100128-WU

CLASS B
WATER AND/OR WASTEWATER UTILITIES

# FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

# LIGHTHOUSE UTILITIES COMPANY, INC.

Exact Legal Name of Utility

# **VOLUME III**

Docket No: 100128-WU



FLORIDA PUBLIC SERVICE COMMISSION

FOR THE TEST YEAR ENDED DECEMBER 31, 2009

17.3 % SEP 22 €

FPSC-COMMISSION CLERK

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (1) DETAILED MAP

(under separate cover in "Capacity Analysis Report Update", prepared April 2009 by Preble-Rish, Inc.)

TEST YEAR ENDED: DECEMBER 31, 2009

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (2) CHEMICALS USED

TEST YEAR ENDED: DECEMBER 31, 2009

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LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHIC FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

RENTAL INVOICE

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

REF. 110725710/TZQ83

R - (RENTAL) D - (DEMURAGE) L (LEASE)

unless you reject such provisions by written advice to us within (15) days after the date of this document. LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHIC FL 32329

Airpas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

important. See the Notice Regarding Cylinder Flentats/Leases and Responsibility on the Reverse and of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us.



ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

TAX:

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REF. 110892385/TZQ83

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REINTTANCE FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-768-2401 001038-00 110982312 02/16/09 LIGHTHOUSE UTILITIES 030 830 **Our Truck NET 30 DAYS** \* \* LOCATION: H30 \*\* 10380206CL H2150 CHLORINE HP GR 2.5 SIZE 175.00 525.00 T CGA 660 VOL: 450 10380206HAZMAT HAZ MAT FEE 6.25 6.25 T HAZARDOUS MATERIAL FEE FUEL SURCHARGE 10380206SRCFSC 6.15 6.15 T Subtotal 537.40 TOTAL CYLINDERS SHIPPED: 3 RETURNEDI: TAX CD: 000015115 TAX DESCRP: FI/PANAMA EXMPT CD: 0 EXMPT/CERT: Del Charge fax 6.000% fax 1.000% 10.00 State Tax 32.85 City Tax 5.47 3. 工人の発達ないの目的でき THE MOCE \$547.40 \$585.72

AITUSS. www.airgas.com

SHIP TO:
LIGHTHOUSE UTILITIES
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7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249 ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110982312/TZQ83

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LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHIC FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110056174/TZQ83

# **Airgas**.

# **ORIGINAL INVOICE**

Airgas South, Inc. 1601 Florida Ave Panama City FL 32405-4636 850-769-2401 FAX:850-769-7105

DATE	ACCT. NO	INVOICE NUMBER	
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AITURS. www.airgas.com LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHIC FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

REF. 110230786/TZQ83



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LIGHTHOUSE UTILITIES
7521 COUNTY ROAD C30
INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249 ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110271663/TZQ83

ORIGINAL INVOICE

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ATUSS. www.airgas.com

LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249 ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110373694/T2Q83

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LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASSIAPPALACHIC FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

REF. 110403346/TZQ83

### STATEMENT



Airgas South PO Box 9249 Marietta, GA 30065-2249

SOLD BY AIRGAS SOUTH, INC.

1601 FLORIDA AVE PANAMA CITY FL 32405-4636 850-769-2401

SOLD TO LIGHTHOUSE UTILITIES **30C MONEY BAYOU BRIDGE** 

**PO BOX 428** PORT SAINT JOE FL 32457-0428

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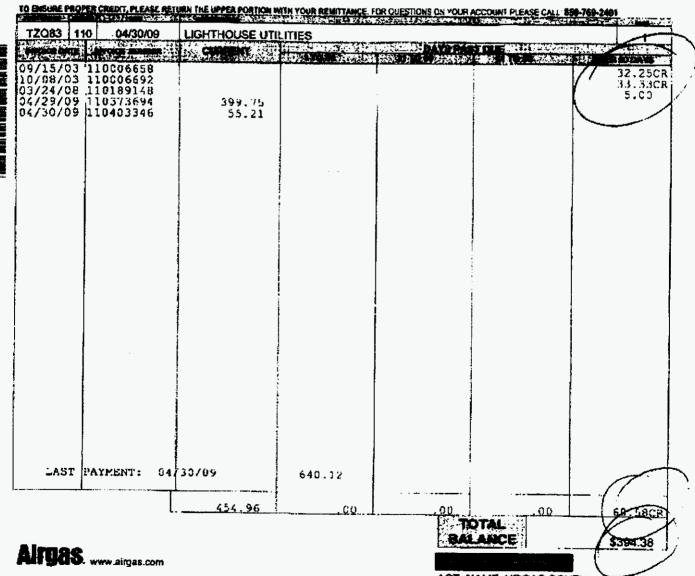
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Airgas South PO Box 532609

Atlanta, GA 30353-2609

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Airgas South PO Box 9249 Manetta, GA 30065-2249

STATEMENT

ACT. NAME AIRGAS SOUTH ACT NO. 8606074182

PNC BANK - ABA NO. 031000053 REF. 110/TZQ83

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: \$56-766-2461

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AITU88. www.airgas.com

SHIP TO: LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249 ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110537429/TZQ83

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Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

ACT. NAME AIRGAS SOUTH

ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

REF. 110567133/TZQ83

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SHIP TO: LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

ORIGINAL INVOICE

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110694760/TZQ63

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Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

LIGHTHOUSE UTILITIES

7521 COUNTY ROAD C30
INDIAN PASS/APPALACHIC FL 32329

ACT. NAN

Airgas South PO Box 9249 Marletta, GA 30065-2249

**RENTAL INVOICE** 



ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

\$55.21

REF. 110740606/TZQ83

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AITUSS www.airgas.com

LIGHTHOUSE UTILITIES
7521 COUNTY ROAD C30
INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

ACT, NAME AIRGAS SOUTH ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

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Important. See the Notice Regarding Cylinder Rontals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document. O DEMLIRRAGE

LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHIC FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** ACT, NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110911066/TZQ83

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SHIP TO: LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

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Airgas South PO Box 9249 Marietta, GA 30065-2249

**ORIGINAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110957693/TZQ83

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Important. See the Notice Regarding Cylinder Rentals/Leanes and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document. LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30

INDIAN PASS/APPALACHIC FL 32329

Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

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REF. 110077619/TZQ83

# STATEMENT

Airgas South PO Box 9249 Marietta, GA 30065-2249

SOLD BY AIRGAS SOUTH, INC. 1601 FLORIDA AVE

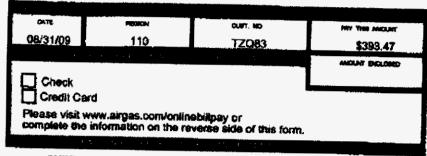
PANAMA CITY FL 32405-4636 850-769-2401

SOLD TO LIGHTHOUSE UTILITIES 30C MONEY BAYOU BRIDGE

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PORT SAINT JOE FL 32457-0428

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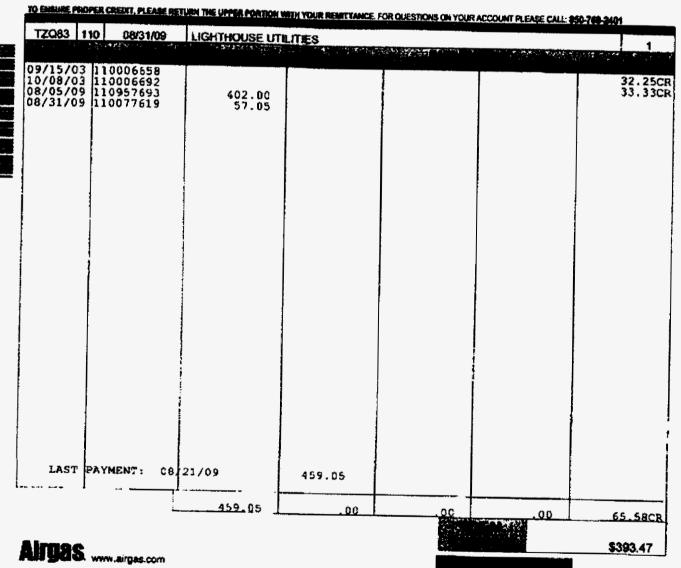


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Airgas South PO Box 532609

Atlanta, GA 30353-2609

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Airges South PO Box 9249 Mariella, GA 30065-2249

STATEMENT

ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

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AITUSS. www.airgas.com

SHIP TO: LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

Airgas South PO 80x 9249 Marietta, GA 30065-2249

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ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110167608/TZQ83 Page 23 of 212

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Important. See the Notice Regarding Cylinder Rentstaft.eases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

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AITUAS. www.airgas.com LIGHTHOUSE UTILITIES 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHIC FL 32329

Airgas South PO Box 9249 Marielta, GA 30065-2249

**RENTAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** 

ACT. NO. 8606074182

PNC BANK - ABA NO. 031000053

REF. 110245324/TZQ83

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Airgas South PO Box 9249 Marietta, GA 30055-2249 7521 COUNTY ROAD C30 INDIAN PASS/APPALACHICOLA FL 32329

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ACT. NO. 8606074182

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Airgas South PO Box 9249 Marietta, GA 30065-2249

**RENTAL INVOICE** 

ACT. NAME AIRGAS SOUTH ACT. NO. 8606074182

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**RENTAL INVOICE** 

**ACT. NAME AIRGAS SOUTH** ACT. NO. 8606074182 PNC BANK - ABA NO. 031000053 REF. 110572540/T2Q83

## STATEMENT

AITUAS Airgas South
PO Box 9249
Marietta, GA 30065-2249

SOLD BY AIRGAS SOUTH, INC. 1601 FLORIDA AVE PANAMA CITY FL 32405-4636

850-769-2401

SOLD TO LIGHTHOUSE UTILITIES 30C MONEY BAYOU BRIDGE PO BOX 428

PORT SAINT JOE FL 32457-0428

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Airgas South PO Box 532609 Atlanta, GA 30353-2609

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AITOSS. www.sikgas.com

Airgas South PO Box 9249 Marfella, GA 36065-2249

STATEMENT

ACT. NAME AIRGAS SOUTH ACT. NO. 8806074182 PNC BANK - ABA NO. 031000063 REF. 110/TZQ83

ST. JOE HARDWARE CO. 201 WILLIAMS AVENUE P.O. BOX SSO PORT ST JOE FL. 32457 PHONE: (850) 227-1717

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Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (3) CHEMICAL ANALYSIS

**TEST YEAR ENDED: DECEMBER 31, 2009** 

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 020408-53 Page 1

REPORT DATE: 02/04/08 REPORT TYPE: Original Lighthouse Utilites CLIENT NO. 29

P.O Box 428

Port St. Joe, FL 32456-

Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available on request.

This report may not be reproduced except in full with written approval from the laboratory.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 E81105 850-871-1900 Report Number:020408-53 Sub\_Contract Lab ID:\_ Analyses Requested: (please check all that apply) X\_Standard Coliform Test

kelindulaned by:	Simmons
Lab Receipt Date & Time	01/30/08 1645CST
Analysia Date and Time	01/30/08 1645CST
Sample Acceptance Criter	ia:
Sample Preservation:	
Disinfectant check :	
The sample does not meet	the following NELAC requirements

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_\_ Noncommunity Water System \_\_ Nontransient Noncommunity Water System

\_ Limited Use System

\_ Private Well

\_Other\_\_

\_ Swimming Pool

\_ Bottled Water Other\_ Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

PWS I.D. : 1230848

City: Port St. Joe.FL

Sample Collection Date: 01/30/08

Total Coliform Analytical Method 5M9221D Fecal or B. coli Analytical Method

Number	Sampling Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Rec'd mg/l	рИ	Non Collform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
A	8020 Cape San Blas	1305EST	Ð	0.8	7.2		Λ			369864
В	4310 CSB Rd	1312EST	D	1.4	7.2		A			369865
C	980 CSB Rd	1322EST	D)	2.0	7.2		A			369866
а	7330 Ca. Rd. C-30	1346EST	$\boldsymbol{a}$	7 - 8	7.2		Α			369867 .
E	8391 Crd C-30	1410EST	D	1.0	7.2		A			369868
¥	6" well raw	1337 <b>EST</b>	R		7.2		A			369869
G	16" well raw	1353EST	R		7.2		A			369870

samples. (Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Average of disinfectant residuals for routine and repeat 1.4 Defined in Florida Administrative Code Rule 62-100, Table 1 All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: k\_DPD Colormetric \_Other\_\_\_ Person performing analysis is:

Date PMS notified by lab of positive results: Date State notified by lab of positive results:

\_A certified operator(#

X Supervised by a cert operator (#589

\_Employed by a certified lab ) Employed by DEP or DOH

Lab Signature:

Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

Port St. Joe, FL

_ Satisfector	וס ער	ер/рон	USE ONLY
_ Incomplate	Collection	Inform	astion

\_ Repeat Samples Required

\_ Replacement Samples Required

Date Reviewed by DEP/DOH:\_ DBP/DOH Reviewing Official:\_

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

Analysis methods: MF=SM9222B & D, MFT-92218 & BC/MUG, MMO/MUG-SM9223B, HPC-SM9215B

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

Page 1 of 1

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 030308-26 Page 1

REPORT DATE: 03/03/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available on request.

This report may not be reproduced except in full with written approval from the laboratory.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 E81105 850-871-1900 Report Number: 030308-26 Sub\_Contract Lab ID:\_\_\_\_ Analyses Requested: (please check all that apply) X\_Standard Coliform Test

Relinquished by: Jay Dixon

Lab Receipt Date & Time 02/28/08 1145CST Analysis Date and Time 02/28/08 1205CST Sample Acceptance Criteria:

Sample Preservation: X On Ice \_\_Not on ice

City: Port St. Joe, FL

Disinfectant check : X Yes \_\_No

PWS I.D. : 1230848

The sample does not meet the following NELAC requirements

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428 System or Owner's Phone # 850-227-7427 Fax #

Collector's Phone # 850-227-5349 Collector: Simmons

Type of Supply: (check ony one)

\_Other\_\_\_

X Community Water System \_\_ Noncommunity Water System \_\_ Nontransient Noncommunity Water System \_ Limited Use System \_ Bottled Water \_ Swimming Pool Other \_ Private Well

Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

Sample Collection Date: 02/28/08

#### Total Coliform Analytical Method SM9221D Pecal or B. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab
Number	(Location or Specific Address)	Time	Type	Rec'd	рĦ	Coliform	Coliform	E. coli	Qualitier	Sample
				mg/l						Number
A	2413 Hwy C-30	0927EST	Ð	0.8	7.2		À			372580
B	190 Treasure Shores	0934EST	Ð	2.0	7.2		A			372581
C	4414 Cape San Blas	1012EST	D	1.5	7.2		A			372582
ם	6175 Cape San Blas	1021EST	D	1.0	7.2		A			372563
E	8022 Cape San Blas	1035 <b>66T</b>	D	0.5	7.2		A			372584
r	6" well raw	0957EST	R		7.2		A			372585
G	16" well raw	0941EST	R		7.2		A			372586

samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Average of disinfectant residuals for routine and repeat 1.2 Defined in Plorida Administrative Code Rule 62-100. Table 1 All tests are performed in accordance with NELAC standards

Data PWS notified by lab of positive results: Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_\_\_\_ Date State notified by lab of positive results: Person performing analysis is:

\_Employed by a certified lab \_A certified operator(#

) \_Employed by DEP or DOH

Title: President

Lab Signature

LIGHTHOUSE UTILITIES

X Supervised by a cert operator (#589

P.O. BOX 428 Port St. Joe, FL

	Satisfactory			DE	HOCK 4	ŲSE	OMLY
_	Incomplete	Co11	ecti	on	Inform	natio	on
		_			_		

\_ Repeat Samples Required

\_ Replacement Samples Required

Date Reviewed by DEP/DOH:\_\_\_ DEP/DOH Reviewing Official:

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

Analysis Methods: MF-8M9222B & D, MPT-9221B & EC/MUG, MMO/MUG-SM9223B, HPC-SM9215B

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

Page 1 of 1

#### CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 033108-34 Page 1

REPORT DATE: 03/31/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404.

A statement of estimated uncertainty of test results is available on request.

This report may not be reproduced except in full with written approval from the laboratory.

		OLOGICAL REPORTIN	COLLECTION AT
THE WA	 		

5806 E. HWY 22 PANAMA CITY, FL 32404 E81105

850-871-1900 Report Number: 033108-34

Sub\_Contract Lab ID:\_\_\_\_

Analyses Requested: (please check all that apply) K Standard Coliform Test

\_Other\_\_

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

x Community Water System \_\_ Noncommunity Water System \_\_ Nontransient Noncommunity Water System

\_ Swimming Pool

\_ Bottled Water

Limited Use System

\_ Private Well

Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

\_Other\_\_

Sample Collection Date: 03/27/08

Total Coliform Analytical Method SM9221D Fecal or E. coli Analytical Method

Relinquished by: Jay Dixon

Lab Receipt Date & Time 03/27/08 1330CST

Analysis Date and Time 03/27/08 1345CST

Disinfectant check : X Yes \_\_No

PWS I.D. : 1230848

Sample Preservation: X On Ice \_\_Not on ice

City: Port St. Joe,FL

The sample does not meet the following NELAC requirements

Sample Acceptance Criteria:

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab
Number	(Location or Specific Address)	Time	Туре	Rec'd	PH	Coliform	Coliform	E. coli	Qualifier	Sample
				mg/l						Number
A	445 Cape San Blas Rû	1046EST	D	2.0	7.3		A			375500
TS.	180 Martinique	1115EST	D	1.5	7.3		A			375501
c	258 Sandlewood	1123EST	D	0.5	7.3		λ			375502
D	4433 Ebbtide Lm.	1104EST	D	1.0	7.3		A			375503
B	2115 Hwy C-30	1012EST	Þ	Q. B	7.3		A			375504
¥	6" well raw	10ZZEST	R		7.3		А			375505
Ç	16" well raw	1037EST	R		7.3		A			375506

Average of disinfectant residuals for routine and repeat 1.2 samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 62-100, Table 1 All tests are performed in accordance with NELAC standards

Date State notified by lab of positive results:

Disinfectant Residual Analysis Method: X\_DFD Colormetric Other \_\_\_\_\_ Date PMS notified by lab of positive results: Person performing analysis is:

Employed by a certified lab

\_A certified operator(# X Supervised by a cert operator (#589

) \_Employed by DEP or DOH

Lab Signature Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

Port St. Joe, FL

	Satisfactory	DEP/DOH	USE	ONLY
-				

\_ Incomplete Collection Information \_ Repeat Samples Required

\_ Replacement Samples Required

Date Reviewed by DEP/DOM:\_\_\_\_ DEP/DOH Reviewing Official:

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

Analysis Methods: MF=SM9222B & D, MFT-9221B & EC/MUG, MMO/MUG=SM9223B, HPC=SM9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TNTC-too numerous to count

Page 1 of 1

4 G.

REPORT SERIAL NUMBER: 050208-9 Page 1

REPORT DATE: 05/02/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request.

DRINKING	WA'	TER	BACTER	TOLOG~CAL	SI	AMPLE	COLLECTION
				REPORTII			

THE WATER SPIGOT
5806 E. HWY 22
PANAMA CITY, FL 32404
E81105
850-871-1900 Report Number:050208-9
Sub\_Contract Lab ID:\_\_\_\_
Analyses Requested: (please check all that apply)
x\_Standard Coliform Test\_\_\_\_
Other\_\_\_\_\_

Relinquished by:	Dixon
Lab Receipt Date & Time	04/29/08 1515CST
Analysis Date and Time	04/29/08 1530CST
Sample Acceptance Crite	rias

Fample Preservation: X On Ice \_\_Not on ice Disinfectant check: X Yes \_\_No

The sample does not meet the following NELAC requirements

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 423

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

> Total Coliform Analytical Method SM9221D Fecal or E. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Daca	l.ab
теслик	(Location or Specific Address)	Time	Type	Rec'd	рн	Coliform	Coliform	E. coli	Qualifier	sample
				mg/l						Number
A	8020 Cape San Blas	1010EST	מ	0.8	7.2		A			378337
В	4310 CSB Rd	1021581	D	1.0	7.2		A			372338
C	980 CSB RØ	1036EST	, <b>Þ</b>	1.5	7.2		A			378339
Đ	7330 Co. Rd. C-30	1112EST	D	2.0	7.2		Å			37834Đ
E	8391 Crd C-30	1124EST	D	1.0	7.2		Ä			378341
F	6° well raw	1043EST	R		7.2		A			378342
G	16" well raw	1140EST	R		7.2		λ			378343
AVETAGE	of disinfectant residuals for	routine and 1	repeat	1.3	Define	d in Florida	Administr	ative Code E	tule 62-100	Table 1

samples. (Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

All tests are performed in accordance with NELAC standards

LIGHTHOUSE UTILITIES
P.O. BOX 428
Port St. Joe, FL

_	Satisfactory	DEP/DOR USE ONLY
_	Incomplete Collectio	n Information
_	Repeat Samples Requi	red
	Replacement Samples	Regulfed
Da	te Reviewed by DEP/D	OH:
TYE	PB/DOU Deviewing Offi	mial.

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

Analysis Methods: MF=SM9222B & D, MFT=9221B & BC/MUG, MM0/MUG=SM9223B, HPC=SM9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TMTC-too numerous to count

Page 1 of 1

REPORT SERIAL NUMBER: 060208-51 Page 1

REPORT DATE: 06/02/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 E81105 850-871-1900 Report Number: 060208-51 Sub\_Contract Lab ID:\_

Analyses Requested: (please check all that apply) X Standard Coliform Test \_Other\_\_\_\_

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_\_ Noncommunity Water System \_\_ Nontransient Noncommunity Water System \_ Private Well \_ Swimming Pool

\_ Bottled Water

\_ Limited Use System \_ Other\_

Reason for Samplings (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

Relinquished by: Tommy Dixon

Lab Receipt Date & Time 05/29/08 1545CST

Analysis Date and Time 05/29/08 1600CST

Disinfectant check : X Yes No

PWS I.D.: 1230848

Sample Preservation: X On Ice \_\_Not on ice

City: Port St. Joe, FL

The sample does not meet the following NELAC requirements

Sample Acceptance Criteria:

Sample Collection Date: 05/29/08

Total Coliform Analytical Method SM9221D Pecal or E. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Pecal or	Data	Lab
Number	(Location or Specific Address)	'L'ime	Type	Rec'd	pii	Coliform	Coliform	E. coli	Qualifier	Sample
				mg/l						Number
A	2413 Hwy C-30	1014CST	Ď	0.8	7.2		A			381393
R	190 Treasure Shores	0934CST	D	1.5	7.2		A			381394
c	4414 Cape San Blas	0923CST	D	1.0	7.2		A			381395
D	6175 Cape San Blas	OPLECET	D	1.0	7.2		A			381396
E	8022 Cape San Blas	0905CST	Ü	0.6	7.2		A			381397
P	6" well raw	0958CST	R		7.2		A			387358
G	16" well raw	0942CST	R		7.2		A			381399
Average	of disinfectant residuals for	routine and	repeat	1.0	Defin	ed in Florid	a Administr	ative Code	Rule 62·100,	Table 1
					-11					

samples. (Complete for community and nontransient noncomunity All tests are performed in accordance with NELAC standards systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: A\_DPD Colormetric \_Other\_\_\_\_ Person performing analysis is:

Date PWS notified by lab of positive results: Date State notified by lab of positive results:

\_A certified operator(#

\_Employed by a certified lab

) \_Employed by DEP or DOH

Lab Signature: Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

X\_Supervised by a cert operator(#589

Port St. Joe, FL

Sati#factory	DEP/DON	USE	ONL

\_ Incomplete Collection Information

\_ Repeat Samples Required

... Replacement Samples Required

Date Reviewed by DEP/DOH:\_\_

DEP/DOH Reviewing Official:

DEP Sample Type Codes: DeDistribution(Routine Compliance). C-Repest or Check, ReRaw, NeEntry to Distribution, Perlant Tap. S-Special (clearance, etc)

Analysis Methods: MF-SM92228 & D. MFT-9221B & EC/MNG, MMO/NNG-SM9223B, HPC-8M9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TNTC-too numerous to count

Page 1 of 1

REPORT SERIAL NUMBER: 063008-29 Page 1

REPORT DATE: 06/30/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request.

## DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 E81105 850-871-1900 Report Number: 063008-29 Sub\_Contract Lab ID:\_\_\_ Analyses Requested: (please check all that apply) X\_Standard Coliform Test \_Other\_\_

*		
		-
Lab Receipt Date & Time	05/26/08 1530cdc	İ
Analysis Date and Time	05/26/08 1540CST	ļ
Sample Acceptance Criter	ria:	
Sample Preservation.	V 0m Tax No 5	1
Sample Preservation:	y our ree Not ou ree	
Disinfectant check :	X Yes No	

The sample does not meet the following MELAC requirements

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 830-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_\_ Noncommunity Water System \_ Private Well \_ Swimming Pool

\_ Nontransient Noncommunity Water System \_ Limited Use System \_ Bottled Water

PWS I.D. : 1230848

City: Port St. Joe, FL

Relinquished by: Dixon

Reason for Sampling:(check only one) & Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

Sample Collection Date: 06/26/08

#### Total Coliform Analytical Method \$M9221D Fecal or S. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Mon	Total	Fecal or	Data	Lab
Number	(Location or Specific Address)	Time	Type	Rec d	рИ	Coliform	Coliform	E. coli	Qualifier	Sample
				mg/l						Numbe i
A	445 Cape San Blas Rd	1056est	D.	1.5	7.2		A			384294
9.	180 Martinique	1037est	D	1.0	7.2		A			384295
Ċ	250 Sandlewood	1022est	D	Q.6	7.2		A			384296
$\sigma$	4433 Ebbtide Ln.	10438Bt	D	0.9	7.2		A			384297
E	2115 Hwy C-30	1142cat	Ď	0.6	7.2		A			384298
F	6" Well	1114est	R	0.0	7.2		A			384299
G	16" Well	112lest	R	0.0	7.2		A			384300

0.9

Average of disinfactant residuals for routine and repeat samples. {Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Defined in Florida Administrative Code Rule 62-100, Table 1 All tests are performed in accordance with NELAC standards

\_ Dace PNS notified by lab of positive results: Disinfectant Residual Analysis Method: X\_DPD Colormatric \_Other\_\_\_ Person performing analysis is:

Date State notified by lab of positive results

\_A certified operator(# X\_Supervised by a cert operator(#589 \_Employed by a certified lab ) \_Employed by DEP or DOH

Lab Signature

Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

Port St. Joe, FL

_ sacistactory Der/Don Osc Onf)
_ Incomplete Collection Information
_ Repeat Samples Required
_ Replacement Samples Required
Date Reviewed by DEP/DOH:
DRP/DOH Reviewing Official:

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

Analysis Methods: MP=5M92228 & D. MFT=92218 & EC/MUG, MMO/MUG=SM92238, MPC=SM92158

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TNTC-too numerous to count

Page 1 of 1

REPORT SERIAL NUMBER: 073108-20 Page 1

REPORT DATE: 07/31/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 850-871-1900 Report Number: 073108-20 Sub\_Contract Lab ID:\_\_ Analyses Requested: (please check all that apply) X Standard Coliform Test \_\_Other\_

Relinquished by: Dixon

PWS I.D. : 1230848

Lab Receipt Date & Time 07/28/08 1512CST Analysis Date and Time 07/28/08 1535CST Sample Acceptance Criteria:

Sample Preservation: X On Ice \_\_Not on ice

Disinfectant check : X Yes \_\_No The sample does not must the following NELAC requirements

City: Port St. Joe, FL

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_\_ Noncommunity Water System \_\_ Nontransient Moncommunity Water System \_ Swimming Pool \_ Bottled Water

Limited Use System \_ Other\_\_

\_\_ Private Well Reason (or Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

Sample Collection Date: 07/28/08

Total Coliform Analytical Method SM9221D Fecal or E. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab
Number	(Location or Specific Address)	Time	Type	Rec'd	рĦ	Coliforn	Coliform	E. coli	Qualifier	sample
				mg/l						Manber
A	8020 Cape San Blas	0851EST	ø	Ø . Ø	7.3		A			387588
В	4310 CSB Rd	CSOJEST	פ	1.0	7.3		A			387589
c	980 CSB Rd	0914EST	Ð	1.5	7.3		A			387590
D	7330 Co. Rd. C-30	0928EST	D	2.0	7.3		A			387591
2	8391 Crd C-30	0950E6T	Þ	0.6	7.3		A		•	387592
p	6" well raw	0937RST	R		7.3		A			387593
ď	16" well raw	1012EST	R		7.3		A			387594
_	of disinfectant residuals for	routine and	repeat	1.2	Defined	l in Florida	Admin1str	cive Code	Rule 62-100,	Table 1

samples. (Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

> Date PMS notified by lab of positive results: Date Stace notified by lab of positive results:

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other \_\_ Person performing analysis is:

\_A certified operator(# X\_Supervised by a cert operator(#589 \_Employed by a certified lab ) \_Employed by DEF or DOH

Lab Signature Title: President

LIGHTHOUSE UTILITIES

P.O. BOX 428 Port St. Joe, FL

Satisfactory		DBP/DOR	USE	ONLY

\_ Incomplete Collection Information

\_ Repeat Samples Required

\_ Replacement Samples Required Date Reviewed by DRP/DOR:\_

DEP/DOR Reviewing Official:

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

Analysis Methods: MP=8M9222B & D, MFT=9221B & BC/MOG, MMO/MUG=SM9223B, MPC=SM9215B

Results: A=coliforms are absent, P-coliforms are present, C=Confluent growth, TWTC=too numerous to count

Page 1 of 2

COMMENTS

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

REPORT SERIAL NUMBER: 090408-62 Page 1

REPORT DATE: 09/04/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: T.Dixon THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 08/26/08 1440CST E81105 Analysis Date and Time 08/26/08 1450CST 850-871-1900 Report Number:090408-62 Sample Acceptance Criteria: Sub\_Contract Lab ID: Sample Preservation: X On Ice Not on ice Analyses Requested: (please check all that apply) Disinfectant check : X Yes \_\_No X\_Standard Coliform Test The sample does not meet the following NBLAC requirements \_Other\_ System Name: LIGHTHOUSE UTILITIES PWS I.D. : 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) X Community Water System \_\_ Noncommunity Water System \_ Nontransient Noncommunity water System \_ Limited Use System \_ Private Well \_ Swimming Pool \_ Bottled Water Other Reason for Sampling: (check only one) X Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 08/26/08 Total Coliform Analytical Method SM 9221 D Pecal or E. coli Analytical Method Sample Sampling Point Collection Sample Disinfect Mon Total Fecal or Data Lab рΗ Number (Location or Specific Address) Time Type Rec'd Coliform Coliform E. coli Qualifier Sample Number mq/12413 Hwy C-30 1405EST 7.3 390705 А D 0.8 А 190 Treasure Shores 1334EST Ď 1.5 7.3 390706 В 1313EST D 7.3 190707 c 4414 Cape San Blas 1.0 6175 Cape San Blas 1252EST 0.8 7.3 390708 D 1245EST 7.3 390709 8022 Cape San Blas D E 0.4 390710 1319EST 7.3 6" well raw R 390711 16" well raw 13438ST R 7.3 Defined in Florida Administrative Code Rule 62-100, Table 1 Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient moncomunity All tests are performed in accordance with NELAC standards systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_\_\_ Date PWS notified by lab of positive results: Date State notified by lab of positive results: Person performing analysis is: \_A certified operator(# \_Employed by a certified lab 1 \_Employed by DEP or DOH X\_Supervised by a cert operator(#589 Lab Signatore Title: President Satisfactory DEP/DOH USE ONLY LIGHTHOUSE UTILITIES \_ Incomplete Collection Information P.O. BOX 428 \_ Repeat Samples Required Port St. Joe, FL \_ Replacement Samples Required Date Reviewed by DEP/DON:\_ DEP/DOM Reviewing Official -\_\_ DEF Sample Type Codes: D=Distribution(Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Flant Tap,

S=Special (clearance.etc)

Analysia Methods: MF=SM92228 & O, MFT=C2218 & BC/NUG, MMO/MUG=SM92238, MPC=SM92158

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

Temperature, pH, chloring tests were performed by the Client and not the Laboratory.

REPORT SERIAL NUMBER: 092908-20 Page 1

REPORT DATE: 09/29/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

RINKI	NG WATER BACTERI	OLOGICAL	SAMPLE	COLLEC	TION						
	AND LABORATORY										•
						Reli	inquished	by: Dix	con		
THE	WATER SPIGOT						- 11-12-1-1				
580	6 E. HWY 22										
PAN	AMA CITY, FL	32404				Lab R	eceipt Date	& Time 09/2	4/08 1300CS	er e	
E81						_	sis Date and				
	-871-1900 Re	port Nu	mber:0	92908-	-20		e Acceptance			•	
400		Contract La			-•	1 -	ple Preserva		Toe Mor	on ice	
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-	ndard Coliform Test					}	mple does no			ELAC requir	ements
-	er										
	V •			•		L				·	
Svat	em Name: LIGHTHO	USE UTIL	ITIES			. 1	PWS I.D.	: 123084	18		
	em Address: P.O.						City:	Port St.	Joe FL		
_	em or Owner's Ph		0-227-74	427 Fax	· #						
-	ector: Simmons	10110    02			ector's l	Phone i	# 850-227	-5349			
	of Supply: (che	ak any a	ne)	0022	.00001 2 .		. 021				
	munity Water System			Ossa ham	Vontransi	ent None	ommunity Wat	er Svatem	Limited	i Use System	ı
				SYRLEIN	_ Bottled W		Cimenatize y man		Other		
_ Pri	vate Well for Sampling: (check o	_ Swimming	POOL				r Main Cla	arance W			
Reason	ple Collectio	n Date:	002116 331	\08 	" vehear - w	Pracauci			,		
5411	bie correctio	n Dacc.	V 2 / = -	, 00	Tot	al Colif	orm Analytic	al Method	SM 9221 D		
							coli Analyt				
	a slave Bride	~	llection	Sample	pisinfect	02	Non	Total	Pecal or	Data	Lab
Sample	Sampling Point			=	Rec'd	не		Coliform	g. coli	Qualifier	Sampl
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			40+200T	D	1.8	7.2		A			39389
A	445 Cape San Blas Rd	1	0812EST		1.0	7.2		À			39389
8	180 Martinique		0826EST	p		7.2		À			39389
С	258 Sandlewood		0923EST	Ď	Q.6 1.5	7.2		A			39389
D	4433 Ebbtide Ln.		0817EST	D		7.2		A			19389
£	2115 Hwy C-30		1156EST	ט	D. 6	7.2		A			19309
F	6" well raw		0810EST	R		7.2		A			3938
G	16" well raw		1143EST	R			ed in Florid		ative Code	Rule 62-100	. Tapl
Average	of disinfectant resid	duals for ro	utine and	repeat	1.1		ests sre per				
sample	t. (Complete for commit	unity and not	ntransiant	noncomun	ity	nrr c	2425 010 201				
aystem	serving populations	up to and in	cluding 4,	900. 00	not						
include	e raw or plant samples	in the aver	age.)			na	te PWS notif	ied by lab	of positive	results:	
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	performing analysis i	<b>s</b> :			y a certifie		the other men	7	1. (	1 /	
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x ຼຣບ	pervised by a tert ope	rator(#589		) Embro	AND DA DEL		ignature	$\sim$		W/W	
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	GHTHOUSE UTIL	LITES			[ [ .	_	Samples Requ				
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suspec	nal(clearance, etc)			-	/MITC = CH GO 3 3 F	200-949	2158				
Analy	sis Methods: MF=SM9222 ts: A=coliforms are ab	B & D, MFT-9	2218 & BC/	HUG, MMO,	C Comfiner	araveb	THITCHEOD DIE	errous co c	± τι: Ε		
Passi	ta . Ascoliforms are ab	sent, P=coli	TOTAL ATE	breseut.		Securett'					

Temperature, pH, chlorine tests were performed by the Client and not the

Laboratory.

REPORT SERIAL NUMBER: 103108-65 Page 1
REPORT DATE: 10/31/08

REPORT DATE: 10/31/08 REPORT TYPE: Original Lighthouse Utilites

CLIENT NO. 29 P.O Box 428

Port St. Joe, FL 32456-

Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson PRESIDENT

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed. A statement of estimated uncertainty of test results is available

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: Nixon THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 10/29/08 1305CST E81105 Analysis Date and Time 10/29/08 1315CST 850-871-1900 Report Number:103108-65 Sample Acceptance Criteria: Sub Contract Lab ID: Sample Preservation: X On Ice \_\_Not on ice Analyses Requested: (please check all that apply) Disinfectant check : X Yes NO. X\_Standard Collform Test The sample does not meet the following NELAC requirements \_\_Other\_\_ System Name: LIGHTHOUSE UTILITIES PWS I.D.: 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) X Community Water System \_ Moncommunity Water System \_ Nontransient Noncommunity Water System \_ Limited Use System \_ Swimming Pool \_ Bottled Water \_ Other\_\_\_ Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other Sample Collection Date: 10/29/08 Total Coliform Analytical Method SM 9221 D Fedal or E. coli Analytical Method Sample Sampling Point Collection Sample Disinfect Non Total Fecal or Data Lab Coliform Coliform Number (Location or Specific Address) Time Type Rec'd ₽H E. coli Qualifier Sample mg/l Number 8020 Cape San Blas 0910EST Ď 0.5 7.2 397140 A 4330 FSB 26 0914EST D 1.0 7.2 397141 980 CS6 Rd 0923EST D 1.5 7.2 397142 Ċ 7330 Co. Rd. C-30 1012EST D 2.0 7.2 397143 8391 Crd C-30 0955EST D 7.2 397144 Ħ 7.2 197145 6" well raw 0928EST 16" well raw 0941EST 7.2 Defined in Florida Administrative Code Rule 62-100, Table 1 Average of disinfectant residuals for routine and repeat 1.3 All tests are performed in accordance with NELAC standards samples. (Complete for community and nontransient honcomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the avorage.) Date PMS notified by lab of positive results: Disinfectant Residual Analysis Method: X\_DPD Colormetric Other\_\_\_ Date State notified by lab of positive results: Person performing analysis is: \_A certified operator(# \_Employed by a certified lab X Supervised by a cert operator (#589 ) \_Employed by DEP or DOH Lab Signature Title: President \_ Satisfactory DEP/DON USE ONLY LIGHTHOUSE UTILITIES \_ Incomplete Collection Information P.O. BOX 428 \_ Repeat Samples Required Port St. Joe, FL \_ Replacement Samples Required Date Reviewed by DEP/DOH:\_ DEP/DON Reviewing Official:

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

Analysis Methods: MF-SM9222B & D, MFT-9221B & EC/MUG, MMO/MUG-SM9223B, RPC-SM9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TMTC-too numerous to count

Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

REPORT SERIAL NUMBER: 120108-80 Page 1
REPORT DATE: 12/01/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

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A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: Tommy Dixon THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 11/24/08 1325CST E81105 Analysis Date and Time 11/24/08 1335CST 850-871-1900 Report Number:120108-80 Sample Acceptance Criteria: Sub\_Contract Lab ID:\_ Sample Preservation: X On Ice \_\_Not on ice Analyses Requested: (please check all that apply) Disinfectant check : X Yes X Standard Coliform Test The sample does not meet the following NELAC requirements \_\_Other\_\_ System Name: LIGHTHOUSE UTILITIES PWS I.D.: 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) X Community Water System \_ Noncommunity Water System Nontransient Moncommunity Water System \_ Limited Use System \_ Bottled Water \_ Private Well Swimming Pool Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other Sample Collection Date: 11/24/08 Total Coliform Analytical Method SM 9221 D Fecal or E. coli Analytical Method Sample Sampling Point Collection Sample Disinfect Non Total Fecal or Number (Location or Specific Address) Туре Rec'd Coliform Coliform E. coli Qualifier Sample ma/1 Number 2413 Hwy C-30 1020RST 0.6 A D 7.3 399576 190 Treasure Shores 0932EST . D 2.0 7.3 399577 C 4414 Came San Blas 0912EST D 1.5 7.3 399578 6175 Cape San Blas 0918EST D 1.0 7.3 399579 D ĸ 8022 Cape San Blas 0923867 Ð 0 . B 7.1 2495R0 en well tam 0951RST 7.3 199581 094 SPCT 199582 16" well raw 7.3 Average of disinfectant residuals for routine and repeat 1.2 Defined in Florida Administrative Code Rule 62-100, Table 1 samples. (Complete for community and nontransient noncommunity All tests are performed in accordance with NBLAC standards systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Date PWS notified by lab of positive results: Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_\_ Date State notified by lab of positive results: Person performing analysis is: \_Bmployed by a certified lab \_A certified operator(# 1 X\_Supervised by a cert operator (#589 ) \_Employed by DEP or DOR Lab Signathan Title: President DEP/DOH USE ONE Satistactory LIGHTHOUSE UTILITIES Incomplete Collection Information \_ Repeat Samples Required P.O. BOX 428 Port St. Joe, FL 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, N-Entry to Distribution, P-Plant Tap. S=Special(clearance,ecc) Analysis Methods: MF=SM92228 & D. MFT~92218 & BC/MUG, MMC/MUG=SM92238, RPC=SM92198

Page 2 of 2

Temperature, pH, chlorine tests were performed by the Client and not the

Laboratory.

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TMTC-too numerous to count

REPORT SERIAL NUMBER: 121908-30 Page 1

REPORT DATE: 12/19/08
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: J. Dixon THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 12/17/08 1430CST E81105 Analysis Date and Time 12/17/08 1440CST 850-871-1900 Report Number: 121908-30 Sample Acceptance Criteria: Sub\_Contract Lab ID:\_ Sample Preservation: X On Ice \_\_Not on ice Analyses Requested: (please check all that apply) Disinfectant check : X Yes X\_Standard Coliform Test The sample does not meet the following NELAC requirements \_\_Other\_\_ System Name: LIGHTHOUSE UTILITIES PWS I.D. : 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) \_ Nontrangient Noncommunity Water System X Community Water System \_\_ Noncommunity Water System \_ Limited Use System \_ Bottled Water \_ Swimming Pool \_\_ Private Well Reason for Sampling: (check only one) X Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 12/17/08 Total Colliform Analytical Method SM 9221 D Pecal or B. coli Analytical Method LAD Non Toral Fecal or Data Sampling Point Collection Sample Disinfect Sample pН Coliform Coliform E. coli Qualifier Sample Number (Location or Specific Address) Time Туре Rec'd Number $m\alpha/1$ 401882 A 7.3 445 Cape San Blas Rd 0832557 D 1 8 401083 1.0 7.3 A 0814EST D 180 Martinique 401884 7.3 0807EST D 0.6 258 Sandlewood c 401885 0824EST o.a 7.3 Ð 4433 Ebbtide Ln. 401886 7.3 0921EST D 0.5 2115 Hwy C-30 401287 7.3 0843EST 6" well raw R 401889 0907881 G 16" well raw Defined in Florida Administrative Code Rule 62-100, Table 1 Average of disinfectant residuals for routine and repeat 0.9 All tests are performed in accordance with NELAC standards samples. (Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Date PWS notified by lab of positive results: Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_\_ Date State notified by lab of positive results: Person performing analysis is: \_Employed by a certified lab ) A certified operator(# ) Employed by DEP or DOH X\_Supervised by a cert operator(#589 Lab Signature Title: President DEP/DOH USE ONLY \_ Satisfactory

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

\_ Incomplete Collection Information

\_ Repeat Samples Required

Replacement Samples Required Date Reviewed by DBP/DOH:\_ DEP/DOH Reviewing Official:\_\_

Analysis methods: MF=SM9222B & D. MPT=9221B & BC/MUG, MMC/MUG-SM9223B, HPC=SM92158

Results: A-coliforms are absent. P-coliforms are present, C-Confluent growth, TMTC-too numerous to count

Temperature, pH, chlorine tests were performed by the Client and not the

Laboratory.

