter and shut off valve will not turn. Paged to Jeff P.

Due Date : 9/22/2008 12:00:00AM Resolution Date : 9/22/2008 1:30:00PM FA Status: Completed

Resolution : Replaced both meter gaskets. Lubricated and exercised curb stop.. Met owner on site.

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**Orange County – Davis Shores
Customer Complaints and Resolutions 06/01/2008 to 12/31/2008**

Sub Division : 097 MR Route : F22 FA ID: 4625400683
Account # : 4625400000 Customer Name : SEUTTER,ERIC A Phone #: (407) 668-9406
Address : 43 N MAIN ST CSR: Karen Sasic Operator :
Entry Date : 6/22/2008 1:06:49PM SO Type: M-SIO Request Type: Locate Line/Valve
Instructions : Please meet with customer and confirm whether meter is located within easement. Customer is concerned meter is in neighbors yard and has inquired about who is responsible for repairs to water line in case of a leak.
Due Date : 6/23/2008 12:00:00AM Resolution Date : 6/25/2008 10:10:00AM FA Status: Completed
Resolution : Called customer and spoke with him. He said that his line runs on someone elses property. Told him that it looks like an easement to me. He wasn't happy with that. Talked to John M who is turning this over to Nate C. to have him call the customer.

Sub Division : 097 MR Route : F22 FA ID: 4625400686
Account # : 4625400000 Customer Name : SEUTTER,ERIC A Phone #: (407) 668-9406
Address : 43 N MAIN ST CSR: Elise Christian Operator :
Entry Date : 6/3/2008 10:04:41AM SO Type: M-SIO Request Type: General Investigation
Instructions : Customer stated that there are tree limbs in "our easement" that need to be removed at his home. Please check and remove if necessary. Tag residence if not our responsibility.
Due Date : 6/4/2008 12:00:00AM Resolution Date : 6/4/2008 10:18:00AM FA Status: Completed
Resolution : Tagged door with information regarding that we are not responsible for tree trimmings and that we don't trim trees. Looks like the power company was out there trimming. 6/4/08

Sub Division : 097 MR Route : F22 FA ID: 4755400016
Account # : 4755400000 Customer Name : HOMNICK,PAUL E Phone #: (407) 876-5810
Address : 126 DOWN CT CSR: Jacqueline Sillitoe Operator : Jeff Pinder
Entry Date : 12/19/2008 3:29:56PM SO Type: M-SIO Request Type: Water Service Line Break
Instructions : Someone ran over meter and broke it. Dispatched to 'on call'.
Due Date : 12/19/2008 12:00:00AM Resolution Date : 12/22/2008 11:00:00AM FA Status: Completed
Resolution : Leak was in customers PVC line. Told customer we would credit him since we didn't respond till Monday. Leak was approximately 6 gpm from 4pm Friday till 11 am Monday = 24,120 gal.

Sub Division : 097 MR Route : F22 FA ID: 5635400252
Account # : 5635400000 Customer Name : BOSWELL, LISA Phone #: (321) 228-1856
Address : 52 N OAKDALE ST CSR: Jacqueline Sillitoe Operator : Matthew Morrell
Entry Date : 7/29/2008 12:33:42PM SO Type: M-SIO Request Type: General Investigation
Instructions : Please raise meter and box per customer. It is now a foot under. There is work being done there and its a Problem.
Due Date : 7/30/2008 12:00:00AM Resolution Date : 7/30/2008 9:00:00AM FA Status: Completed
Resolution : Spoke with customer.. He is going to be grading his property and needs box raised 6 inches. I left him another meter box to put on the existing one when he grades and he said he will set it to grade when he is done.