LIGHTHOUSE UTILITIES

P.O. BOX 428 Port St. Joe, FL

REPORT SERIAL NUMBER: 020209-67 Page 1

REPORT DATE: 02/02/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 E81105 850-871-1900 Report Number:020209-67 Sub\_Contract Lab ID:\_ Analyses Requested: (please check all that apply) X Standard Coliform Test \_\_Other\_\_

Relinquished by: Simmons

PWS I.D.: 1230848

Lab Receipt Date & Time 01/29/09 1310CST Analysis Date and Time 01/29/09 1320CST Sample Acceptance Criteria:

Sample Preservation: X On Ice \_Not on ice Disinfectant check : X Yes

City: Port St. Joe, FL

The sample does not meet the following NELAC requirements

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_\_ Noncommunity Water System \_ Noncransient Noncommunity Water System \_ Limited Use System \_ buctled Water \_ Private Well \_ Swimming Pool Other Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other

Sample Collection Date: 01/29/09

Total Coliform Analytical Method SM 9221 D Fecal or E. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab
redust	(Location or Specific Address)	Time	Type	Rec¹d	рH	Coliform	Coliform	E. coli	Qualifier	डेकाक्ट्रोड
				mg/1						Number
A	8020 Cape San Blas	OSICEST	a	0.6	7.3		A			405133
В	4310 CSB Rd	0918EST	D	1.0	7.3		A			405134
. C	980 CSB R4	0926EST	D	1.5	7.3		A			405135
D	7330 Co. Rd. C-30	0942EST	D	1.7	7.3		A			405136
£	8391 Crd C-30	, 0957EST	а	1.4	7.3		А			405137
F	6" well raw	0934EST	R		7.3		A			405138
G	16" well raw	loizest	R		7.3		Ą			405139
Average	of disinfectant residuals for	routine and	repeat	1.2	Define	d in Florida	Administr	stive Code	Rule 62-100,	Table 1
						and a contract of				

samples. (Complete for community and nontransient noncommunity All tests are performed in accordance with NELAC standards systems serving populations up to and including 4,900. Do not

include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: "\_DPD Colormetric \_Other\_\_\_ Date PWS notified by lab of positive results: Date State notified by lab of positive results: Person performing analysis is:

A certified operator(# Employed by a certified lab x Supervised by a cert operator (#589

] \_Employed by DEP or DOR

Lab Signature: Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

Port St. Joe, FL

	Satisfactor	ry D	EP/DOH	USE	ONLY
_	Incomplete	Collection	Infor	mati	on

\_ 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, N-Entry to Distribution, P-Plant Tap, S-Special (clearance, etc)

Analysis Methods: MF=9M9222B & D, MFT=9221B & EC/MUG, MHO/MUG=SM9223B, HPC=SM9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TNTC-too numerous to count Temperature, pk, chlorine tests were performed by the Client and not the

REPORT SERIAL NUMBER: 030309-53 Page 1

REPORT DATE: 03/03/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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RINKI	ING WATER BACTERIOLOGI AND LABORATORY REPO			CTION					·	
					Rel	inquished	d by: Di:	con		
THE	WATER SPIGOT									
580	6 E. HWY 22									
PAN	IAMA CITY, FL 32404		Lab I	Receipt Date	& Time 02/	85/09 1445C	ST			
E81	105				1	ysis Date an				
850	-871-1900 Report	Number:0	30309	-53	1	e Acceptanc				
	<del>_</del>	ct Lab ID:			1	mple Preserv		Ice Not	on ice	
Analy	racs Requested: (please check:			•		Sinfectant c		_		
_	indard Coliform Test				1	emple does n			NETAC PROVIDE	amanta
Oth	ner		·-							
					L				<del></del>	
_	em Name: LIGHTHOUSE U		PWS I.D.		•					
_	em Address: P.O. BOX			.,		City	Port St	Joe, FL		
-	em or Owner's Phone # ector: Simmons	850-227-74		<pre>     # lector's 1</pre>	Phone	# 850-22	7~5349			
Type	of Supply: (check on	y one)								
X Com	munity Water System Nonco	mmunity Water	System	_ Nontransi	ent None	community Wa	ter System	Limited	d Use System	ò
	vate Well _ Swing			Bottled W		_	-	_ Other_		
	for sampling: (check only one)	X Routine Com		_ Repeat _ Re	placeme	nt _ Main Cl	earance _ W			
				Tot	al Coli:	form Analyti	cal Method :	M 9221 D		
				Fec	al or E	coli Analy	tical Metho	1		
Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Peçal or	Data	Lab
Number	(Location or Specific Address	s) Time	Type	Rec'd	рĦ	Coliform	Coliform	E. coli	Qualifier	Sample
			• • •	mg/l	•					Number.
A	2413 Hwy C-30	0935RST	D	0.4	7.3		A			40812
В	190 Treasure Shores	1004EST	D	1.6	7.3		A			40812
С	4414 Cape San Blas	1022EST	a	1.0	7.3		A			40812
D	6175 Cape San Blas	1034EST	a	1.5	7.3		A			40812
E	8072 Cape San Blas	1048EST	D	D. 5	7.3		À			40012
F	6" well raw	0947EST	Ŕ		7.3		A			40812
G	16" well raw	1014EST	Ř		7.3	,	A			40812
Average	of disinfectant residuals for	r routine and m	repeat	1.0	Defin	ed in Florid	a Administr	ative Code	Rule 62-100.	Table
-	. (Complete for community and			ity	All t	ests are per	formed in a	cordance w	ith NELAC st	andard
-	serving populations up to am									
_	raw or plant samples in the									
Disinfe	ctant Residual Analysis Metho	d: X_DPD Colorn	metric _0	ther	Da	te PWS notif	ied by lab	of positive	results:	
Person	performing analysis is:				Da	te State not	it#ed by lai	o of positi	ve results:	
_A <	pertified operator(#	) _#2o	mployed by	y a certified	1.85		- }	$\sim$	t <sub>m</sub>	
•	pervised by a cert operator (#5	89	Emplo	yed by DEP or	DOH.		ن واس	$\sqrt{1/1}$	$\alpha O \cap A$	,
					tab 8	ignature	ملاند	CA A		
					Title	: President				
			<u> </u>	<del></del>		<del></del>		<del>\</del>	<del></del>	
1				1 1	Satisfa	ctory	DEP/DOH US	B ONLY		Į
LIC	HTHOUSE UTILITIES				Incompl	ete Collecti	on informat	ion		
P.0	). BOX 428				Repeat	Samples Roqu	ired			
Pot	rt St. Joe,FL				Replace	ment Samples	Required			
				Da	te Revi	ewed by DEP/	DOH:	, Augustus de		İ
-				DI	EP/DON R	eviewing Off	icial:			- 1
	<u> </u>		<u>-</u>				<del></del>	***************************************		
DEP Sa	mple Type Codes: D-Distribution	on(Routine Com	pliance),	C=Repeat or	Check,	R-Raw, N≖En	try to Dist	dibution, P	Plant Tap,	
S=Speci	ial (clearance, etc)									
Analys	is Methods: MF=SM9222B & D, MI	PT-92219 & EC/M	OUG, MMO/N	¶UG=6M9223B.	прс-вм9;	215B				
Result	s: A-coliforms are absent, P=0	coliforms are p	resent, (	C-Confluent g	rowth,	TNTC=too num	erous to co	int .		
Temper	atuze, pH, chlorine tests were	performed by	the Clien	t and not the	±					

Laboratory.

REPORT SERIAL NUMBER: 033009-24 Page 1

REPORT DATE: 03/30/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

CONTENTS OF REPORT
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2 Pages

Trish Jackson President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: Dixon THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 03/26/09 1230CST E81105 Analysis Date and Time 03/26/09 1235CST 850-871-1900 Report Number: 033009-24 Sample Acceptance Criteria: Sub\_Contract Lab ID: Sample Preservation: X On Ice \_\_Not on ice Analyses Requested: (please check all that apply) Disinfectant check : X Yes \_\_No X Standard Coliform Test The sample does not meet the following NELAC requirements \_Other\_\_\_ System Name: LIGHTHOUSE UTILITIES PWS I.D.: 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) X Community Water System \_\_ Noncommunity Water System \_\_ Nontransient Noncommunity Water System Limited Use System \_ Swimming Fool Private Well \_\_ Bottled Water \_ Other\_ Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other Sample Collection Date: 03/26/09 Total Coliform Analytical Method SM 9221 D Fedal or E. coli Analytical Method Sample Sampling Point Collection Sample Disinfect Non Total Fecal or Dates Lash Number (Location or Specific Address) Time Rec'd ъH Coliform Coliform E. coli Qualifier Sample mg/1 Number 445 Cape San Blas Rd 0944EST D 1.6 410784 A 180 Martinique 0916EST 1.4 7.2 410785 В À 258 Sandlewood DOIGEST 0.8 7.2 C 410786 4433 Ebbtide Lm. 0931EST р 1.0 7.2 410787 2115 Hwy C-30 1019EST 7.2 410788 6" well raw 0957EST 7.2 410789 R 1012EST R 16" well raw 7.2 410790 Average of disinfectant residuals for routine and repeat 1.1 Defined in Florida Administrative Code Rule 62-100, Table 1 samples. (Complete for community and nontransient noncomunity All tests are performed in accordance with NELAC standards systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: X\_DFD Colormetric \_Other\_\_\_ Date PWS notified by lab of positive results: Person performing analysis is: Date State notified by lab of positive results: \_A certified operator(# \_Employed by a certified lab X Supervised by a cert operator (#589 ) Employed by DEF or DOH Title: President Satisfactory DEP/DOE USE ONLY LIGHTHOUSE UTILITIES \_ Incomplete Collection Information P.O. BOX 428 Repeat Samples Required Port St. Joe, FL Replacement Samples Required Date Reviewed by DEP/DOH: DEP/DOW Reviewing Official:\_ DEP Sample Type Codes: D-Distribution(Noutine Compliance), C-Repeat or Check, R-Raw, M-Entry to Distribution, P-Plant Tap, S=Special(clearance,etc)

Analysis Methods: MF-SM9222B & D. MFT-9221B & EC/MUG, MMO/MUG-SM9223B, HPC-SM9215B

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count Temperature, pH, chlorine tests were performed by the Client and not the

Laboratory.

REPORT SERIAL NUMBER: 050409-99 Page 1

REPORT DATE: 05/04/09 REPORT TYPE: Original Lighthouse Utilites CLIENT NO. 29 P.O Box 428 Port St. Joe, FL 32456-Attn: R. Simmons

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President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

RINK	ING WATER BACTERIOLOGIC	AL SAMPLE	COLLEC	TTION						-
	AND LABORATORY REPOR		_							
					Reli	nquished	d by: Sir	nmone		1
THE	WATER SPIGOT					•				
580	06 E. HWY 22									1
PAN	JAMA CITY, FL 32404				Lab Re	eceipt Date	& Time 04/	27/09 12030	ST	
E81	105				1	sie Date an				]
850	0-871-1900 Report 1	Number: 0	50409	-99	1	e Acceptance		, ,	•	İ
	Sub_Contrac	t Lab IDr				ple Preserv		n Ice Not	on ice	
Anal	yses Requested: (please check a	ll that apply	7			infectant ci		<del></del> -		
X_5ta	andard Coliform Test				The san	mple does no	ot meet the		NELAC requir	rements
Ct)	her			*.				_	·	
Syst	em Name: LIGHTHOUSE UT	ILITIES			F	WS I.D.	: 123084	18		
Syst	em Address: P.O. BOX 4	28				City:	Port St	Joe FL		
	em or Owner's Phone #		427 Fax	<b>&lt;</b> #		•				
Coll	lector: Simmons		Coll	lector's	Phone #	850-223	7-5349			
Туре	of Supply: (check ony	one)								
X Con	mmunity Water System _ Noncom	omunity Water	System	_ Nontrans:	ent Nonco	ommunity Wal	cer Symtem	Limite	i Uze System	ß
	vate WellSwimmi			_ Bottled		-	·	_ Other_		
Reason San	for Sampling: (check only one)  nple Collection Date	x Routine Co e: 04/27	mpliance .	Repeat _ Re	placement	t _ Main Clo	marance _ We			
						orm Analytic				
				Fed	ecal or E. coli Analytical Method					
Sample	Sampling Point	Collection	Sample	Disinfect		Non.	Total	Fecal or	Deca	Lab
Number	(Location or Specific Address)	Time	Type	Rec'd	₽Ħ	Coliform	Coliform	E. coli	Qu#11fier	Sample
				mg/l						Number
1.	8020 CSBR	0933EST	Ð	0.7	7.2		A			413315
2	4310 CSB Rd	0947EST	D	1.0	7.2		A			413316
3	980 CSB Rd	0958EST	D	1.4	7.2		A			413327
4	7330 Co. Rd. C-30	1023E81	D	2.0	7.2		A			413318
5	8391 Crd C-30	1048EST	D	1.5	7.2		A			413319
6	6° well raw	1012EST	R		7.2		A			413320
7	16" well raw	1032887	R		7.3		А			413321
-	of disinfectant residuals for . (Complete for community and		•	1.3 itv					Rule 62-100, ith NELAC st	
-	serving populations up to and			-					con Robbie de	
1	raw or plant samples in the av	-								
	ctant Residual Analysis Method:	_	metric Ot	ther	Date	PWS notif:	ied by lab o	of positive	recults	
	performing analysis is:				_	State not	-			
	ertified operator(#	) <u>E</u> ri	roloyed by	y a certified			7	Ä	/_	
_	ervised by a cert operator (#589	•	-	red by DEF or			$J_{-}$ .	$\Lambda$ ()	$\sim D_{-}$	
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1 * * *	HTHOUSE UTILITIES			[ [ -		e Collection				
الملالاا							MI ZINEGEMACI			
	). BOX 428			_	Repeat Co	moles Permi	red			i .
P.C	D. BOX 428 Et St. Joe,FL			-		umples Requi				
P.C	D. BOX 428 Et St. Joe,FL			-	Replaceme	mt Samples	Required			
P.C				סלם	Replaceme to Roview		Required	····dendite		

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

Analysis Methods: MF\*SM9222B & D, MFT=9221B & EC/MUS, MNO/MUS=SM9223B, HPC\*SM9215B

Results: A-coliforms are absent. P-coliforms are present, C-Confluent growth, TNTC-too numerous to count Temperature, px, chlorine tests were performed by the Client and not the

Temperature, pk, chlorine tests were performed by the Client and not the Laboratory.

REPORT SERIAL NUMBER: 060109-9 Page 1

REPORT DATE: 06/01/09 REPORT TYPE: Original Lighthouse Utilites CLIENT NO. 29 P.O Box 428

Port St. Joe, FL 32456-

Attn: R. Simmons

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2 Pages

Trish Jackson President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22
PANAMA CITY, FL 32404
E81105
850-871-1900 Report Number:060109-9
Sub_Contract Lab ID:
Analyses Requested: (please check all that apply)
X_Standard Coliform Test
_Other

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_ Noncommunity Water System \_ Private Well \_ Swimming Pool

PWS I.D. : 1230848

Relinquished by: Tommy Dixon

Lab Receipt Date & Time 05/27/09 1300CST Analysis Date and Time 05/27/09 1310CST

Sample Preservation: X On Ids \_\_Not on ide Disinfectant check : X Yes \_\_No

City: Port St. Joe, FL

The sample does not mest the following NELAC requirements

Sample Acceptance Criteria:

Reason for Sampling: (check only one) X Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 05/27/09

Total Coliform Analytical Method SM 9221 D Fecal or E. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Diminfect		Non	Total	Fecal or	Data	Lab
Number	(Location or Specific Address)	Time	Type	Rec d	PH	Coliform	Coliform	5. coli	Qualifier	Sample
				mg/1						Number
A	2413 Hwy C-30	1012EST	D	1.0	7.3		A			416083
₽	190 Treasure Shores	1003EST	D	2.0	2.3		A			416084
¢	4414 Cape San Blas	0923 <b>8</b> ST	b	1.2	7.3		A			416085
D	6175 Cape San Blas	OGIGEST	D	1.0	7.3		A			416086
E	8022 Cape San Blas	0910EST	۵	0.6	7.3		A			416087
F	6" well raw	0934EST	R		7.3		A			416088
G	16" well raw	0950EST	Ř		7.3		A			416089
Average	of disinfectant residuals for	routine and m	repeat	1.2	Define	ed in Florida	Administr	ative Code	Rule 62-100.	Table 1
samples. (Complete for community and nontransient noncomunity				ity	All ce	scs are perf	ormed in a	cordance w	ith NELAC st	andar <b>ds</b>
systems serving populations up to and including 4,900. Do not										

Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_\_\_\_\_\_
Person performing analysis is:

Date PWS notified by lab of positive results: Date State notified by lab of positive results:

\_A certified operator(#

\_Employed by a certified lab

X Supervised by a cert operator (#589

include raw or plant samples in the average.)

) \_Employed by DEP or DOH

Lab Signature: Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

Port St. Joe, FL

Laboratory.

_	Satisfactory	DEP/DOH	USE ONL
	Incomplete Collect	tion Infor	mation
	Repeat Samples Rec	quired	
	Samlaaamuut Camal		

Replacement Samples Required

Date Reviewed by DEP/DOH: \_\_\_\_\_ DEP/DOH Reviewing Official:\_

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

Analysis Methods: MF-SM9222B & D, MFT-9221B & BC/MUG, NMO/MUG-SM9223B, HPC=SM9215B

Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TMTC=too numerous to count Tomperature, pH, chlorine tests were performed by the Client and not the

REPORT SERIAL NUMBER: 062909-72 Page 1

REPORT DATE: 06/29/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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2 Pages

Trish Jackson President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Lab Receipt Date & Time 06/25/09 1010CST Analysis Date and Time 06/25/09 1125CST

Relinquished by: Simmons

Sample Acceptance Criteria:

Sample Preservation: X On Ice \_\_Not on ice

City: Port St. Joe, FL

Disinfectant check : X Yes \_\_No

PWS I.D.: 1230848

The sample does not meet the following NELAC requirements

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Water System \_\_ Moncommunity Water System \_\_ Private Well \_\_ Swimming Pool

\_\_ Nontransient Noncommunity Mater System \_\_ Limited Use System \_\_ Other \_\_\_\_\_

Reason for Sampling: (check only one) X Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 06/25/09

Total Coliform Analytical Method SM 9221 D Fecal or E. coli Analytical Method

Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab	
Number	(Location or Specific Address)	Time	Type	Rec'd	pН	Coliforn	Coliform	E coli	Qualifier	Sample	
				mg/l						Number	
A	445 Cape San Blas Rd	1012EST	a	1.8	7.3		. λ			418828	
B	180 Martinique	0947EST	D	1.0	7.3		A			418829	
2	258 Sandlewood	0935EST	ם	0.8	7.3		A			418830	
D	4433 Ebbtide Ln.	1003EST	D	1.6	7.3		A			418831	
E	2115 Hwy C-30	1056EST	D	0.5	7.3		À			418832	
F	6" well raw	1027EST	R		7.3		A			418633	
G	16" well raw	1042EST	R		7.3		A			418834	
Average	of disinfectant residuals for	routine and p	repeat	1.2	Define	d in Florida	Administr	stive Code	Rule 62-100.	Table 1	

samples. [Complete for community and nontransient noncommunity All tests are performed in accordance with NELAC standards systems serving populations up to and including 4,900. Do not

include raw or plant samples in the average.)

Date PWS notified by lab of positive results: Date State notified by lab of positive results:

\_A certified operator(#

\_Employed by a certified lab
) \_Employed by DEP or DOR

X\_Supervised by a cert operator(#589

Lab Signaturer\_\_\_\_\_ Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428 Port St. Joe,FL

_ Satisfactory	DEP/DOH USE ONLY
_ Incomplete Collect:	ion Information

\_ Repeat Samples Required

\_ Replacement Samples Required
Date Reviewed by DSP/DOH:

DEP/DOH Reviewing Official:

DEP Sample Type Codes: D-Distribution(Routine Compliance), C-Repeat or Check, R-Raw, NuEntry to Distribution, Paplant Tap, S-Special(clearance,etc)

Analysis Mechods: MP-SM9222B 4 D. MFT-9221B & EC/MAG. MMO/MAG-SM9223B, HPC-SM9215B

Results: A=coliforms are absent, P-coliforms are present, C=Confluent growth, TNTC=too numerous to count Page 2 of 2

REPORT SERIAL NUMBER: 073109-50 Page 1

REPORT DATE: 07/31/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428

Port St. Joe, FL 32456-

Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson President

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A statement of estimated uncertainty of test results is available.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated

by the NELAC standards. This report may not be reproduced except in full with written approval from the laboratory.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: Simmons THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 07/28/09 1205CST Analysis Date and Time 07/28/09 1215CST E81105 850-871-1900 Report Number:073109-50 Sample Acceptance Criteria: Sub\_Contract Lab ID:\_\_ Sample Preservation: X On Ice \_\_Nor on ice Analyses Requested: (please check all that apply) Disinfectant check: X Yes \_\_No X\_Standard Collform Test The sample does not meet the following NELAC requirements \_\_Other\_\_\_ System Name: LIGHTHOUSE UTILITIES PWS I.D.: 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) \_ Nontransient Moncommunity Water System X Community Water System \_ Moncommunity Water System \_ Limited Use System \_ Swimming Pool Private Well Bottled Water Other Reason for Sampling: (check only one) X Routine Compliance \_ Repeat \_ Replacement \_ Main Clearance \_ Well Survey \_ Other Sample Collection Date: 07/28/09 Total Coliform Analytical Method SM 9321 D Fecal or E. coli Analytical Method Non Total Sample Sampling Point Collection Sample Disinfect Fecal or Data Lab E. coli Qualifier Sample Number (Location or Specific Address) Time Type Rec 'd πH Coliform Coliform mg/1Number A 8020 Cape San Blas 1012EST D 0.6 7.2 A 422013 4310 CSB Rd 1018EST 7.2 в D 1.4 422014 c 980 CSB Rd 1023EST 1.5 7.2 422015 7330 Ca. Rd. C-30 1031EST D 1.8 7 2 D 422016 8391 Crd C-30 F 1042RST D 1.0 7.2 422017 1133EST 6° well raw 7.2 R 422018 16" well raw 1107KST 422019 Average of disinfectant residuals for routine and repeat 1.3 Defined in Florida Administrative Code Rule 62-100, Table 1 samples. (Complete for community and nontransient noncomunity All tests are performed in accordance with NPLAC standards systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_\_\_ Date PWS notified by lab of positive results: Person performing analysis is: Date State notified by lab of positive results: A certified operator(# Employed by a certified lab X\_Supervised by a cert operator(#589 ) \_Employed by DEP or DOH Lab Signature: Title: President \_ Satisfactory DEP/DOH USE CNLY LIGHTHOUSE UTILITIES \_ Incomplete Collection Information P.O. BOX 428 \_ Repeat Samples Required Port St. Joe, FL \_ Replacement Samples Required Date Reviewed by DEP/DOH:\_ DEP/DOH Reviewing Official:

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

Analysis Methods: MF-SM9222B & D. MPT=9221B & EC/MUG, MMO/MIG-SM9223B, HPC-SM9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TNTC-too numerous to count Temperature, pH, chlorine tests were performed by the Client and not the

Laboratory.

REPORT SERIAL NUMBER: 083109-15 Page 1

REPORT DATE: 08/31/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

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CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson President

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A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

DRINKI	NG WATER BACTERIOLOGICAND LABORATORY REPORT			CTION				·		
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שנויי	WATER SPIGOT				KET	Tudarenec	ı by: 1.1	TXOH		
	6 E. HWY 22									
	PANAMA CITY, FL 32404						& Time 08/:	16/00 1770C	D. T.	
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ana) v	ses Requested: (please check al				3	mple Preserva Binfectant cl		_	ou tee	1
_	indard Coliform Test	· vinc appry	•		i i	ample does no			VET.AC TAMES	cmonte
	er		_		1112	angre dece in	e limae cire	roriowing .	ADDA TEGUT	Sincirca
					<u></u>				<u>.</u>	
-	em Name: LIGHTHOUSE UT					PWS I.D.				
-	em Address: P.O. BOX 4			**		City:	Port St	. Joe, FL		
-	em or Owner's Phone #	<b>B50-227-7</b>			_					
	ector: Simmons		Col.	lector's I	Phone	# 850-227	7-5349			
Туре	of Supply: (check ony	one)								
X Com		munity Water	System	_ Nontransi	ent None	community Wat	er System	Limited	l Use System	1
-	vate Well Swimmi			_ Bottled W				_ Other_		
Rea≇on Sam	for Sampling: (check only one) : uple Collection Date	Routine Cone: 08/25	mpliance	_ Repeat _ Re	placemen	nt Main Cle	earance _ W	ell Survey	Other .	
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				Pec	al or E	. coli Analyt	ical Method	4		
Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Pecal or	Data	Lab
Number	(Location or Specific Address)	Time	Type	Recid	Нq	Coliform	Coliform	E. coli	Qualifier	Sample
				mg/l						Number
A	2413 Hwy C-30	1041RST	D	1.0	7.3		A			424883
8	190 Treasure Shores	1023EST	Đ	1.5	7.3		A			424884
C	4414 Cape San Blas	0 <b>957EST</b>	D	0,8	7.3		A			424685
Đ	6175 Cape Son Blas	0942EST	ם	1.0	7.3		A			424886
E	8022 Cape San Blas	0935EST	ס	0.5	7.3		A			424687
F	6° well raw	1012EST	R		7.3		A			424888
Ģ	16" well raw	1032EST	R		7.3		A			424689
Average	of disinfectant residuals for	routine and :	repeat	1.0	Define	ed in Florida	a Administra	stive Code	Rule 62-100,	Table
samples	. (Complete for community and	nontransient	noncomun	ity	All to	este are peri	formed in a	cordance w	th NELAC st	andarde
systems	serving populations up to and	including 4,	900. Do 1	not						
include	raw or plant samples in the av	erage.)						-		
Disinte	ctant Residual Analysis Method:	X_DPD Colore	metric _O	ther	Dat	e PWS motifi	ed by lab	of positive	results:	
Person	performing analysis is:				Dat	e State noci	fied by lat	of positiv	e results:	
_A c	ertified operator(#	) <u></u>	mployed by	y a certified	lab		7	. /	<b>.</b> 1.	
X_Sup	ervised by a cert operator(#589	:	_Employ	yed by DEP or	DOH		1	-A (	Jack a	
					Lab Si	ignatur	一人 11	$\times$	JUTU.	
					Title	President		~ /		
						<del></del>		- //	<del>'</del>	_
					Satisťa:	tory	DEP/DON USI	CONTA		
	HTHOUSE UTILITIES				Incomple	ete Collectio	n Informati	ion		
	. BOX 428				Repeat f	Samples Roqui	.red			
Pox	t St. Joe,FL			-	Replacem	ment Samples	Required			
				Des	te Revie	wed by DEP/D	ЮН:	<del></del>		i
				DE	P/DOH Re	viewing Offi	.cial:			
L										
DEP Sat	mple Type Codes: D-Distributilor	(Routine Com	pliance),	C=Repeat or	Check.	R-Raw, N-Ent	ry to Distr	ibution, P-	Plant Tap,	
S=Spec1	al(clearance,etc)									
Analysi	is Mathoda: MF=9M9222B & D. MPT-	9221B & BC/M	IUG, MMO/M	NG-SM9223B, I	tPC=8M92	159				

Results: A\*coliforms are absent, P-coliforms are present, C\*Confluent growth, TMTC\*too numerous to count Temperature. pH, chlorine tests were performed by the Client and not the

REPORT SERIAL NUMBER: 100109-30 Page 1 REPORT DATE: 10/01/09 REPORT TYPE: Original Lighthouse Utilites CLIENT NO. 29 P.O Box 428 Port St. Joe, FL 32456-Attn: R. Simmons

CONTENTS OF REPORT

CERTIFICATE OF ANALYSIS

2 Pages

President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

THE WATER SPIGOT 5806 E. HWY 22 PANAMA CITY, FL 32404 E81105 Report Number: 100109-30 850-871-1900 Sub Contract Lab ID: Analyses Requested: (please check all that apply) X\_Standard Coliform Test \_Other\_

System Name: LIGHTHOUSE UTILITIES

System Address: P.O. BOX 428

System or Owner's Phone # 850-227-7427 Fax #

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check ony one)

X Community Nater System \_ Noncommunity Water System \_ Montransient Noncommunity Water System \_ Limited Use System \_ Private Well \_ Swimming Pool \_ Bottled Water \_ Other\_ Reason for Sampling: (check only one) X Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 09/24/09

> Total Coliform Analytical Method SM 9221 D Fecal or E. coli Analytical Method

Relinquished by: Simmons

Disinfectant check : X Yes

PWS I.D.: 1230848

Sample Acceptance Criteria:

Lab Receipt Date & Time 09/24/09 1330CST

Analysis Date and Time 09/24/09 1335CST

Sample Preservation: X On Ice Not on ice

City: Port St. Joe, FL

The sample docs not meet the following NELAC requirements

All tests are performed in accordance with NELAC standards

Date PMS notified by lab of positive results:

Date State notified by lab of positive results:

Sample Sampling Point Collection Sample Total Fecal or Disinfect Non Data Number (Location or Specific Address) Time Rec'd Coliforn Coliform E. coli Qualifier Sample Type рΗ mg/1Number 445 Cape San Blas Rd 1134EST D 7.2 1.8 428693 180 Martinique 1112887 7.2 D 1.3 428694 c 258 Sandlewood 1103EST Ď 8.0 7.2 428095 4433 Ebbtide Ln. 1122EST D 1.5 7.2 428096 2115 Hwy C-30 1034EST 7.2 D 428097 6" well raw 1047EST 7.2 428098 id\* well raw 1148EST 428099 Average of disinfectant residuals for routine and repeat 1.2 Defined in Florida Administrative Code Rule 62-100, Table 1

samples. (Complete for community and nontransient noncomunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: X\_DPD Colormetric \_Other\_

Person performing analysis is:

A certified operator(# X\_Supervised by a cert operator(#569 Employed by a certified lab ) \_Employed by DEP or DOH

Lab Signature:

Title: President

LIGHTHOUSE UTILITIES P.O. BOX 428

Port St. Joe,FL

_	Satisfactor	y . Di	BP/DOH	use only
_	Incomplete	Collection	Inform	estion

\_ Repeat Samples Required

Replacement Samples Required

Date Reviewed by DSP/DOH:

DEP/DOH Reviewing Official:

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

Analysis Methods: MF-SM9222B & D, MFT-9221B & EC/NUG, MMO/MUG-SM9223B, NPC-SM9215B

Results: A-coliforms are absent, P-coliforms are present, C-Confluent growth, TNTC-too numerous to count Temperature, pH, chlorine tests were performed by the Client and not the

Page 2 of 2

# CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 110309-73 Page 1

REPORT DATE: 11/03/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson President

These test results meet all NELAC requirements for those parameters which require accreditation. Any exceptions or deviations from NELAC protocol are noted in this report. Any samples collected by Water Spigot personnel are done according to the latest revision of SOP-001/01. Any questions concerning this report should be directed to the person signing this report at (850) 871-1900, The Water Spigot, Inc., 5806 East Highway 22, Panama City, FL 32404. The test results in this report relate only to those specific samples listed.

A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

This report may not be reproduced except in full with written approval from the laboratory.

DRINKI	NG WATER BACTERIOLOG	SICAL SAMPLE	COLLE	CTION		<del></del>			<del>-</del>	
	AND LABORATORY REP	PORTING FORM	IAT							
					Rel	inquished	i bv: Si	mmons		
THE	WATER SPIGOT			•						
580	6 E. HWY 22									
	AMA CITY, FL 3240	04			Tab 1	Receipt Date	E Time 10/	ንደ/ቡዓ 1ንልላሮ	er	
	105				t	ysis Date and				
	-871-1900 Report	- Number 1	10309	-73		-			n 1	
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Svst	em Name: LIGHTHOUSE	UTILITIES				PW\$ I.D.	: 12308	48		
_	em Address: P.O. BOX							. Joe,FL		
-	em or Owner's Phone		427 Fa:	x #		czej.	1011 00			
-	ector: Simmons			lector's	Phone -	# 850-227	7-5349			
	of Supply: (check o	onv one)				W 44				
	munity Water System _ Nor	-	Svatem	Nontransi	ent Mon	community Was	tar Sustan	1.imita	i Vee System	,
		mming Pool	.,	Bottled N		Domination of the	LDI DIDECIM	_		•
_	for Sampling: (check only or		moliance			nt Main Ch	BATARCO W			
Sam	ple Collection Da	ate: 10/28	/09	_ **********	P. 200 C.		- azance	err burvey ,	_ 00.021	
				Tot	al Coli	form Analytic	cal Method	SM 9221 D		
				Fed	al or E	. coli Analy	tical Metho	d		
Sample	Sampling Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab
Number	(Location or Specific Addre	ess) Time	Type	Rec'd	pli	Coliform	Coliform	E. coli	Qualifier	Sample
				mg/1						Number
A	8020 CSBR	0912EST	D	0.6	7.2		A			43126
В	4310 CSB Rd	0918667	D	1.2	7.2		A			43126
c	980 CSB Rd	0924EST	Ф	1.5	7.2		A			43126
D	7330 Co. Rd. C-30	0947EST	D	2.0	7.2		·A·			43126
E	8391 Crd C-30	1003EST	Ð	1.4	7.2		A			43126
F	6" well raw	0933EST	R		7.2		A			43126
Ģ	16° well raw	1016EST	R		7.2		A			43126
Average	of disinfectant residuals f	or routine and m	repeat	1.3	Define	ed in Florida	. Administr	ative Code	Rule 62-100.	Table
samples	. (Complete for community a	nd nontransient	noncomun	ity	All to	ests are per	formed in a	ccordance w	ith NELAC st	andard
systems	serving populations up to a	ind including 4,	900. Do :	not		•				
include	raw or plant samples in the	average.)								
Disinte	ctant Residual Analysic Meth	ed: X_DPD Color	metric _O	ther	Das	te PWS notif:	ied by lab	of positive	results:	
	performing analysis is:	_	_			te State not:		-		
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	t St. Joe,FL			1 -	•	ment Samples				1
	•					wed by DEP/I	-			
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<u> </u>										

DEP Sample Type Codes: DeDistribution(Routine Compliance), CeRepeat or Check, ReRaw, NeEntry to Distribution, PePlant Tap, SeSpecial(Clearance,etc)

Analysis Methods: MF=SM9222B & D. MFT=9221B & EC/MUG. MWD/MUG=SM9223B, RPC-SM9215B

Feaults: A=coliforms are absent, P=coliforms are present, C-Confluent growth, TMTC+too numerous to count

Page 2 of 2

# CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 113009-62 Page 1

REPORT DATE: 11/30/09
REPORT TYPE: Original
Lighthouse Utilites
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson President

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A statement of estimated uncertainty of test results is available on request. Analyses performed in the field are not regulated by the NELAC standards.

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	AND LABORATORY REPORT	ring form	AT.		l					
					Rel	inquished	by: Sin	mons		
	WATER SPIGOT									
	6 E. HWY 22				1					1
	AMA CITY, FL 32404				1	Receipt Date				
E81		7	12000	co	1	ysim Date and		4/09 135063	•1	
850	-871-1900 Report N			-62	1 -	le Acceptance		. I.a. Nas	: 66	
	Sub_Contract				1	mple Preserva			on ice	
•	ses Requested: (please check al	1 that apply	•		1	sinfectant ch ample does no		_	mes kan wakens	
-	ndard Coliform Test				The as	ambre does no	IC MECC CHC	rorrowring a	TEME LOGUEZ	
oth	ex		_		<u></u>					
Syst	em Name: LIGHTHOUSE UT	ILITIES				PWS I.D.				
	em Address: P.O. BOX 4					City:	Port St	Joe, FL		
Syst	em or Owner's Phone #	850-227-7 <sub>-</sub>								
	ector: Simmons		Col:	lector's l	?hone	# 850-227	-5349			
Type	of Supply: (check ony	one)								
х Сои	munity Water System Noncom					community Wat	er System			)
	vace Well Swimmi			_ Bottled N				_ Other_		
	for sampling: (check only one)			_ Repeat _ Re	placeme	nt _ Main Cle	earance _ W	sll Survey	_ Other	
Sam	ple Collection Date	3: 11/24	/09	Tak	nî Cali	form Analytic	vel Marbad 1	84 9221 B		
						. coli Analy				
~ · · · · · · ·	Campliano Point	Collection	Sample	Disinfect		Non	Total	Fecal or	Data	Lab
Sample	Sampling Point		Type	Rec'd	pН		Coliform			
Number	(Location or Specific Address)	₹ Writiske	1100	mg/:	P41	COLLEGE	COT1101	A, 0011	Month of the	Number
_	0.412 11-14 (C. 28	1115EST	D	7.0	7.2		٨			433756
ä	2413 Hwy C-30	1045EST	ם	1.8	7.2		Ä			433757
b	190 Treasure Shores	1023EST		0.8	7.2		Α.			433758
C a	4614 Cape San Blas	1012EST		1.0	7.2		A			433759
ជ <u>ា</u> -	6175 Cape San Blas	1008EST		0.6	7.2		A			433760
e	8032 Cape San Blas 6" well raw	1037EST		p. 6	7,2		Ä			433761
f.	16" well raw	1057EST	R		7.2		Д.			433762
g Barramana	of disinfectant residuals for			1.0		ed in Florid	a Administr	ative Code	Rule 62-100.	
-	. (Complete for community and					ests are per				
-	serving populations up to and					•				
	raw or plant samples in the av									
	ctant Residual Analysis Method:		metric _C	ther_	Da	te PWS notif	ied by lab	of positive	results:	
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	mple Type Codes: D-Distributiic	ntroutine Co	ubrrauce:	, Carepear O	Check,	Kakwa, Marti	cth co prac	Fibution, P	-eranc rap,	
-	al(clearance,etc) is Methodo: MF≃SM9222B & D. MFT	'-92219 & EC/	MIG MMO	MITTLE SMESSER	HPC-SMS	215B				
•	g: A-coliforms are absent, P-co						erous to se	unt		
	iture, pH, chlorine tests were									
Laborat	-									
		2 of 2								

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION

## CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 121409-18 Page 1
REPORT DATE: 12/14/09
REPORT TYPE: Original
Lighthouse Utilities
CLIENT NO. 29
P.O Box 428
Port St. Joe, FL 32456Attn: R. Simmons

CONTENTS OF REPORT
CERTIFICATE OF ANALYSIS

2 Pages

Trish Jackson President

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#### DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT Relinquished by: Tommy Dixon THE WATER SPIGOT 5806 B. HWY 22 PANAMA CITY, FL 32404 Lab Receipt Date & Time 12/10/09 1510CST E81105 Analysis Date and Time 12/10/09 1970CST 850-871-1900 Report Number: 121409-18 Sample Acceptance Criteria: Sub\_Contract Lab ID:\_\_ Sample Fragervation: I On Ice \_\_ Not on ice Analyses Requested: (please check all that apply) Disinfectanc chack : X Xes \_\_No Scandard Coliform Test The sample does not meet the following MELAC requirements X\_Other: MMO-MWG System Name: LIGHTHOUSE UTILITIES PWS I.D.: 1230848 System Address: P.O. BOX 428 City: Port St. Joe, FL System or Owner's Phone # 850-227-7427 Fax # Collector: Simmons Collector's Phone # 850-227-5349 Type of Supply: (check ony one) R Community Water System \_\_\_ Monocommunity Water System \_ \_ Montransiest Moncommunity water System \_ Limited Ves Gysten \_ Swimming Pool Private Well \_ Bottled Mater Other Reason for Sampling: (check only one) & Routing Compliance Repeat Replacement Hain Clearance Well Survey Other Sample Collection Date: 12/10/09 Forel Coliforn Analytical Method 8M 9223 8 Fecal or E. coli Analytical Method Sample. Sampling Point Collection sample **BOOM** Disinfect Total recal er Date Lab Number (Location or Specific Address) Time Type Coliform Coliform E. coli Qualifier Sample Reg'd mg/1 Musber 445 Cape San Blas Rd 1014257 n A 1.6 7.3 415288 180 Martinique **OPSSEST** 1.2 7.3 A, 418787 358 Sandlewood 0943ZST 0.7 7.3 A. 435208 4433 Ebbiide La. 1007EST 1.5 7.3 435289 2115 Bwy C-30 1053297 D 7.1 0.6 435290 5" Well Yaw 1024EST 2 7.3 A 435291 16" well raw 1036EST \* 7.3 435292 average of disinfectant residuals for routine and repeat Defined in Florida Administrative Code Rule 62-100, Table 1 1.2 samples. (Complete for community and neutransient noncommunity All tests are performed in accordance with MVLAC standards systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: X\_DPD Colormotric Other\_\_\_\_ Date PMS motified by lab of positive results: Person performing analysis is: bare State notified by lab of positive results: \_A certified operator(# \_Employed by a certified lab X Supervised by a cent operator (\$589 ) \_Employed by DEP or DON Lab Signature: Title: President . Satisfactory DEP/DON THE CHILL LIGHTHOUSE UTILITIES \_ Incomplete Collection Information P.O. BOX 428 \_ Repeat Samples Required Port St. Joe, FL Replacement Samples Required Date Reviewed by DEF/DOR: DEP/DOM Reviewing Official:

DEP Sample Type Code: D-Distribution(Routine Compliance), CaRepeat or Check, RaRaw, Naghtry to Distribution, Paplant Tap, SaSpecial(clearence.etc)

Analysis Methods: NF=EM9222B & D. MET=9221B & EC/MUG, N=D/MUG=8M9223B, HPC=9M9216B

Results: Ascoliforms are absent, Pecoliforms are present, C-Confluent growth, INTC-too numerous to count

Page 2 of 2

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (4) OPERATING REPORTS

TEST YEAR ENDED: DECEMBER 31, 2009

- W. C.	
47 7 6 1	
±7 <b>1</b> 44 1 1	
#/ _E>O- 1	
Mar	

	See last page for instruct	ions.										
	for the Month Year of:	Jan-08				77.						
A. Public Water System (	(PWS) Information											
	Lighthouse Utilities Co.	lnc.					WS Identific	cation	1 Number		1230648	
PWS Type:	[X]Community	[]Non-Transient		Trar	sient No	n-Commu	uity		[]Consecutiv	/c		
Number of Service Conne	ections at End of Month:	1,327					on Served at	End (	of Month:		4,644 est.	· :
PWS Owner:	Lighthouse Utilities Co., ir	C.										
	James R. Simmons				act Mar	ager						
Contact Person's Mailing			City:	Port St Joe	`.	State	: Florida		Zip Code: 3245	7		
Contact Person's Telephor	ne Number: 850.227.7	427		Contact P	crson's	Fax Numbe	r: 850.227.9	1699				
Contact Person's E-Mail A		m.net										
B. Water Treatment Plant	Information		·····									
Plant Name:	Plant names as noted of	enclosed MORs	`			P	ant Telephor	ne 85	0.227.3401		*	
Plant Address:	7521 County Rd C-30	:	City:	Poit St Joe	:	State:	Florida	7 2	Zip Code: 3245	6		
Type of Water Treated by	Plant: [X] Raw Ground	Water	1 Purc	hased Finis	hed Wa	ter						
Permitted Maximum Day	Operating Capacity of Plant.	1,322										
	ction 62-699.310(4), F.A.C.)		Plant (	Class (per s	ubsectio	n 62-699.3	10(4), F.A.C.	):	C			
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	Mr. Larry McA	rdle		589		Α				27		
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I. Certification by Lend			4				· Again	1 1 1		··	r y as from a fin	
r. Certuremon by Pean	ramer obtains											

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

Lary Mcale 2-10-08	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

days checked by operator: 27

9,339

LOWEST RESIDUAL 0.4

DAYS IN MONTH 31

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

		duction for the M			January 200	0					
uini	nity Water Syste	m (CWS) Name:	Lighthouse	Utilities Co.,	Inc.		and the state of t			VS) Identification	
											ile e e e e e e e e e e e e e e e e e e
	LUCI#1-6"	LUCI # 2 - 16"									PINE PERSON
	Well	Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
		<b>利提到基本的</b>									
	432,000	900,000									1,332,090
	0	365	0	0	0	0	0	0	0	0	355
		345 455	0	0	0	0	0			0	345
	0		0	0	0	0	0	0	0	0	455
	0	340	0	0	0	0	0	0	0	0	340
		340		<u> </u>	0	0	0			0	340
	0	310	0	0	0	0	0	0	0	0 0	310
	3	370	0	0	0	0	0	0	0	0	373
	0	150	0	0	0	0	0	0	0	0	150
	0	355	0	0	0	0	0	Ô	0	Q	355
	0	245	0	0	0	0	0	0	0	O	245
	. 0	295	0	. 0	O O	0	0	0	0	Ö	295
	0	295	0	Ç	0	0	0	0	0	Ö	295
	· 0	240	0	0	0	0	0	<u> </u>	0	0	240
	0	270	0	0	0	0	0	0	0	0	270
	0	335	0	0	0	0	0	0	0	0	335
	0	255	0	0	ō	0	0	0	O	0	255
H	0	275	0	0	0	0	0	0	0	0	275
	0	337	0	0	0	0	0	0	0	0	337
H	0	337	0	0	0	0	0	0	0	0	337
	0	305	0	0	0	0	0	0	0	0	305
	. 0	320	Q	0	0	0	o	0	0	0	320
	0	265	Û	Q	0	0	0	0	0	0	265
	0	395	0	0	0	0	0	0	0	O	395
	0	320	0	0	0	0	0	0	0	0	320
	0	300	0	0	0	0	0	0	0	Q	300
	0	300	0	0	0	0	0	0	0	0	300
	0	340	0	0	O	0	0	0	0	0	340
١,	191	0	0	0	0	0	0	0	0	0	191
	98	400	0	Q	0	0	0	0	0	0	498
	109	240	0	0	0	0	0	0	0	0	349
	48	250	0	0	0	0	0	0	0	0	298
	449	9,339	0	0	0	0	0	0	0		9,788
	14	301	Ó	0	0	0	0	0	0		316
	191	455	Ō	0	0	0	0	0	0		498



ROMOA	See last page for instruct	ions.						
L. General Informati	on for the Month(Year of:	Feb-08						
A. Public Water Syste	m (PWS) Information							
PWS Name:	Lighthouse Utilities Co.	inc.			PWS Identific	ation Number	1230848	
PWS Typ¢:	[X]Community	[ ]Non-Transient	[ ]Transi	ent Non-Commu	nity	[]Consecutive		
Number of Service Con	mections at End of Month:	1,327		Total Populati	on Served at 1	End of Month:	4,644 est.	
PWS Owner:	Lighthouse Utilities Co., In	<b>χ</b>						
Contact Person:	James R. Simmons		······	t Manager				
Contact Person's Maili	T		City: Port St Joe		e: Florida	Zip Code: 32457		
Contact Person's Telep	<del></del>	427	Contact Per	rson's Fax Numbe	r: 850,227.90	699		
Contact Person's E-Ma		m.net					102	
B. Water Treatment Pla							<u> </u>	
Plant Name:	Plant names as noted or	n enclosed MORs		P	lant Telephon	e 850.227.3401		
Plant Address:	7521 County Rd C-30		City: Port St Joe	State:	Florida	Zip Code: 32456		
Type of Water Treated			[ ] Purchased Finishe	ed Water				
Permitted Maximum D	ay Operating Capacity of Plant	1,322	10 to 10 to 2					
Plant Category (per sub	section 62-699.310(4), F.A.C.		Plant Class (per sub			r C	ALINE SHOWS A STATE OF THE STAT	
						n street (a. 1877) in de Werk (d. 1876) fan 1885 - Market Alein, de in de 1884 fan		
	Mr. Larry McA	rdle	589	A		. 25		
b. The Property of the Proper				. 0				
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			e e kiu ji <sup>M</sup> edesi i			<u> </u>		
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\$ 6 5 5 2				<u> </u>				
						:		
				. Marself e.	1 1 1	* 191 + 341 p	are as assign	. <u>3, 2</u>
II. Certification by La	sad/Chief Operator							
,								
	ment plant operator licensed in Florida							
accurate to the best of my kno	owledge and belief. I certify that all dr	inking water treatment ch	emicals used at this plant of	conform to NSF Inter	sational Standard	60 or other applicable stand	ards referenced in su'	bsection 62-

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

Larry Mcarble 3-9-08	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

		duction for the M m (CWS) Name:		Utilities Co.,	February 20			Dukli- V	Varan Carrana /1311	/SV (dame://case)	- 4020040
j				ounder Co.,	MC.	LEDGER MARIER			Vater System (PV		
ř	LUCI#1-6"	LUCI#2-16*	Same acoustic fire of the	لأغط سواللالأه الله والتراكي	Later report Policy Cars	and the Charles on the con-	The state of the state of the				
	Well	Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	ificana Ti
ij					PARTICINATE PART	AND AND DESCRIPTION OF THE PARTY OF		PLANT 6	PLANT	(V/A	
i	432,000	900,000									1,332,000
a								。""。李然传来自己的 第			1,352,000
ľ	24	260	0	0	0	C	0	O	O C	0	284
f	24	260	0	0	0	<del>i</del>	,	0	0	0	284
t	48	225	0	0	0	ō	0	ō	0	0	273
l	58	215	0	0	0	0	0	Ū.	Ö	0	273
r	12	260	0	ō	0	0	0	a	ŏ	0	272
İ	42	330	0	ō	0	0	0	ŏ	0	0	372
۲	54	225	0	ō	0	0	0	0	0	0	279
T	42	250	0	0	0	<del></del>	0	0	ŏ	0	292
۳	42	250	0	0	0	0	o o	o o	0	0	292
	0	275	0	ō	0	Ö	0	0	0	0	275
-	76	250	0	0	i i	0	0	Ö	Ö	0	328
_	84	240	D	0	ó	ō	0	0	0	0	324
-	1	260	ō	0	0	ő	0	0	0	0	261
	18	260	0	0	0	0	Ö	<del></del>	0	0	278
_	117	245	0	0	0	0	ŏ		0	0	362
	117	245	0	0	0	0	ő	0	<del>°</del>	0	362
	98	235	0	0	0	0	Ö	<del>  </del>	0	0	333
ì	0	325	0	0	0	0	ō	ŏ	0	0	325
_	132	245	Q	0	0	0	0	0	0	0	377
-	107	0	0	0	0	a	0	ō	0	0	107
	24	365	0	0	0	0	ō	0	0	0	7.27.444
:	19	257	0	0	0	0	0	0	0	0	276
_	19	257	0	0	0	0	0	Ö	0	0	276
_	37	135		0	0	0	0	0	0	0	172
_	14	350		0	Ö	0	0	0	- 0	0	364
	0	210	o l	0	0	ō	0	0	. 0	0	210
	46	230	ō	0	0	0	0	0	0	0	276
-	19	225	0	0	- ŏ	ō	0 1	<del>- ŏ</del>	0	0	244
	35	240	- 0	ō		0	<del>"</del>	<del>- </del>	0	0	275
	0	Ö	0	ō	<del>  </del>	0	<del>,</del>	- 0	0	0	0
	0	O	0	0	<del></del> 0	o l	Ö	0	0	0	0
	1,311	7,124	0	0	0	0	0	0	0	-	8,435
-	45	246	0	0			0	- 0	0		
-	132	365	0	0	0	0	0	0	0		291
	0.6	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0		389 <lowest< td=""></lowest<>



		for instructions.							
L. General Informatio									
A. Public Water System	(PWS) Informati	On							
PWS Name:	Lighthouse Ut	ilities Co., Inc.				PWS Identific	cation Number	1230	348
PWS Type:	[X]Community	[]Non-Transient		[]Transie	nt Non-Commu	mity	[]Consecutive		
Number of Service Con-	nections at End of	Month: 1,327			Total Popula	tion Served at	End of Month:	4,644	est.
PWS Owner:	Lighthouse Util	ties Ca., Inc.							
Contact Person:	James R. Simn	<del></del>			Manager				
Contact Person's Mailing		P.O. Box # 428	City: Po			te: Florida	Zip Code: 32457		
Contact Person's Teleph		850.227.7427		Contact Pers	on's Fax Numb	er: 850.227.9	699		
Contact Person's E-Mail		luci@atcom.net							
B. Water Treatment Plan									
Plant Name:		s noted on enclosed MORs				Plant Telephor	ie 850.227.3401		
Plant Address:	7521 County Rd	C-30	City: Po	ort St Joe	State:	Florida	Zip Code: 32456		
Type of Water Treated b		Raw Ground Water	[ ] Purch	ased Finished	Water				
Permitted Maximum Day	Operating Capac	ity of Plant, 1,322		-77 Tr		in A. Vita di			73.
Plant Category (per subs	ection 62-699.310	(4), F.A.C.): IV	Plant C	lass (per subs	ection 62-699.	10(4), F.A.C.	): C		
Here's									
	H	Ar. Larry McArdle		589	A		26		
					<u> </u>			- / -	
						es.			
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		<u>-</u>					,	ijψ.	
						** *		*	* .
H. Certification by Lea	d'Chief Operate								. 22 11 111
The state of the s									

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

Lany Mcardle 4-11-08	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

	iished-Water Pro				March 2008			7. <sup>-</sup> 2 2	<u> </u>				
mmuj	nity Water System	m (CWS) Name:	Lighthouse	Utilities Co.,	Inc. Public Water System (PWS) Identification 1230848								
							1015 6 3 3			E 1 1000 112			
į.	LUCI#1-6"	LUCI#2-16"											
	Well	Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A			
			The second second				Control of the case of		Carrant and Assay				
	432,000	900,000	47/400					5437					
		240	Pinanta.										
	35 40	290	0	0	0	0	0	0	0	0	275 330		
	22	220	0	0	<u> </u>	0	0	0	0	0	242		
	22	235	0	0	0	0	0	0	0	0	257		
	30	230	0	0	0		0	0	0	0	260		
	40	305	0	0		0	0	0		<u> </u>	345		
	36	225	0	0	1 0	0	0	0	0	0	261		
	36	225	0	0	0	0							
	16	220	0	0	0	<u> </u>	0	0	0	0	261		
-	113	110	0	0		0	0	0	0	0	236		
	98	350	0	0	0	0	0	0	0	0	223		
	0	250	0	0	0	0	0	0	0	0	448 250		
	119	250	0	0	0	Ö	0	0	0	0	369		
	35	237	0	0	0	0	0	0	0	0	272		
	35	237	o ·	0	0	0	0	0	0	0	272		
	50	265	0	0	0	0	0	- 0	0	0	315		
	85	260	0	0	0	0	0	0	0	0	345		
	92	225	0	0	0	0	0	0	0	0	317		
	140	335	0	0	o o	0	0	0	0	0	475		
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-	14	297	0	<u>o</u>	Ö	0	<del>'</del>	0	0	0	311		
-	14	297	0	0	0	0	0	0	0	0	311		
	75	250	0	0	0	0	0		0	0	325		
	18	340	0	0	0	0	0	0	<del>-</del>	0	358		
	92	250	0	0	0	0	0	0	0	0	342		
	117	220	0	0	0	0	0	0	0	0	337		
	125	270	- 0	0	0	0	0	0	0	0	395		
-	100	252	0	0	Ò	0	0	0	0	0	352		
	100	252	0	0	0	0	0		0	0	352		
	86	235	0	0	0	0	0	0	0	0	321		
	104	255	0	o d	0	0			0	0	359		
	1,941	7,802	0	0	0	0	0	0	0		9,743		
	63	252	0	0	0	0	0	0	0		314		
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	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<-LOWEST CI		



ECCOUNT.	See last pa	age for instructi	ions,							
1. General Information			Apr-08			<del></del>		<del></del>		
A. Public Water System	n (PWS) Info	mation	77.					<del></del>	<del></del>	
PWS Name:	Lighthous	e Utilities Co.,	inc.	•			PWS Identifica	ation Number	1230848	
PWS Type:	[X]Commu		[]Non-Transient		[]Trans	sient Non-Comm		[]Consecutive		
Number of Service Cor	mections at En	d of Month:	1,327				ation Served at E		4,644 est.	
PWS Owner:	Lighthouse	Utilities Co., In	C.							
Contact Person:		Simmons		1	<del></del>	ct Manager	····	;		
Contact Person's Mailin		P.O. Box # 4	<del></del>	City	Port Si Joe		ate: Florida	Zip Code: 32457		<u> </u>
Contact Person's Telepl					Contact Pe	rson's Fax Num	ber: 850.227.96	99		
Contact Person's E-Mai		luci@gtcor	n.net				· · · · · · · · · · · · · · · · · · ·		* * * .	
B. Water Treatment Pla Plant Name:						<del></del>				
			enclosed MOR				Plant Telephone	<del></del>	····	
Plant Address:		/ Rd C-30	·		Port St Joe	State:	Florida	Zip Code: 32456		
Type of Water Treated		[X] Raw Ground		[ ] Pur	chased Finish	ed Water			· · · · · · · · · · · · · · · · · · ·	
Permitted Maximum Da									12.1	1 180 1
Plant Category (per sub	section 62-699	.310(4), F.A.C.)	Marian (ArtiV	Plant	Class (per su	bsection 62-699	.310(4), F.A.C.);		TO STANFORM TO A STANFORM TO S	
		Mr. Larry McA			589			26		F 17
garage and the second	i Miratina Pada malamili			<del> </del>	. 200			. 20		·
	Santa India.	A Service Control of the Control of		<del></del>		· . 4 L		*		
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	Same Sales		grada prista el	1 1775	15 1.7 .	. ,				4:, 1
L. Certification by Le	ad Chief One			***		<u> </u>	32.03			
	itti e iller tojse.						n-7			<b>.</b>
the undersigned water treatm	ent plant operato	r licensed in Florida,	am the lead/chief open	ator of the	vater treatment p	olant identified in Pa	art I of this report. I d	ertify that the information i	provided in this repor	at is true and

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

Larry Mc Orble 5-9-08	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

DAYS IN MONTH 30

days checked by operator, 26

7,583

252

400

LOWEST RESIDUAL 0.5

DAYS IN MONTH 30

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

# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

		duction for the Ma		I MUMITE - OF	April 2008			73. 4.17	Maria (1941)	(A) 13	4000040
u				Utilitles Co.,		इ.स.च्या स्थानस्थानसम्बद्धाः स्थानि			Water System (PV		1230848
			E.E. 44112-49		THE TOTAL SE		bandah Lia				
	LUCI#1-6" Well	LUC1#2-16" Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
,				PETERSON STUDIES		PLANT 6	I FLANT	AND AND AND AND AND AND AND AND AND AND	CONTROL TORS I AND A SHARE A		ran di Perana
٠	432,000	900,000									1,332,00
	State Administra						· Hattarole Shirt William				
ı	87	255	O	0	0	0	O	0	O	0	342
ŀ	101	280	0	0	0	0	1 0	0	0	0	381
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Ì	147	260	0	0	0	0	0	0	0	0	407
Ì	147	260	0	0	0	0	0	0	Ó	0	407
ľ	105	175	0	0	0	0	0	0	0	Ö	280
ľ	144	335	0	0	0	0	0	0	0	0	479
ľ	107	230	ō	0	0	0	0	0	0	0	337
İ	142	240	0	0	Ö	0	0	0	0	0	382
ľ	130	320	Ö	0	0	0	0	0	0	0	450
l	278	400	0	0	0	0	0	0	0	0	678
Ī	100	220	0	0	0	0	0	0	0	0	320
	100	220	0	0	0	0	0	0	0	0	320
	98	360	0	0	0	0	0	0	0	0	458
	117	0	0	Q	0	0	0	0	0	0	117
L	60	300	0	0	0	Q	0	0	0	Ō	360
L	Ō	270	0	0	0	Q	0	0	0	0	270
L	120	285	0	0	0	0	0	0	. 0	0	405
	135	247	0	0	0	0	0	0	0	0	382
_	135	247	0	0	Ó	. 0	0	0	0	0	382
L	76	220	0	0	Ó	0	0	0	0	0	296
	107	220	0	0	0	0	0	0	0	0	327
	46	250	0	0	0	0	0	Q	0	0	296
	120	290	0	0	0	Ö	0	0	Û	0	410
_	101	220	Û	0	0	0	0	0	0	0	321
	100	262	0	0	0	Q	0	0	0	0	362
	100	262	0	0	0	0	C	0	0	0	362
_	67	255	0	0	0	0	0	0	0	O	322
_	93	220	0	0	0	0	0	0	0	0	313
_	101	220	0	0	0	Ō	0	0	0	0	321
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_	3,271	7,563	0	0	Ö	Q	0	Ō	0		10,834
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	278	400	0	Ó	Ő	0	0	0	Ö		678



See last page for instructions. 1. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Name: Lighthouse Utilities Co., Inc. 1230848 PWS Identification Number PWS Type: [X]Community Non-Transient Transient Non-Community 1Consecutive Number of Service Connections at End of Month: 1.327 Total Population Served at End of Month: 4,644 est. PWS Owner: Lighthouse Utilities Co., Inc. Contact Person: James R. Simmons Contact Manager Contact Person's Mailing Address: P.O. Box # 428 State: Florida City: Port St Joe Zip Code: 32457 Contact Person's Telephone Number: 850.227,7427 Contact Person's Fax Number: 850.227.9699 Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant Name: Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 Plant Address: 7521 County Rd C-30 City: Port St Joe Florida Zip Code: 32456 State: Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, 1,322 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Mr. Larry McArdle 589 27 Α II. Certification by Lead-Chief Operator

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

Lang Mcalle 6-10-08	Larry McArdle	589 - A
Signature and Bate	Printed or Typed Name	License Number

X   24   225		WS Identific	cation Numb	<del>दाः</del> 1230848	Plant Nam	∝ LUCI#	2 - 16" Well		HAGEN LINIOH	-D WAIER	
Free Chiestine	Residual Maintained in [x] Free Chlorine [1] Combined Chlorine Chloramines] [Chlorine Dioxide]    24	. Daily Da	ita for the V		May 2008						
X   24   280	24 225 24 225 24 225 24 225 24 220 24 280 24 80 24 80 24 80 24 300 24 300 24 247 24 247 24 347 25 375 24 220 24 340 25 375 24 320 25 375 26 375 27 375 28 375 29 375 20 377 20 377 20 377 21 387 22 387 23 387 24 387 24 387 25 387 26 387 27 387 28 387 29 387 20 38	ans of Achie	eving Four-Lo	g Virus [[x]Free						ation []Other:	
X   24   270	280   270   275   280	he or Digit	rectant Resid	ital Maintained in	x Free Chlorine		ned Chlorine (Chl	oramines) [	Chlorine Dioxide		
X   24   270	24 270 24 275 24 225 24 280 24 280 24 90 24 360 24 360 24 377 24 247 24 247 24 340 24 347 24 340 24 347 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 24 348 25 35 35 35 35 35 35 35 35 35 35 35 35 35									等 2000	
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24   247	24   247   248   249	×	24	<del></del>	Distriction of the second						
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9,357  Refer to the instructions for this report to determine which plants must provide this inf	9,357  Refer to the instructions for this report to determine which plants must provide this informa  302  LOWEST RESIDUAL 0.5  days checked by operator 27				PMS COLUMN TO THE PERSON OF TH					A1. A. A. A. B.	
Refer to the instructions for this report to determine which plants must provide this int	302 LOWEST RESIDUAL 0.5 days checked by operator, 27	X	24						, a m sa a a a a a a a a a a a a a a a a		
LUWEST RESIDUAL U.5 days checked by operator 27	days checked by operator, 27							Refer to the	instructions for this re	port to determine which p	lants must provide this informa
	TOTAL TOTAL						days chec	ked by operator.	27		

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

		Inclian for the Ma			May 2008				T 1: 0 (0)	NOV 1 deceded and a con-	4020040	
nity W	Vater System	n (CWS) Name:	Lighthouse	Utilities Co.,	inc.	Public Water System (PWS) Identification 1230848						
						Carrent Courts			Acres Harrison			
LUK	C1#1-6*   Well	LUCI#2-16"	NI ANT T	DI ANTE	77 41776	NI 43.000 4	DI ANTES	DI ABIT O	DI ANITO	N/A		
<del>.</del> ?		Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT7	PLANT 8	PLANTS		<u> </u>	
12.00	132,000	900,000									1,332,000	
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	90	270	ō	0	- <del>-</del>	0 -	0	0	0	0	360	
	93	225	0	0	0	0	0	Ó	0	O	318	
	93	225	0	0	0	0	0	0	0	0	318	
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·	110	280	0	0	0	0	0	0	0	0	390	
	178	90	0	Ō	0	Ö	0	Ò	0	0	268	
	115	360	0	Ō	Ö	0	0	0	0	Ö	475	
.,	125	250	0	0	Ö	O O	0	0	0	0	375	
	113	247	0	0	0	0	0	0	0	0	360	
	113	247	0	0	0	Ó	0	0	0	0	360	
	4	375	0	0	0	Ō	0	0	0	0	379	
	110	200	0	0	0	0	0	0	0	0	310	
	206	410	0	Q	0	0	0	0	0	0	616	
	110	240	0	0	0	O	0	Ō	0	0	350	
	94	340	0	0	0	0	O .	0	0	0	434	
	1	347	0	O	0	0	0	0	0	0	348	
	1	347	Ó	0	0	0	0	0	0	0	348	
	2	260	Q	O	0	0	0	Ö .	0	0	262	
	ō	455	0	Q	0	0	0	O	0	0	455	
	14	385	0	0	0	0	0	0	0	0	399	
	158	445	0	Û	. 0	O	0	0	0	0	603	
	161	360	0	0	0	. 0	0	0	0	0	521	
	119	337	0	0	0	0	0	0	0	0	456	
	119	337	0	0	O	0	0	0	0	0	456	
	178	335	0	Ö	0	0	0	Ó	0	0	513	
	145	290	0	0	0	0	0	0	0	0	435	
	147	220	0	0	0	0	0	0	0	0	367	
	148	350	0	O	0	0	0	0	0	0	498	
	9	275	0	0	0	0	0	0	0	0	284	
	189	295	0	0	0	O	Q .	0	0	0	484	
	3,122	9,357	0	0	0	0	O	C	Ò		12,479	
	101	302	Ô	Q	0	0	0	0	0		403	
1	206	455	0	0	0	0	0	0	0		616	



See last page for instructions. I. General Intermation for the Month Year of: Jun-08 A. Public Water System (PWS) Information PWS Name: Lighthouse Utilities Co., Inc. 1230848 **PWS Identification Number** PWS Type: [X]Community Non-Transient Transient Non-Community F1Consecutive 4,686 Est. Number of Service Connections at End of Month: 1.339 Total Population Served at End of Month: Lighthouse Utilities Co., Inc. PWS Owner: Contact Person: James R. Simmons Contact Manager Contact Person's Mailing Address: Zip Code: 32457 P.O. Box # 428 City: Port St Joe State: Florida Contact Person's Fax Number: 850.227.9699 Contact Person's Telephone Number: 850.227.7427 Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant Name: Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 Plant Address: 7521 County Rd C-30 Florida Zip Code: 32456 City: Port St Joe State: Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, 1.322 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699,310(4), F.A.C.): Mr. Larry McArdle 589 25 Α 649129176 H. Certification by Lead-Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/ohief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Lany	Mcalle	7/10/08	Larry McArdle	589 - A
Signature and Date	· · · · · · · · · · · · · · · · · · ·		Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

		duction for the M			June 2008						NO.		
				Utilities Co.,									
	The same of the sa												
	LUCI#1-6*	LUCI#2 - 16"											
	Well	Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A			
								yang dipelangah					
	432,000	900,000	Karo Say					X S X II T		Karajiya.	1,332,000		
4	188	295	0	0	0 -	0	0	0	0	0	483		
	128	245	0	0	0	Q	0	0	0	0	373		
	109	255	0	0	G	0	0	0	0	0	364		
	339	140	0	0	0	Ö	0	0	0	0	479		
	193	385	0	0	0	Ó	0	0	0	0	578		
	142	352	0	0	0	0	0	0	0	0	494		
	142	352	0	0	0	0	0	0	0	0	494		
	196	365	0	0	0	0	Q	0	0	0	561		
	144	280	0	0	0	0	0	0	0	Ö	424		
	173	375	0	0	0	Ő	0	0	0	0	548		
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	241	285	Ò	0	0	0	0	0	0	Ô	526		
ā	200	457	0	0	0	0	0	0	0	0	657		
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	182	520	0	0	0	0	0	0	0	0	702		
I.	229	280	0	0	O	0	0	0	0	0	509		
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L	133	285	0	0	0	Ó	0	0	0	0	418		
	167	355	0	0	0	. 0	0	Ō	Q	0	522		
	165	275	0	0	0	0	0	0	0	0	440		
	165	275	0	0	0	0	0	O	0	0	440		
	138	280	0	0	0	0	0	0	0	0	418		
	137	440	G	0	0	0	0	0	0	0	577		
	159	360	0	0	0	0	0	0	0	0	519		
Ĺ	184	370	0	0	0	0	0	0	O	0	554		
	157	350	0	C	O	0	0	0	3	0	507		
	157	350	0	0	0	0	0	0	0	Û	507		
I	159	330	0	0	0	0	0	0	0	0	489		
I	121	250	0	0	0	0	Ó	0	0	0	371		
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Ī	4,991	10,198	0	0	0	0	0	0	0		15,189		
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-	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<lowest< td=""></lowest<>		



See last page for instructions. 1. General Information for the Month/Year of: Jul-08 A. Public Water System (PWS) Information PWS Name: 1230848 Lighthouse Utilities Co., Inc. PWS Identification Number PWS Type: [X]Community [ Non-Transient 1 Transient Non-Community f 1Consecutive Number of Service Connections at End of Month: 1.339 Total Population Served at End of Month: 4.686 Est. Lighthouse Utilities Co., Inc. PWS Owner: Contact Person: James R. Simmons Contact Manager Contact Person's Mailing Address: P.O. Box # 428 City: Port St Joe State: Florida Zip Code: 32457 850 227 7427 Contact Person's Telephone Number: Contact Person's Fax Number: 850.227.9699 Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant Name: Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 7521 County Rd C-30 Plant Address: City: Port St Joe State: Florida Zip Code: 32456 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant. 1.322 Plant Category (per subsection 62-699.310(4), F.A.C.): 17 Plant Class (per subsection 62-699.310(4), F.A.C.): Mr. Larry McArdle 589 A 27 . . . . . Laboration of the The State . 3 \*\*\*\*\* - Burth 11. Certification by Lead/Chief Operator

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Lany Mcadle 8-12-08 Signature and Date	Larry McArdle Printed or Typed Name	589 - A License Number

* * *	
LOWEST RESIDUAL	0.6
DAYS IN MONTH	31

11,173

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MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

ity Water Sys	tem (CWS) Name:	Lighthouse	Utilities Co	Inc.			Public V	Vater System (PW	S) Identification	1230848
		KIND OF STREET								
LUCI#1-6			Carried Sand State Control	Same and the property for the second	S EAST-COMMENT OF THE COMMENT OF THE		tabatibus pibli dubadis - et bis"ub	Carlo and the second of the second of	CO C TO TO THE OWNER.	
Weil	Weli	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	NVA	
			er (filips - Francisco e a gr Talaka karantari a g							
432,000	900,000	11.102%				<b>超翻》的</b> 是			門。編輯線	1,332,00
187	510	0	0	Ó	0	0	0	0	0	697
138	400	0	0	0	0	Q	0	0	0	538
148	440	0	0	0	0	0	0	0	0	588
183	405	0	0	0	0	0	0	0	0	588
183	405	0	0	0	0	0	0	0	0	588
157	350	0	0	0	0	0	0	Ò	O	507
181	330	0	0	0	Ö	0	0	0	0	511
146	340	0	0	0	0	0	0	0	0	486
164	0	0	0	0	0	0	0	0	0	164
160	310	0	0	0	0	0	0	0	Ō	470
191	342	0	0	0	ā	0	Ó	0	0	533
191	342	0	0	0	0	0	0	0	0	533
167	300	٥	Ö	0	0	0	0	0	0	467
140	215	0	0	0	0	0	O	0	0	355
239	190	0	0	O	0	0	0	0	0	429
140	430	0	0	0	0	0	Ö	0	0	570
128	310	0	0	0	0	0	0	0	0	438
153	452	0	0	O	0	O	0	ō	0	605
153	452	Ö	0	0	0	0	Ő	0	D	605
128	340	0	0	0	0	0	0	O	Ö	468
0	440	0	0	0	0	0	0	0	0	440
179	470	D ,	0	0	0	0	Ö	0	0	649
171	370	ō	0	0	0	0	0	0	0	541
190	450	0	Ó	0	Q	0	0	- 0	0	640
173	420	0	0	O	0	o	0	0	0	593
173	420	0	0	0	0	o	Ö	0	0	593
159	335	o	0	0	0	0	0	0	0	494
200	445	0	O	0	0	0	0	0	0	645
162	340	0	0	o	0	0	0	. 0	0	502
218	230	0	0	0	0	0	0	0	0	448
221	390	ō	0	0	. 0	ō	o o	0	Ő	611
5,123	11,173	0	O	0	0	0	0	0		16,296
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See last page for instructions.

	See last page for instruc	XIONS.						
	on for the Month/Year of:	Aug-08						
A. Public Water System	m (PWS) Information							
PWS Name:	Lighthouse Utilities Co	., Inc.				PWS Identific	ation Number	1230848
PWS Type:	[X]Community	[]Non-Transient		[ ]Transie	ent Non-Commu	aity	[]Consecutive	
	mections at End of Month:	1,347			Total Populat	ion Served at l	End of Month:	4,715 Est.
PWS Owner:	Lighthouse Utilities Co.,	nc.						
Contact Person:	James R. Simmons				Manager			
Contact Person's Mailir			City:	Port St Joe		e: Florida.	Zip Code: 32457	
Contact Person's Telepl	hone Number: 850.227.	7427	l	Contact Per	son's Fax Numbe	r: 850.227.9	699	
Contact Person's E-Mai	il Address: <u>luci@atc</u>	om.net						
B. Water Treatment Pla	ant Information							
Plant Name;	Plant names as noted of	n enclosed MORs			F	lant Telephon	e 850.227.3401	•
Plant Address:	7521 County Rd C-30		City:	Port St Joe	State:	Florida	Zip Code: 32456	
Type of Water Treated	by Plant: [X] Raw Groun	nd Water	Purc	hased Finishe	d Water			
Permitted Maximum Da	ay Operating Capacity of Plan	t, 1,322						
Plant Category (per sub	section 62-699.310(4), F.A.C	.): IV	Plant (	Class (per sub:	section 62-699.3			
	disense de la companya de la company							
	Mr. Larry Mo	Ardie		589	A		26	
	2							
	4				, ,			
							* 1.1. *	
	3							
					,			
D. Certification by Le	ad/Chiet Operator							
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I, the undersigned water treatment plant operator ficensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of themicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Larry Mcarlle 9-11-08	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

BEING FINISHED FOR SUMMATION OF FINISHED WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

AUGUST 2008

		laction for the Mi			August 2008						
ommur	nity Water System	n (CWS) Name:	Lighthouse	Utilities Co.,	inc.					WS) Identification	
					and the second s					reingaland steeles.	L III C. L. S. C. III CONTROL FING.
	LUCI#1-6"	LUCI#2-16"									
	Well	Well	PLANT 3	PLANT4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
			EPATON ROOM		Dominio	Transference are solem	POPULATION CONTRACTOR (CARDON CONTRACTOR CON		ter in the reference in the in-	( Billion and a second	
	432,000	900,000					<b>医根系型型</b>				1,332,000
	218	405	0	0	0	)   0		0	C	0	
	218	405	0	0	0	<del>                                     </del>	<del>                                     </del>	0	0	0	
	163	285	i o	<del>                                     </del>	0	l <del>š</del>	0	0	0	0	448
	155	390	0	ō	<del>                                     </del>	0	ō	0	0	0	545
	147	370	0	0	, , , , , , , , , , , , , , , , , , ,	0	Ö	0	0	0	517
	147	380	0	0	0	0	0	0	0	0	527
	152	405	0	0	0	0	ō	Ö	0	0	557
	149	375	ō	Ö	0	0	0	0	ō	0	524
	149	375	0	0	0	ő	- ŏ	Ö	. 0	0	524
	151	340	0	0	Ò	ŏ	0	0	0	0	491
٠.	145	317	0	0	0	0	Ö	0	0	0	462
:	140	0	0	0	0	0	ō	ŏ	0	0	140
	107	483	0	0	ó	0	0	0	0	Ö	590
	148	285	0	0	ō	0	0	0	0	0	433
	152	300	0	0	0	0	0	0	0	ō	452
	152	300	0	0	0	0	0	0	0	0	452
	148	295	0	0	Q	0	0	0	0	0	443
	148	345	0	0	0	Ó	0	0	0	0	493
	45	260	0	0	0	0	0	0	0	Ó	325
	147	235	Ø	0	0	0	0	0 ,	0	0	382
	0	400	0	C	0	0	0	0	0	0	400
	190	275	0	G	Ò	0	Ō	0	Ō	0	465
	190	275	0	0	o	0	0	0	0	Ó	465
	101	235	0	0	0	0	0	0	0	0	336
	130	240	0	0	0	0	0	O	0	0	370
	145	245	0	0	0	Ö	0	0	0	0	390
	125	320	0	0	0	0	0	0	Ò	0 .	445
	125	260	0	0	0	0	0	0	0	0	385
	153	362	0	0	0	0	0	0	0	Q	515
	153	362	0	0	0	0	0	0	0	O	515
	138	375	Ō	0	0	0	0	0	O ·	0	513
	4,431	9,919	0	0	0	Ö	0	0	. 0		14,350
	143	320	0	0	0	`*0	0	0	ō		463
	218	483	Q	0	0	0	0	0	0		623
	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<lowest ci<="" td=""></lowest>



	age rest hade tot magn	CHOUS.				
1. General Informati	on for the Month Year of:	Sep-08				
A. Public Water Syste	m (PWS) Information					
PWS Name:	Lighthouse Utilities Co	o., Inc.		PWS Id	lentification Number	1230848
PWS Type:	[X]Community	Non-Transient	[ ]Transi	ent Non-Community	[]Consecutive	
	nections at End of Month:	1,351		Total Population Serv	red at End of Month:	4,728 Est.
PWS Owner:	Lighthouse Utilities Co.,	Inc.				
Contact Person:	James R. Simmons		Contac	t Manager		
Contact Person's Mailin	ng Address: P.O. Box	428	City: Port St Joe	State: Florid	da Zip Code: 32457	
Contact Person's Telep	hone Number: 850.227	.7427	Contact Per	son's Fax Number, 850.	227.9699	
Contact Person's E-Ma	il Address: luci@ato	om.net				
B. Water Treatment Pla						
Plant Name:	Plant names as noted	on enclosed MORs	}	Plant Te	lephone 850.227.3401	
Plant Address:	7521 County Rd C-30		City: Port St Joe	State: Florid	da Zip Code: 32456	
Type of Water Treated	by Plant: [X] Raw Grou	nd Water	[ ] Purchased Finishe	d Water		
	ay Operating Capacity of Plan					No. 2011
	section 62-699.310(4), F.A.C		Plant Class (per sub	section 62-699.310(4), I	Z.A.C.): C 28	
Entra Programme Programme						
	Mr. Łarry M		589	A	26	
		<del>* ** *** * * </del>				
\ <u></u>						<del></del>
125. 15. 1.						
	-					
is to the first the second of						
II. Curtification by Le	and Chief Operator			Million 2010 - 2012 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010 - 1010		
in Critication by ra	an Carroposius					
				•		

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

Lany Mcardle 10-31-08	Larry McArdie	589 - A
Signature and Date	Printed or Typed Name	License Number

DAYS IN MONTH 30

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

		duction for the Vi		Utilities Co.,	September 2			Darlaka S	Vater Custom /DII	/S) Identification	1230849
41 8	ly water system	ii (Cho) Naile:	Ligntnouse	valates CO.,	inc.		THE MATERIAL STREET	Public V	vausi System (PW	vs) identification	1230040
	LUCI#1-6"	LUC1#2-16"		Resemble in					Controlled Rediction of Cal		karantan kalendari -
	Wdl	Well	PLANT 3	PLANT4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT9	N/A	
								POTENTIAL PROPERTY.	<b>FARMURES</b>	1、表象多引着(例	
1.00	432,000	900,000				医神经球膜 (1)					1,332,000
Ì	Printer a										
	130	240	0	0	0	0	0	0	0	O	370
-	0	355	0	Q	0	0	0	0	0	0	355
-	173	345	0	0	0	0	0	0	0	0	1973 j. 5 <b>18</b>
_	163	270	0	Ó	0	0	0	0	0	0	433
	172	255	0	0	0	0	0	0	0	0	427
	172	255	0	0	0	0	0	0	0	0	427
_	152	330	0	0	0	0	0	0	0	0	482
-	135	295	0	0	Ö	0	О	0	O	0	430
	137	Q.	0	Ō	0	o	0	0	0	0	137
	115	400	0	0	0	0	0	0	0	Ö	515
	17	415	0	0	0	0	0	Ó	0	0	432
_	156	265	0	0	0	0	0	Ö	0	0	421
	156	265	0	0	0	0	0	0	0	0	421
	137	300	0	0	O	Ö	0	0	0	0	437
	146	270	0	0	0	0	0	0	0	0	416
_	139	260	0	0	0	0	0	0	0	0	399
	117	230	0	0	0	0	0	0	0	0	347
	54	230	0	0	0	0	0	0	Q.	0	284
_	38	285	0	0	0	0	O	0	0	0	323
	38	285	0	0	0	0	0	0	0	Ó	323
_	20	215	0	0	0	0	0	0	0	0	235
_	23	225	0	0	0	0	0	0	0	O	248
	16	230	Ô	0	Û	0	0	0	0	C	246
	16	230	0	0	0	0	0	0	0	0	246
	47	235	0	0	0	0	0	0	0	0	282
_	96	280	0	0	0	0	0	0	0	0	376
	96	280	0	0	Ő	0	Ö	0	0	0	376
	59	215	0	0	0	0	0	0	0	0	274
	46	220	0 .	0	Ō	0	0	0	O.	0	266
_	67	230	0	Ō	0	0	0	0	0	0	297
	ō	0	0	0	0	Q	0	0	0	0	0
	2,833	7,910	0	0	0	0	0	0	0		10,743
	94	264	0	0	0	0	0	0	0		358
	173	415	0	0	0	0	0	0	0		518



H. Certification by Lead/Chief Operator

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

See last page for instructions. I. General Information for the Month Year of: Oct-08 A. Public Water System (PWS) Information PWS Name: 1230848 Lighthouse Utilities Co., Inc. PWS Identification Number PWS Type: [X]Community Non-Transient [ Transient Non-Community Consecutive 4.728 Est. Number of Service Connections at End of Month: 1.351 Total Population Served at End of Month: Lighthouse Utilities Co., Inc. PWS Owner: Contact Person: James R. Simmons Contact Manager P.O. Box # 428 State: Florida Contact Person's Mailing Address: City: Port St Joe Zip Code: 32457 850,227,7427 Contact Person's Telephone Number: Contact Person's Fax Number: 850,227,9699 luci@atcom.net Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 Plant Address: 7521 County Rd C-30 Zip Code: 32456 City: Port St Joe State: Florida Type of Water Treated by Plant: [X] Raw Ground Water 1 Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant. 1.322 IV Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699 310(4), F.A.C.): Mr. Larry McArdie 589 ·A

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

Lary Mcarlle 11-13-08	Larry McArdie	589 - A
Signature and Date	Printed or Typed Name	License Number

days checked by operator: 31

24

24

235

235 7,865

254

560

LOWEST RESIDUAL 0.5

DAYS IN MONTH 31

X

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

ni	ity Water Syster	m (CWS) Name:	Lighthouse	Utilities Co.,	Inc.			Public V	Vater System (PV	VS) identificatio	n 1230848
										-	
Γ	LUCI#1-6"	LUC1#2-16*				The state of the state of the state of	The first meaning of the following of	CONTRACTOR STORY AND MAKES	500 000 000 000 000 000 000 000 000 000	(	
Ļ	Well	Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
					THE STATE OF THE S				# 15 E 4 E 1		
	432,000	900,000	Contraction .								1,332,00
	94	290	0	0	0	0	0	0	0	0	384
	105	0	0	Ó	0	0	0	D	0	0	105
	132	356	0	0	0	0	0	0	0	0	488
	132	356	0	0	0	0	0	0	0	0	488
	125	230	0	0	Q	Û	0	0	0	0	355
	80	225	0	0	0	0	0	0	0	Ó	305
	7	295	Q	Ö	0	0	G	0	0	Ō	302
	23	265	0	0	0	0	0	0	0	Ō	288
_	61	240	0	0	0	0	0	0	Ó	0	301
	35	<b>2</b> 37	0	0	0	0	0	0	0	0	272
	35	237	Ó	0	0	0	0	0	0	0	272
	0	235	0	0	0	0	0	0	-0	0	235
	20	560	0	0	0	O	0	0	0	0	基準令 <b>580</b> **
	100	220	0	0	0	0	0	Q	0	0	320
	110	225	Ó	0	O	0	0	0	Ō	0	335
	3	235	0	0	0	0	0	0	0	ō	238
_	6	285	0	0	0	0	C	0	0	0	291
	6	285	0	0	0	0	O O	O	0	Ó	291
	19	300	0	0	0	0	0	0	Ö	0	319
	14	245	0	0	0	0	0	0	0	0	259
	5	235	0	0	0	0	0	Ö	0	0	240
•	7	235	0	0	0	0	0	0	0	0	242
	3	230	0	0	0	0	0	0	0	Ö	233
•	4	242	0	0	0	Ö	0	0	0	0	246
	4	242	0	Ö	0	0		0	0	0	246
	23	215	0	0	Ö	0	0	0	0	0	238
	16	225	0	0	a	0	0	0	0	0	241
_	7	225	0	Ö	0	0	ō	0	0	0	232
	14	225	Ö	ō	0	0	- o	0	a	0	239
	0	235	0	0	0	0	0	0	Ö	0	235
-	6	235	0	0	0	0	0	- <del>0</del>	0	- ŏ	241
_	1,196	7,865	0	0	0	0	0	0	0	<del>-</del>	9,061
-	39	254	0	0		0	0	0	0		292
	132	560	0	0	0	0	0	0	0		
	0.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0		580



See last page for instructions. 1. General Information for the Month/Year of: Nov-08 A. Public Water System (PWS) Information PWS Name: Lighthouse Utilities Co., Inc. **PWS Identification Number** 1230848 PWS Type: [X]Community [ ]Non-Transient [ Transient Non-Community [ ]Consecutive Number of Service Connections at End of Month: 4,732 est. 1.352 Total Population Served at End of Month: Lighthouse Utilities Co., Inc. PWS Owner. Contact Person: James R. Simmons Contact Manager Contact Person's Mailing Address: P.O. Box # 428 City: Port \$1 Joe State: Florida Zip Code: 32457 Contact Person's Telephone Number: 850:227.7427 Contact Person's Fax Number: 850.227.9699 Contact Person's E-Mail Address: lucil@atcom.net B. Water Treatment Plant Information Plant Name: Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 Plant Address: 7521 County Rd C-30 City: Port St Joe State: Fiorida Zip Code: 32456 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant. 1.322 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): C IV Mr. Larry McArdie 589 Α H. Certification by Lead/Chief Operator

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

Sarry Mcardle 12-16-08		E00 A
- 100 CD	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

					108	November 2		mth/Year of:	duction for the Mi	ished-Water Pro-	ty bir			
Inc. Public Water System (PWS) Identification 1230848								Community Water System (CWS) Name: Lighthouse Utilities Co.						
\$15 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							REMAIN OF							
									LUC1#2-16"	LUCI#1-6"	-			
	N/A	PLANT 9	PLANT 8	PLANT 7	PLANT 6	PLANT 5	PLANT 4	PLANT 3	Well	Well				
						4								
1,332,00				<b>美国建筑</b>					900,000	432,000	=			
									235					
238	0	0	0	0	0	0	0	0		3				
250	0	0	0	0	0	0	0	0	245 305	5 0				
305	0	0	0	Ó	0	0	0			0				
0	0	0	0	0	0	0	0	0	0					
419	0	0	0	0	. 0	0	0	Ò	405 220	14 0				
220	0	0	0	0	0	0	0	0						
230	0	0	0	0	0	0	0	0	227	3				
230	0	0	0	0	0	0	0	0	227	3				
233	0	0	0	0	0	0	0	0	230	3 D				
225	0	0	0	0	0	0	0	0	225	·	\$			
223	0	0	0	0	0	0	0	0	220	3				
220	0	0	Q	0	0	0	C	0	220	0				
228	0	0	0	0	0	0	0	0	225	3				
85	0	0	0	0	0	0	0	0	*238	85				
85	0	0	Đ	0	0	0	Ð	0	*238	85				
10	0	0	0	0	0	0	0	0	*238	10				
288	0	0	0	0	Q	O	0	0	205	83				
231	0	0	0	0	0	0	0	0	205	26				
99	0	0	0	0	0	0	0	0	*238	99				
135	0	0	0	0	0	0	0``	0	*238	135				
222	Q	0	0	0	Q	Ö	0	0	*238	222				
222	0	0	0	0	0	0	0	0	*238	222				
328	0	0	0	0	0	0	0	0	235	93				
248	0	G	0	0	0	0	0	0	240	8				
260	0	0	0	0	0	0	0	0	260	0				
265	0	0	0	0	0	0	- 0	0	265	0				
275	Ō	0	0	0	0	0	0	0	255	20				
320	0	.0	0	Ó	0	0	Ō	0	307	13				
320	0	0	0	ō .	0	0	0	0	307	13				
200	Ō	0	0	0	0	0	0	0	200	0				
Ö	0	0	0	0	0	0	0	0	0	0				
6,614		0	0	0	0	0	a	0	5,463	1,151	Т			
228		0	0	0	0	0	0	ō	238	38				
419		0	0	0	0	0	0	0	405	222				



See last page for instructions.

Gee tast page to			· · · · · · · · · · · · · · · · · · ·		
I. General Information for the Month-Year	Dec-98'소울		•		
A. Publi Water System (PWS) Information				_	
PWS Name: Lighthouse Utiliti	es Co., Inc.		PWS Identific	ation Nurg	1230848
PWS Type [X]Community	[ Non-Transient	[]Transio	ent Non-Community	Consecutive	
Number of Service Connections at End of Mo	nth: 1,352		Total Population Served at	End of Month:	4,732 est.
PWS Owier: Lighthouse Utilities	Co., Inc.	**************************************			
Contact Peson: James R. Simmon	8	Contac	Manager		
Contact Person's Mailing Address: P.O.	. Box # 428	City: Port St Joe	State: Florida	Zip Code: 32457	
Contact Person's Telephone Number: 850	0.227.7427	Contact Per	son's Fax Number: 850.227.9	699	
Contact Person's E-Mail Address: luc	i@gtcom.net			• •	
B. Water Treatment Plant Information					
	oted on enclosed MORs		Plant Telephon	e 850.227.3401	
Plant Address: 7521 County Rd C-3	0	City: Port St Joe	State: Florida	Zip Code: 32456	
Type of Water Treated by Plant: [X] Raw	Ground Water	Purchased Finishe	d Water	<del></del>	
Permitted Maximum Day Operating Capacity	of Plant, 1,322			•	
Plant Category (per subsection 62-699.310(4),		Plant Class (per sub	section 62-699.310(4), F.A.C.	): C	
					The state of the s
Mr. L	arry McArdle	589	A	27	
Andrews Committee Committe					
H. Certification by Lead: Chief Operator					
				-	

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

Larry Mcardle 1-29-09	Lany McArdle	589 - A
Signature and Bate	Printed or Typed Name	License Number

ni	ty Water System	m (CWS) Name:	Lighthouse	Utilities Co	inc.			Public W	ater System (PW	S) Identification	1230848
		<b>以下的数据数</b>									
-	LUCI#1-6"	LUCI#2-16"	to problem side.	1,200						la a livra di Sid-de Militari di Marie di Militari di Militari di Militari di Militari di Militari di Militari Militari	情情
ı	Well	Well	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
1											
	432,000	900,000	Mark & Comme	econological minimales to be neglected to a plant of	الؤن فبمواك بشعبتها المستبات بالمتابات			to be an able to be be a from the mounts			1,332,000
•	Q	260	0	0	Ô	0	0	0	C	0	260
r	0	290	0	0	0	0	a	0	0	0	290
H	0	245	0	0	0	0	0	0	0	0	245
r	0	220	0	0	0	1 0	0	0	O	0	220
-	0	275	0	0	0	0	0	0	0	0	275
-	0	275	0	0	0	0	0	0	0	Q	275
_	0	240	Q	0	0	0	- 0	0	0	0	240
	0	385	0	O	0	0	0	a	0	0	385
_	0	0	0	Ç	0	0	0	0	0	0	0
	0	430	0	0	0	0	0	0	0	0	430
	0	260	Ö	· 0	0	0	0	0	Q	0	260
	0	280	0	0	0	0	0	0	0	0	260
	0	260	0	o	O	0	0	Ó	0	0	260
	0	220	0	0	0	0	0	0	0	0	220
	Q	210	0	0	0	0	0	0	0	0	210
	0	190	0	0	0	0	O	0	0	D	190
	0	190	0	Q	0	0	6	0	0	0	190
	0	205	0	0	0	0	0	0	0	Ó	205
	0	125	0	0	0	0	O	0	0	0	125
	0	257	0	0	0	0	0	0	0	0	257
	0	257	O .	0	0	6	0	0	0	0	257
	O	145	0	0	0	0	0	0	a	0	145
	21	260	0	0	0	0	0	0	0	0 ·	281
	225	0	0	0	0	0	0	0	Ō	Ō	225
	56	0	Q	0	0	0	. 0	0	0	0	56
	56	180	0	0	0	0	O	Ò	0	0	236
	0	180	Ó	0	0	0	0	0	0	0	180
	0	260	0	0	0	0	0	0	0	0	260
_	0	330	0	0	0	0	0	0	0	0	330
_	0	170	0	0	0	0	Ö	0	0	0	170
	0	350	0	0	0	0	0	Ö	0	0	350
	358	6,929	0	0	0	0	0	0	0		7,287
	12	224	0	0	O	Ŏ	0	0	0		243
	225	430	0	0	0	Ō	0	0	0		430



H. Certification by Lead Chief Operator

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

See last page for instructions. 1. General Information for the Month Year of: Jan-09 A. Public Water System (PWS) Information PWS Name: Lighthouse Utilities Co., Inc. **PWS Identification Number** 1230848 PWS Type: (X)Community [ ]Non-Transient [ ]Transient Non-Community 1 Consecutive Number of Service Connections at End of Month: 1.352 Total Population Served at End of Month: 4,732 est. PWS Owner: Lighthouse Utilities Co., Inc. Contact Person: James R. Simmons Contact Manager Contact Person's Mailing Address: P.O. Box # 428 City: Port St Joe State: Florida Zip Code: 32457 Contact Person's Telephone Number: 850.227.7427 Contact Person's Fax Number: 850:227.9699 Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant Telephone 850.227.3401 Plant Name: Plant names as noted on enclosed MORs Plant Address: 7521 County Rd C-30 City: Port St Joe Florida Zip Code: 32456 State: Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant. 1.322 Plant Category (per subsection 62-699.310(4), F.A.C.): īv Plant Class (per subsection 62-699,310(4), F.A.C.): C Mr. Larry McArdle 589 Α

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

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Larry Mclidle 2-11-09	Larry McArdie	589 - A
Signature and Date	Printed or Typed Name	License Number

S Identificatio	n Number:	1230848	Plant Nam	c: LUCI#	1-6" Well	BOND CARREST	11 42 tem 11 to 22 3 V. 2 . 13			
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e of Disinfects		Maintained in	[x]Free Chlorine	[]Com	bined Chlorine (C	hloramines) [](	hlorine D	)ioxide		
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FLORIDA	See last page for i	nstructions									
L. General Informatio											
A. Public Water System											
PWS Name:	Lighthouse Utiliti	es Co., Inc.				P	WS Identifica	tion Number		1230848	
PWS Type:	[X]Community	[]Non-Transient		[ Tran	sient Non	-Communi	ty	[]Consec	utive		<u> </u>
Number of Service Con				T			n Served at E	nd of Month:		4,732 est.	,
PWS Owner:	Lighthouse Utilities			<u> </u>							
Contact Person:	James R. Simmon			Contr	ct Mana						
Contact Person's Mailin	g Address: P.O	. Box # 428	City	: Port St Joe	į.		Florida	Zip Code: 3	2457	; `;	
Contact Person's Teleph	one Number: 850	0.227.7427		Contact P	erson's Fa	x Number	850.227.96	99	** ** **		
Contact Person's E-Mail	Address: luc	i@gtcom.net									
B. Water Treatment Pla	nt Information										
Plant Name:	Plant names as n	oted on enclosed MOR	5			Pla		850.227.3401			``
Plant Address:	7521 County Rd C-3	0	City	: Port St Joe	A	State:	Florida	Zip Code: 3	2456		
Type of Water Treated	by Plant: [X] Raw	Ground Water	[ ] Pui	rchased Finis	hed Wate	r					
Permitted Maximum Da	y Operating Capacity	of Plant, 1,322	A, A			in dien.		<u> </u>		<u> </u>	
Plant Category (per sub-			Plant	t Class (per si	ubsection	62-699.31	0(4), F.A.C.):			erana nema	ga ar ar a sa ar magair
		医肾上腺管骨膜皮肤 公					Table Room			Presidential Control	
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II. Certification by Le	ad Chief Operator		***								
L the undersigned water treatus accurate to the best of my kno 555.320(3), F.A.C. I also cert amounts of chemicals used an	ment plant operator licensed wledge and belief. I certify ify that the following additi d chemical feed rates; and (	in Florida, am the lead/chief oper that all drinking water treatment onal operations records for this p 2) if applicable, appropriate treat, at a convenient location for at le	chemicals lant were p ment proce	used at this plan repared each da ess performance	it conform t y that a lice	o NSF laterna nsed operator	ntional Standard staffed or visite	60 or other applies I this plant during	ble standards the month in	referenced in sui dicated above: (1)	necords of

Larry Mcalelle 3-11-09	44.4.4	500 A
Juny Michael 3-11-01	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

days checked by operator 24

LOWEST RESIDUAL 0.4

DAYS IN MONTH 28

ty Water Syste	on (CWS) Name:	Lighthouse	Utilities Co.	inc.			Public V	ater System (PW	S) Identificatio	n 1230848
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7	260	0	0	0	0	0	à	ō	0	267
11	230	0	0	0	0	Ó	O	0	O	241
11	230	Ö	0	0	0	0	a	0	0	241
3	220	0	0	0	0	Ö	O	Ó	0	223
6	220	0	O	0	0	0	٥	0	0	226
3	240	0	0	0	0	0	0	0	0	243
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E TOWNS	See last page for instruct	ions.								
I. General Information	for the Month/Vear of:	Mar-09						,		
A. Public Water System	(PWS) Information									
PWS Name:	Lighthouse Utilities Co.	Inc.			ľ	WS Identifica	tion Number		1230848	·, ·····
PWS Type:	[X]Community	[ Non-Transient		[ ]Transic	nt Non-Commun		[]Conse	cutive		
	ections at End of Month:	1,359			Total Population	on Served at Er	nd of Month:		4,757	
PWS Owner:	Lighthouse Utilities Co., In	IC.						·	······································	
Contact Person:	James R. Simmons			Contact	Manager			<u> </u>		
Contact Person's Mailing	Address: P.O. Box#4	128 :	City: P	ort St Joe		: Florida	Zip Code:	32457		
Contact Person's Telepho	one Number: 850.227.7	427		Contact Pers	son's Fax Number	. 850.227.96	99			
Contact Person's E-Mail	Address: luci@gtco	m.net								
B. Water Treatment Plan	t Information									
Plant Name:	Plant names as noted or	n enclosed MORs			Pl	ant Telephone				· · · · · · · · · · · · · · · · · · ·
Plant Address:	7521 County Rd C-30	1.4	City: P	ort Si Joe	State:	Florida	Zip Code:	32456		
Type of Water Treated b	y Plant: [X] Raw Groun	d Water	[ ] Purch	ased Finishe	d Water					
	Operating Capacity of Plant			P	7-14			7		
	ection 62-699.310(4), F.A.C.		Plant C	lass (per subs	section 62-699.31	0(4), F.A.C.):	С			
									-(-1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1	
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II. Certification by Lea	uff hief Operator									
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Fary Mcardle 4-10-09 Signature and Bate	Larry McArdle Printed or Typed Name	589 - A License Number
Signature and vale	Finited of Typed Panie	License i tames

days checked by operator 26

LOWEST RESIDUAL 0.4

DAYS IN MONTH 31

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	108	240	0	0	0	0	0	0	0	Ö	348
	108	240	0	0	0	0	0	0	Ó	0	348
_	142	240	0	0	0	0	Ó	0	0	0	382
_	0	240	0	0	0	Ö	0	0	0	0	240
_	38	240	0	0	0	O	0	0	0	0	278
_	167	235	O	0	0	0	0	0	0	0	402
	39	370	0	0	0	0	0	0	0	0	109
	14	377	0	0	0	0	0	0	0	0	391
	0	377	0	0	0	0	0	0	0	0	377
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days checked by operator 26

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LOWEST RESIDUAL 0.4

DAYS IN MONTH 30

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

WS Identification Number: 1230848				PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER  Plant Name: LUCI # 2 #AAA7521								
			th Year of	April 2009								
		our-Log V						[ ]Ultraviolet Radiation	[]Other.			
e of Disi	nfectan	Residua	Maintained in	[x]Free Chlorine	[]Com	bined Chlorine	(Chloramines) [](	Chlorine Dioxide	ACTIVITIES COLORS FOR COLUMN ASSET MANAGEMENT OF THE COLORS			
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		24	320			santanan kandinan . Tanjanjahin			AT Company of the Com			
								<b>(1)</b>				
			9,389	<u></u>	Professional Control	<u>, , , , , , , , , , , , , , , , , , , </u>	* Refer to the	instructions for this repo	nt to determine which plants must provide this inform			
			313	LOWEST RESIDUAL	0.0	da	ys checked by operator	"				
			520	DAYS IN MONTH			•	*Readings are estimates	flow meter broken-shipped for repair			

ait	y Water System	n (CWS) Name:	Lighthouse	Utilities Co	Inc.			Public V	Vater System (PW	S) Identificatio	n 1230848
; ''	PER STEEL										
Γ	LUCI#1	LUCI#2	We care the Late Streets	Bandariah Traset 31, vigilari je	- 2000 Cm (V) L20 110 20 V	CONTRACTOR NAME OF THE PROPERTY OF THE PROPERT	A traffer and the transfer for the state of the first	the state was property	Constant Control of the Control of t	మెల్ సెక్కెట్ ఉందుకులు కళ్ళుత్వారా పాలశిక్స్	
	#AAG9116	#AAA7521	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
	432,000	900,000									1,332,000
+ 11								42			
	24	350	0	0	0	0	0	0	0	0	374
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	2	313	0	0	0	0	0	0	0		326
	24	520	0	0	0	0	0	0	0		520



See last page for instructions. 1. General Information for the Month/Year of: May-09 A. Public Vater System (PWS) Information 1230848 PWS Nagrat Lighthouse Utilities Co., Inc. **PWS Identification Number** [X]Community Non-Transient PWS Type 1 Transient Non-Community I 1Consecutive 4,757 Number of Service Connections at End of Month: 1.359 Total Population Served at End of Month: Lighthouse Utilities Co., Inc. PWS Owner: Contact Peron: James R. Simmons Contact Manager State: Florida Zip Code: 32457 Contact Peron's Mailing Address: P.O. Box # 428 City: Port St Joe Contact Peson's Telephone Number: 850,227,7427 Contact Person's Fax Number: 850.227.9699 luci@atcom.net Contact Pezon's E-Mail Address: B. Water Treatment Plant Information Plant Telephone 850.227.3401 Plant Narme Plant names as noted on enclosed MORs 7521 County Rd C-30 Plant Address: Florida Zip Code: 32456 City: Port St Joe State: Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, 1,322 Plant Category (per subsection 62-699.310(4), F.A.C.); IV Plant Class (per subsection 62-699.310(4), F.A.C.): Mr. Larry McArdle 589 26 H. Certification hy Lead-Chief Operator

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

Lary Mcardle 6-9-09	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

inity Water	er Penduction for the V System (CWS) Name:	Lighthouses	Hillities Co	May 2009			D.,LJ?-	Water Course /D	W(C) Id'C'	4536546
		- Cylinipuse		me. Pataspeta	en de les compreses de la				WS) Identification	
LUCI#	1 LUCI#2		20							
#AAG9I		PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	3714	
	THE RESERVE ASSESSMENT ASSESSMENT					PLANT /	FLANTO	FLANTS	N/A	
432,00	900,000									1 222 00
<b>CONTRACT</b>	TOTAL STATE OF THE	a di reverentini								i incharation
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5	290	0	0	0	0	<del>-</del>	i o	0	0	295
139	235	0	0	0	0	0	0	ř	0	374
0	320	0	i i	Ö	0	<del>                                     </del>	<u> </u>	0	0	320
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165	315	0	0	0	0	1 0	0	0	0	480
125	265	0	0	0	0	0	0	0	<del></del>	390
0	200	0	0	0	0	0	0	<del>-</del>	0	200
0	290	1 0	0	0	0	0	0	0	0	290
2	380	0	0	0	0	0	0	0	0	382
2	380	0	0	0	0	0	0	0	0	382
4	300	i o	0	0	0	0	0	0	0	304
222	305	0	0	- ŏ	o o	0	0	0	0	
65	0	0	0	0	0	0	0	. 0	0	527 65
15	395	0	0	Ö	0	0	0	0	0	410
216	195	0	ō	o	0	0	0	0	0	411
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95	249	0	0	0	0	o	a	0	0	344
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226	262	0	0	0	0	0	0	ō	Ō	488
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See last page for instructions.

l. General Information								
A Dublia Water Contain		Jun-09						
A. Public Water System PWS Name:	Lighthouse Utilities Co.,	Ino.		T 153	770 TA	! \!b	4930040	
			f Im		WS Identificat		1230848	
PWS Type:	[X]Community	[Non-Transient	[ ] I ransi	ent Non-Communit		[]Consecutive	<u> </u>	
	ections at End of Month:	1,353		Total Population	a Served at En	d of Month:	4,735	
PWS Owner: Contact Person:	Lighthouse Utilities Co., In James R. Simmons	C, .	Camer	4 Monogor				<u> </u>
		<u> </u>		Manager Control	Plantin	71. C-1. 004CT		<del></del>
Contact Person's Mailing			City: Port St Joe	<u> </u>	Florida	Zip Code: 32457	14	
Contact Person's Telepho		<del>", "</del>	Contact Per	son's Fax Number:	850:227:969	<u>9</u> :		
Contact Person's E-Mail		n.net		ing in the property of the		<u> </u>		<u> </u>
3. Water Treatment Plan					nt Telephone (			
lant Name:	Plant names as noted or	enclosed MORs						
lant Address:	7521 County Rd C-30		City: Port St Joe	State:	Florida	Zip Code: 32456		
Type of Water Treated b			[ ] Purchased Finish	d Water				
	Operating Capacity of Plant,						. 73	
lant Category (per subs	ection 62-699.310(4), F.A.C.)	: IV	Plant Class (per sul	section 62-699.310	(4), F.A.C.):	С		
			BECAMOLOGICAL					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Mr. Larry McA	rdie	589	A		26		
			****					
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	est que				2 1 4 2	:		
			\$ \$					71
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L. Certification by Lea	The second secon	the Mariana Comment	3 /4/2 (2) (2)	1 - 4 - 4 - 4 - 5 - 5 - 5 - 5	HAT I TO A TO SEE SEE	· · · · · · · · · · · · · · · · · · ·		
. Company of	as new operator							

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

Larry Mcadle	7-10-09	Larry McArdle	589 - A
Signature and Date		Printed or Typed Name	License Number

days checked by operator 26

6,131

LOWEST RESIDUAL 0.5

DAYS IN MONTH 30

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

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWS5 THAT HAVE MULTIPLE TREATMENT PLANTS

-	in Maton Crass	W (CWE) No-	outh's caref:	I MINITAL CO	June 2009			D. 1.17 1	V-4 C4 (73)	MOVIEL AND THE	- 45000 40
	ny water system	n (Cwa) Name:	Lighthouse	Utilities Co.,	Inc.	a en la noccentración commo el cuita	s est as permountains	Public V	Vater System (P	WS) Identification	n 1230848
r					A TOTAL CONTRACTOR OF LINES						
	LUCI# 1 #AAG9116	LUC1#2 #AAA7521	PLANT3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
ŀ					FLANTS	TEANS OF THE PARTY		CONT O		N/A	
	432,000	900,000	Problem 1			Birra Lakaszasza		Mark Street Bridge Wall			1,332,000
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ŀ	124	365	0	0	0	0	0	0	0	0	489
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h	204	222	0	0	o o	0	0	0	0	0	426
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۲	240	275	0	0	0	0	0	0	0	0	515
┝	236	255	0	0	0	0	0	0	0	0	491
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_	293	310	0	ō	0	0	Đ	0	0	0	603
-	234	295	0	0	0	0	0	0	0	0	
_	272	340	0	0	0	0	0	0	0	0	529
_	92	285	0	0	0	0	0	0	0	0	377
	238	272	0	0	0	0	0	0	0	0	
	238	272	0	0	0	0	0	0	0	0	510
	233	330	0	0	0	0	0	0	0	0	510 563
	253	240	0	0	0	0	0	0	0	0	493
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	See last page for instru	ctions.							
	n for the Month/Year of:	Jul-09			_	.,			
A. Public Water System	n (PWS) Information					V-7			
PWS Name:	Lighthouse Utilities Co	o, Inc.			F	WS Identifica	tion Number	1230848	
PWS Type:	[X]Community	[]Non-Transient		[]Transien	t Non-Commun	ity	[]Consecutive		
	nections at End of Month:	1,353			Total Population Served at End of Month: 4,735				
PWS Owner;	Lighthouse Utilities Co.,	inc.							
Contact Person:	James R. Simmons				Manager				
Contact Person's Mailing			City: Port State: Florida Zip Code: 32457						
Contact Person's Teleph			(	Contact Perso	n's Fax Number	: 850.227.96	99	· .	
Contact Person's E-Mail		om.net							
B. Water Treatment Plan									
Plant Name:	Plant names as noted	on enclosed MORs			Plant Telephone 850.227.3401				
Plant Address:	7521 County Rd C-30		City: Port	St Joe	State:	Florida	Zip Code: 32456		
Type of Water Treated b	y Plant: [X] Raw Grou	nd Water	[ ] Purcha:	sed Finished	Water		•		
Permitted Maximum Da	y Operating Capacity of Plan	и, 1,322							
Plant Category (per subs	ection 62-699.310(4), F.A.C	i): <b>IV</b>	Plant Cla	ant Class (per subsection 62-699.310(4), F.A.C.): C					
		i kangangga sanggan di kanggan dan sang Pangganggan	STATE OF STA						
	Mr. Larry Mc	Ardie	: 50	9	Α		27		
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\$ Comment of the Comm									
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	a police merce.							3.77	
II. Certification by Lea	nl Chief Operator		· · · · · · · · · · · · · · · · · · ·						
,			· · · · · · · · · · · · · · · · · · ·					<u> </u>	

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

Sany Mcable 8-10-09 Signature and Date	Larry McArdle Printed or Typed Name	589 - A License Number
Signaturo and Dato	Timies of Types Name	Tropino trainor

WD	ity Water Syster	n (CWS) Name:	Lighthouse	<b>Utilities Co.,</b>	inc.			Public \	Water System (PW	/S) Identification	n 1230848
6						S WATER					
	LUCI# I	LUCI#2				A STATE OF THE STA		a maratamente de la compania del compania de la compania del compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del la compania del la compania de la compania del la compani		andrea-fred daniels by mark	
	#AAG9116	#AAA7521	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
À.	432,000	900,000				<b>多是地</b> 区之中的	Medical Review	10 AS 10 AND 10	11. 高麗琴藝術		1,332,08
		里。但是必此									BESTELL STO
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Ĺ	237	225	O	0	0	0	0	0	0	0	462
	183	300	0	0	0	0	0	0	0	0	483
	207	252	0	0	0	0	0	0	Q	0	459
	207	252	0	0	0	Ó	0	0	ō	0	459
	112	265	0	0	0	0	0	0	0	0	377
	230	220	0	0	0	0	0	Ó	0	0	450
	220	280	0	0	0	0	0	0	Ö	0	500
	160	295	0	0	0	0	0	Q.	0	0	455
	228	260	0	0	0	0	0	0	0	0	468
	6,432	8,307	0	0	0	0	0	0	O		14,739
	207	268	0	0	0	0	0	0	0		475
	267	370	0	0	0	o	0	0	0		607



H. Certification by Lead. Chief Operator

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

See last page for instructions. 1. General Information for the Month Year of: Aug-09 A. Public Water System (PWS) Information PWS Name: 1230848 Lighthouse Utilities Co., Inc. **PWS Identification Number** PWS Type: **IX1Community** [ ]Non-Transient [ Transient Non-Community [ ]Consecutive Total Population Served at End of Month: 4,735 Number of Service Connections at End of Month: 1.353 Lighthouse Utilities Co., Inc. PWS Owner: Contact Person: James R. Simmons Contact Manager Zip Code: 32457 Contact Person's Mailing Address: P.O. Box # 428 State: Florida City: Port St Joe 850,227,7427 Contact Person's Fax Number: 850.227.9699 Contact Person's Telephone Number: Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 Plant Name: Plant Address: 7521 County Rd C-30 City: Port St Joe Florida Zip Code: 32456 State: Type of Water Treated by Plant: X Raw Ground Water l Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, 1,322 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Mr. Larry McArdle 589 A

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

Lary Mcado 9-14-09	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

days checked by operator: 26

24

24

195

200 7,029

227

345

LOWEST RESIDUAL 0.5

DAYS IN MONTH 31

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

\*Readings are estimates-flow meter broken-shipped for repair

nity Water Syste	m (CWS) Name:	Lighthouse	Utilities Co.,	Inc.		· · · · · · · · · · · · · · · · · · ·	Public V	Vater System (PV	VS) Identificati	on 1230848
					789.838V.11.78	Mierros			THE WORLD	
LUCI#1	LUC1#2			an beartan kabupaten eduar ar ira ek	(A) (A) (A) (A) (A)	\$6.50.00 style 1 f 5 o 1,5 o 2.	President to the control	Charles and Auditor Area Area Area	A TO LOW DAY OF BUT TO BUT	
#AAG9116	#AAA7521	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
	errer grown o para registration des Anna Storm of the Million (1984)		Bale wheel it							
432,000	900,000	2007 加加斯	<b>在海岸的</b>	TO JA JA JA JA JA JA JA JA JA JA JA JA JA	医原物性硬化	9時間間到20世			<b>数</b> 图15. 容型	1,332,000
			#174.7818; E4.						رو در المرقي در الروايد . المساور أنفر 12 كان	
228	260	0	0	0	0	0	0	0	0	488
199	195	0	0	0	0	O	0	Ò	0	394
182	190	0	0	0	0	0	0	Ç	0	372
214	230	0	0	0	0	O	0	0	0	444
210	290	0	0	0	0	0	0	G ·	Ó	500
228	155	0	0	0	0	0	0	0	Ö	383
207	255	0	0	0	0	0	0	0	0	462
171	220	0	O	0	0	0	0	0	0	391
171	220	0	O	0	Ð	0	0	0	0	391
3	275	Ü	0	0	0	0	0	0	0	278
22	345	0	0	0	0	0	0	0	0	367
209	0	0	0	0	0	0	0	0	0	209
243	345	Q	0	0	Q	0	0	0	0	588.9
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0	310	0	0	0	0	0	0	0	O	310
143	190	0	0	0	0	0	C	0	0	333
84	190	0	O	0	0	0	0	0	Ō	274
60	270	0	0	0	0	0	0	0	0	330
64	212	0	0	0	0	0	0	0	0	276
64	212	0	0	0	0	0	Ö	Ó	0	276
32	235	Q	0	0	0	0	0	0	0	267
38	260	o	0	0	0	0	0	0	0	298
71	200	0	0	0	O	Ö	0	0	Û	271
140	190	0	0	0	0	0	Ð	O	0	330
120	240	0	O	0	0	0	0	0	0	360
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243	345	0	0	0	0	ō	0	0		588

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BORDA
STORES OF STREET

	<ul> <li>See last page for instruction</li> </ul>	tions.					
. General Inform	ation for the Month/Year of:	Sep-09					
. Public Water Sy	stem (PWS) Information						
WS Name:	Lighthouse Utilities Co	, Inc.		PWS Ident	ification Number	1230848	
PWS Type:	[X]Community	[]Non-Transient	[ ]Transi	[]Consecutive			
	Connections at End of Month:	1,364		Total Population Served	at End of Month:	4,774 Est.	
PWS Owner:	Lighthouse Utilities Co., I	nc.	<u> </u>				
Contact Person;	James R. Simmons		Contac				
Contact Person's Ma	ailing Address: P.O. Box#	428	City: Port St Joe	City: Port St Joe State: Florida Zip Code: 32457			
Contact Person's Te	lephone Number: 850,227.	7427	Contact Per	son's Fax Number: 850.22	7.9699		
Contact Person's E-I		m.net					
B. Water Treatment	Plant Information		···				
lant Name:	Plant names as noted of	n enclosed MOR	5	Plant Telepi	tone 850.227.3401		
lant Address:	7521 County Rd C-30		City: PortStJoe	State: Florida	Zip Code: 32456		
Type of Water Treat	ted by Plant: [X] Raw Groun	d Water	Purchased Finishe	d Water			
	Day Operating Capacity of Plan						
	subsection 62-699.310(4), F.A.C		Plant Class (per sub	section 62-699.310(4), F.A	.C.): C		
						The second secon	
	Mr. Larry Mc	Arde	589	Α	26		
		<del></del>	<b></b>				
		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
			<del></del>	<del> </del>		<del></del>	
	State of the state		<u> </u>				

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

Larry Meardle Signature and Bate	10-13-09	Larry McArdle Printed or Typed Name	589 - A License Number
			•

251

DAYS IN MONTH 30

Identificatio	n Number:		R PWSs TREATING R						
	и the Montl		September 2009						
	Four-Log Vira		lorine []Chlorine Dioxide					[]Other:	
of Disinfects	nt Residual	Maintained in	[x]Free Chlorine	[]Combined	Chlorine (Chlo	ramines) []Chlori	ne Dioxide	e res <del>ponda</del> ntings over	
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(∰)×	24	270	n de la companya de l		10.00 m			white part years will an in the property and and and	all usage in thousands of gals
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San X	24	230						0.60	
LAC TRANSPORT		7,459		•		* Refer to the institu	etions for this repo	t to determine which p	lants must provide this informa
		249	LOWEST RESIDUAL		days che	cked by operator, 26			
	albīcā ravas	405	DAYS IN MONTH	30		*Rea	dings are estimates-	flow meter broken-ship	ped for repair

nity Water Syste	m (CWS) Name:	Lighthouse	Utilities Co.,	inc.			Public W	ater System (PV	VS) Identification '	1230848
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LUCI#1	LUCI#2		A CONTRACTOR OF THE PARTY OF	angle the start the filther				Marin et la Marin de la	City are analysis of Poster to all 1	
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432,000	900,000				<b>有条理也。这</b> 是		(1940) (1941) (1941) (1941) (1941) (1941)		自需证证证,而	1,332,091
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190	300	0	0	0	0	0	0	0	0	490
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0	405	0	0	0	0	0	Ö	0	0	405
49	305	0	0	0	0	0	0	0	0	354
120	192	0	0	0	0	0	0	0	0	312
120	192	0	0	0	0	0	0	0	0	312
72	190	0	0	0	0	0	0	0	0	262
248	350	0	0	0	0	0	0	0	0	598
114	215	0	0	0	C	0	Q	0	0	329
9	275	0	0	0	O	o	o o	0	0	284
3	210	0	0	0	0	0	Q	0	0	213
3	300	0	0	0	0	. 0	0 1	0	0	303
3	250	0	0	0	0	0	0	0	0	253
3	250	0	0	0	Ō	0	0	0	C	253
6	215	0	0	Q	0	0	0	0	O	221
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6	225	0	0	0	Ō	0	0	0	0	231
6	300	0	0	0	0	0	0	0	0	306
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See last page for instructions. L. General Information for the Month/Year of: Oct-09 A. Public Water System (PWS) Information PWS Name: Lighthouse Utilities Co., Inc. **PWS Identification Number** 1230848 PWS Type: [X]Community [ ]Non-Transient [ ]Transient Non-Community [ ]Consecutive Number of Service Connections at End of Month: 1.351 Total Population Served at End of Month: 4.728 Est PWS Owner: Lighthouse Utilities Co., Inc. James R. Simmons Contact Person: Contact Manager Contact Person's Mailing Address: P.O. Box # 428 City: Port St Joe State: Florida Zip Code: 32457 850.227.7427 Contact Person's Telephone Number: Contact Person's Fax Number: 850.227.9699 Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant Name: Plant names as noted on enclosed MORs Plant Telephone 850.227.3401 Plant Address: 7521 County Rd C-30 City: Port St Joe Florida Zip Code: 32456 State: Type of Water Treated by Plant: [X] Raw Ground Water 1 Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, 1.322 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Mr. Larry McArdle 589 II. Certification by I cad Chief Operator

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

Sary Mcalelle 12-6-09	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

DAYS IN MONTH 31

		1230848		1 12011 110111	LUCII	1 #AAG	Z((10	State State State	Claring and and	Visite State			
. Daily Data fo				October 2009			•						
ns of Achieving						[]Combined					ation []C	liher:	
c of Disintecta	ni Kesidu:	al Maintained in		[x]Free Chlorine	[]Com	bined Chlori	ne (Chlora	mines) [](	Chlorine D	ioxide			a recognización de contractor
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ly Fir	ished Water Pro	duction for the M	outle Year of;	1 (((()))	October 200			Ch 1144718CI1			
dulu	nity Water System	m (CWS) Name:	Lighthouse	Utilities Co.,	lnc.			Public V	Vater System (P	WS) Identification	1230848
	11年6月2日長				<b>南非常情形</b> 源			<b>建工作的现在分</b>			
	WCI#1	LUCI#2									
	#AAG9116	#AAA7521	PLANT 3	PLANT 4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
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, /	432,000	900,000			<b>李州疆界中等</b>		Market Per				1,332,000
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See last page for instructions. 1. General Information for the Month Year of: Nov-09 A. Public Water System (PWS) Information 1230848 PWS Name: Lighthouse Utilities Co., Inc. **PWS Identification Number** PWS Type: [X]Community Non-Transient Transient Non-Community 1 Consecutive Total Population Served at End of Month: 4,728 Est Number of Service Connections at End of Month: 1.351 PWS Owner: Lighthouse Utilities Co., Inc. Contact Person: James R. Simmons Contact Manager Zip Code: 32457 Contact Person's Mailing Address: P.O. Box # 428 City: Port St Joe State: Florida Contact Person's Telephone Number: 850.227.7427 Contact Person's Fax Number: 850.227.9699 Contact Person's E-Mail Address: luci@atcom.net B. Water Treatment Plant Information Plant Telephone 850.227,3401 Plant Name: Plant names as noted on enclosed MORs Florida Plant Address: 7521 County Rd C-30 City: Port St Joe State: Zip Code: 32456 Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, 1.322 C Plant Category (per subsection 62-699,310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Mr. Larry McArdle 589 Α H. Certification by Lead Chief Operator

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

Lary Mcadle 12-6-09	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

	neshed-Water Pro				November 2	009				······································	
omm		m (CWS) Name:	Lighthouse	Utilities Co.,	inc.		//	Public 1	Water System (P	WS) Identification	1230848
	LUCI#1	LUCI#2									
92.	#AAG9116	#AAA7521	PLANT 3	PLANT4	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
	432,000	900,000								量的認識。	l,332,009
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	0	245	0	0	0	0	0	0	0	0	245
	0	245	0	0	0	0	0	0	0	0	245
	0	185	0	0	0	0	0	Ü	Ó	0	185
	0	200	0	0	0	0	0	0	0	0	200
	0	240	0	0	Q	0	0	0	0	0	240
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	0	270	0	0	0	0	0	O	0	0	270
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	0	282	0	0	0	Q	0	0	0	.0	282
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	0.6	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<lowest ci<="" td=""></lowest>



See last page for instructions.

PWS Type: [X]Co Number of Service Connections PWS Owner: Light	Information house Utilities Co., Inc. mmunity []Non-Transient	[]Trans	PWS Identification Non-Community  Total Population Served at	cation Number	1230848	
PWS Name: Light PWS Type: [X]Co Number of Service Connections PWS Owner: Light Contact Person: Jame	house Utilities Co., Inc.  mmunity []Non-Transient at End of Month: 1,351 house Utilities Co., Inc.	[ ]Trans	ient Non-Community		1230848	
PWS Type: [X]Co Number of Service Connections PWS Owner: Light Contact Person: Jame	namunity []Non-Transient at End of Month: 1,351 ouse Utilities Co., Inc.	[]Trans	ient Non-Community		1230848	
Number of Service Connections PWS Owner: Light Contact Person: Jame	at End of Month: 1,351	[]Trans		[]Consecutive		
PWS Owner: Lighth Contact Person: Jame	ouse Utilities Co., Inc.		Total Population Served at			
Contact Person: Jame	ouse Utilities Co., Inc.		TOTAL TOPMANON DELYCO BY	End of Month:	4,728 Est	
	s R Simmons	<u> </u>			. , e = e	
Contact Person's Mailing Addre			ct Manager			· · · · · · · · · · · · · · · · · · ·
	ss: P.O. Box # 428	City: Port St Joe	State: Florida	Zip Code: 32457	# 1	
Contact Person's Telephone Nur	nber: 850.227.7427	Contact Pe	rson's Fax Number: 850.227.9	699		
Contact Person's E-Mail Addres	s: <u>luci@atcom.net</u>					
3. Water Treatment Plant Inform	nation					
Plant Name: Plant	names as noted on enclosed MOR	5. 6 2 3 4 2	Plant Telephor	ne 850,227,3401		
	County Rd C-30	City: Port St Joe	State: Florida	Zip Code: 32456		
Type of Water Treated by Plant:	[X] Raw Ground Water	Purchased Finish	ed Water	- de la companya del companya de la companya del companya de la co		
Permitted Maximum Day Opera	ting Capacity of Plant. 1.322		facility in		1 0	1,411.5
lant Category (per subsection 6		Plant Class (per sul	osection 62-699.310(4), F.A.C.	); C		
	Mr. Larry McArdle	589	A	27		
<b>是是有些的。</b> 图像是经验		นาย หัส เมือง จ.ก.				1 2 3
			No. 10 10 10 10 10 10 10 10 10 10 10 10 10		Maria de la composição de la composição de la composição de la composição de la composição de la composição de	
		74.1.1		<del> </del>		25 4 2 5
		1. 1.5.				
				*****		
			<del>                                     </del>			
L Certification by Lead-Chie		107	<u> </u>			

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

Larry Mcardle 1-27-10	Larry McArdle	589 - A
Signature and Date	Printed or Typed Name	License Number

DAYS IN MONTH 31

1001 # 2 #AAA7521 900,000 260 180 185 202 202 295 320	0 0	PLANT 4  PLANT 4  0 0 0	PLANT 5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
#AAA7521 900,000 280 180 185 202 202 295 320	PLANT 3 0 0 0 0 0	PLANT4	PLANT5	PLANT 6	PLANT 7	PLANT 8	PLANT 9	N/A	
#AAA7521 900,000 280 180 185 202 202 295 320	0 0 0 0	0 0	0						122.000
900,000 260 180 185 202 202 295 320	0 0 0 0	0 0	0						122.000
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260 180 185 202 202 202 295 320	0 0	0 0	0			199			
260 180 185 202 202 202 295 320	0 0	0	0			الأنفاق القصائل بمراجع المراجع	THE REPORT OF FEMALES.	CONTRACTOR OF STREET	
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197	0	0	0	Q	0	0	0	0	197
197	0	0	0	0	0	0	0	0	190
190	0	0	G	0	0	0	0	0	240
240	0	0	0	O .	0	0	0	0	250
250	0	0	0	0	Û	0	0	0	210
210	0	0	0	0	0	0	0	0	285
285	0	O	0	0	0	0	0	0	190
190	0	0	0	Ó	0	0	0		190
190	Ó	Ó	0	0	0	0	0	0	
200	0	0	0	0	0	0	0	0	200
185	0	0	0	0	0	0	0	0	185
275	0	0	0	0	0	0	0	0	275
200	0	0	0	0	0	0	0	0	200
195	0	0	0	0	0	0	Û	0	195
260	0	0	0	0	Ö	0	0	0	260
260	0	0	0	0	0	0	0	0	260
275	Ö	0	0	0	0	0	Ó	0	275
225	0	0	0	0	0	0	Ó	0	225
235	0	Q	0	0	0	0	0	0	235
1	0	0	0	0	<u> </u>				250
270	0	0	0	. 0	0	0		0	270
4.0	0	0	0	0	0	0	0		7,438
7,208	0	0	0	0	0	0	O		248
1	0	Ó	0	0	0	0	0		540 <~LOWEST C
	250 270 7,208 233 475	250 0 270 0 7,208 0 233 0 475 0	250         0         0           270         0         0           7,208         0         0           233         0         0	250         0         0         0           270         0         0         0           7,208         0         0         0           233         0         0         0           475         0         0         0	250         0         0         0         0           270         0         0         0         0           7,208         0         0         0         0           233         0         0         0         0           475         0         0         0         0	250         0         0         0         0         0           270         0         0         0         0         0         0           7,208         0         0         0         0         0         0           233         0         0         0         0         0         0           475         0         0         0         0         0         0	250         0         0         0         0         0           270         0         0         0         0         0         0           7,208         0         0         0         0         0         0         0           233         0         0         0         0         0         0         0           475         0         0         0         0         0         0         0	250         0         0         0         0         0         0         0           270         0         0         0         0         0         0         0         0           7,208         0         0         0         0         0         0         0         0           233         0         0         0         0         0         0         0         0           475         0         0         0         0         0         0         0         0	250         0

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (5) SANITARY SURVEYS FOR WATER

INSPECTION REPORTS FOR WASTEWATER - NOT APPLICABLE

**TEST YEAR ENDED: DECEMBER 31, 2009** 



# Florida Department of Environmental Protection

Northwest District Branch Office 2353 Jenks Avenue Panama City, Florida 32405-4389 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

April 13, 2010

BY ELECTRONIC MAIL jay@c21gulfcoastrealty.com

Mr. William J. Rish, Jr., President Lighthouse Utilities Company, Inc. Post Office Box 428 Port St. Joe, Florida 32457

Dear Mr. Rish:

A Sanitary Survey of the Lighthouse Utilities water system (PWS ID # 1230848) was conducted on March 24, 2010. The assistance provided by Mr. Ricky Simmons during the inspection was most helpful.

The purpose of this survey is to evaluate the capability of the water system to continually produce safe drinking water. The Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code regulates public water systems in this state.

Two deficiencies were identified during the survey as described in the enclosed *Sanitary Survey Report*. We would appreciate a written response to these deficiencies by April 28, 2010, advising us of the actions and time frames you will take to correct the deficiencies.

If you have any questions, please contact Haley Duncan at 850/872-4375 extension 106 or <a href="mailto:haley.duncan@dep.state.fl.us">haley.duncan@dep.state.fl.us</a>.

Sincerely,

Sally M. Cooey

Panama City Branch Administrator

SMC/hd

#### **Enclosure**

c: Mr. Scott Grubbs, DEP NWD Pensacola (scott.grubbs@dep.state.fl.us)

Ms. Angela Chelette, NWFWMD (angela.chelette@nwfwmd.state.fl.us)

Ms. Josie Penton, DEP NWD Panama City (josie.penton@dep.state.fl.us)

Mr. Ricky Simmons, Utilities Manager (luci@gtcom.net)

"More Protection, Less Process" www.dep.state.fl.us



# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SANITARY SURVEY

SYSTE	м Амп	OWNER INF	ORMATION			A STANDARD OF THE STANDARD OF
System		use Utilities		County	Gulf	WS ID# 1230848
Address		ghway 30A				rt St. Joe
Phone	850-227-	7427 Fax	850-227-2115	Email	luci@g	tcom.net
Owner	Lighthou	se Utilities;	William J. Rish	n,Jr., Preside	nt Phone	850-227-7427
			Port St. Joe, F			
		ONTACT INFORM				
Date of thi	•	——————————————————————————————————————	March 24, 2010	y .92	Date of last survey	February 27, 2007
Person(s)	esentative(s)	Ricky Simmons	n, Patricia Law	DOTH		
	y Number	850-227-5349	Cell	Pager		Other
· · ·	Vantalia ing CC (1940	4 4888866		i bushasa		
-			ATION NUMBER	A PARTIE OF THE		
Larry N	Acardie "A" 589					
DIREC	TIONS	TO PLANT O	R OFFICE;	de la esta de distribuida.	had the existing that.	
From	Port St. J	oe take Hwy 98 o				entury 21, building
[2	2010 Hwy 30	(C)				
SERV	ICE ARE	А		EMERGENC	Y MEDIA CONTACT	NUMBERS
Service Are	a Characteristics	Residential	& Commercial			
				1 30050000000000	MBB channel 13 DHG channel 7	850-763-6000 850-233-1977
•		4,746 Basis			gic Broadcastin	
Service Cor	·	<del></del>	Metered 1001	4477 CANADA (1984)	agic Broadcastin	
•	oity (gallons) eacity without bes		76.000		e Star	850-227-1278
_			78,000 Day 329,818		Y PREPAREDNESS	
	GPD) 612,	······································	Capacity 50%		aredness Plan Un lile: [_]Ye les the following :	s No Not Required
	Day153,		Capacity 27%	☐ Communica	tion Chart Written	
DEDMAR	MENT SOUR	CES OF RAW WA	VTED.	•	idby Power Info	— 1
Ground		Many Wells	····		•	
Purchase		•		Standby Equipa	ment Operated at Least	⊠Yes □No
		PWS #'s e Limit (GPD)	NA NA	1 1 '	cts ⊠Yes ⊟No	
		chased (GPD)	NA	If yes, which syst		of Port St. Joe
				Comments:	•	
TDEAT	T ስለ ፫ አነ ም	M JICH CT T	HIC DIANT.	COUECK AL	, TII ( T	V .
	Plants 2	N USE AT	HIS PLANT:	(CHECK AL	L THAT APPL	
⊠Aeratio		□E.D.	☐lron F	Removal [	pH Adjustment	⊠Chlorination
Filtralio	in	Lime Softe	ning T&O	Control	Chlorination-Pre	Filt. Hi-Rate
☐Recarb		☐Settling ☐Coagulatio		ination-Post [ phosphate [	Fluoridation Aqua Mag	Reverse Osmosis Other-Specify
_		s needed? <u>No</u>		•	rupus may trol of what deficiencies?	
· · · · · · · · · · · · · · · · · · ·			QUIREMENTS	<del></del>	or or men demonstrate.	
	Licensed Oper		Cat/Class IV/C	Staffing compliant?	XYes □No Actu	si visits per week: 6

~	Vell Name or Source		2 (7)	3	Comment
	Street name of well	Α	LUCI#1	LUCI#2	
	Year Drilled	В	2002	1985	
V	Depth Drilled (leet)	A	706	700	
	Drilling Method	N	Rotary	Rotary	
	Length, Outside Casing (feet)	D	437	286	
	Diameter, Outside Casing (inches)	0	6	16	
	Material, Outside Casing	N	Steel	Steel	
)	Type of Strainer	E	Unknown	Galvanized	
	Depth to Top of Strainer	D	Unknown	Unknown	
	Type of Grout		Cement	Cement	
	Depth to Static Water Level (feet)	N N	23	12	
	Normal Suction Lift (working level-ft)	N	Unknown	239	
	Pump Type	2	TURBINE	SUBMERSIBLE	
S	Horse Power	0	40	40	
	Normal Yield (GPM/GPD if purchased)	0	450	400	
	Capacity(GPM / GPD if purchased)	3	450	400	
4.7	Protection From Surface Water		Yes	Хea	
	is inundation of Well Possible?		No	No	
	Well Ever Been Contaminated?		No	No	
	Check Valve Present in Line?		Yes	Yes	
	Proper Venting?		Yea	Yes	
	Meter Accuracy and Year of Test		102%/2009	90.17%/2009	
	Date of Last Servicing?		2009	2009	
. Y.	Auxiliary Capability (if yes, list type)		Yes/right angle	No	
Ĭ,	Manual or Automatic?		Manual	NA.	
	Capacity (GPM)		450	NA	
j	Fiorida Unique ID# (GPS well tag)		AAA7521	AAG9116	
2	GPS latitude N (accuracy≈1m)		29:41:12.7480	29:41:22.002	
	GPS longitude W (accuracy≈1m)		85:16:45.9660	85:18:28.206	<del></del>

Lighthouse Utilities Page Three

PWS I.D. No. 1230848

CHLORINATOR					
LANT NUMBER (OR NAME) -> 24					
ype of chlorination (If trypo list strength)	OUT	Gas	Gas		
Condition of Chlorination Equipment		Good	Good		
apacity (PPD, GPD)	OF	24 ppd	24 ppd 12 ppd Yes		
hiorine Feed Rate (PPD, GPD)	SERVICE	12 ppd			
dequate Housing and Security?		Yes			
ssociated Well(s) (if any)	REPLACED	Well #2	Well #3		
uxillary Power Capability?	WITH	Yes	Yes		
& M Log/Manual Onsite?		Yes	Yes		
hiorine Residual (mg/L) / pH	PLANT	1.53/7.6	.43/7.7		
Chlorine Alarms Functional?	#3	No	Yes	•	
Auto Switchover		No	Yes		
Dual System		МО	Yes		
Evidence of Leaks		Мо	No		
Air-Pack Respirator Adequate?		Air-pack respirators maintained at fire departmentapproximately % mile away			
Ammonia Smells Fresh		Yes	Yes	:	
Chained Cylinders		Yes	Yes		
Fitted Wrench		Yes	Yes		
Proper Ventilation		Yes	Yes		
Scale Condition		Good	Good		
pare Parts/Backups Operative?   Yes	□No □ Spare Parts Not Re	etained	More capacity neede	d? □Yes ⊠N	

Lighthouse Uti Page Four	lities	PWS I.D. No. 1230	)848
Page Four			
AERATOR Type of Acretor	Tron		
Type of Aerator	iray		
Tray Area or Weir L	ength		
Condition of	Good		
Screens			
Bloodworms	Condition of aerator Good		
Adequate for Fe, Ha	2S control Yes		
-			

Lighthouse Utilities Page Five PWS I.D. No. 1230848

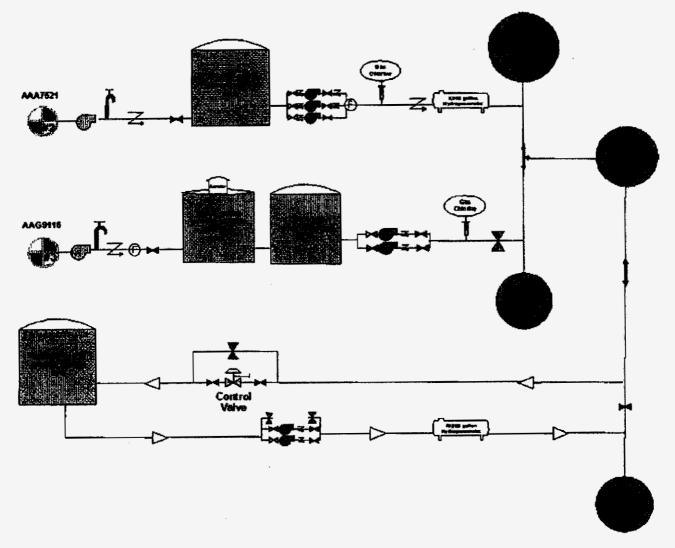
PUMPS AND S RUMP CATEGORY				High Service Po	emps .		
PUMP NUMBER→	Bhoster 1	P. Booker 2 57					
WILLP TYPE	Turbine	Turbine					
lotek HP	2.40	75.0			:		
ATE INSTALLED	2001	<b>2001</b>					
APACITY (GPM)	500	500					
UXILIARY CAPACITY?	400	•					
ROPER SECURITY?							
ONERTION OF PUMP	Good	Coord					
AINY. SCHEDULE	Daily	Daily					
ATE LAST SERVICED	- Bittire						
STORAGE F	A CILITIE 2000 京語	LICE	piere:	" Fic. St	Tuel 3	logete	Scotter
TO STREET STREET TOWN	re week		<b>****</b> ********************************	Tank (a)	Tank #2	Tink #1	Tank #2
Type (GROUND, ELEVA)	•	Ground	Ground	Ground	Hydro	Ground	Hydro
YEAR OF CONSTRUCTION	XI	1984	1984	2/27/2006	2001	2002	2002
CAPACITY (GALLONS)		12,000	12,000	316,000	5,000	209,000	10,000
MATERIAL		Alumanum	Akuminum	Steel	Steel	Steel	Steel
GRAVITY DRAIN CAPAC	ITY/DIAMETER	Y69/2	Yes/2	Yes/6	Commission of the Commission o	Yes/6*	21316966.
OVERFLOW STRUCTUR	ES PROPER?		y Yes	Yes	- NA	<b>100</b> 000	. NA
BYPASS CAPACITY		<b>Yes</b>	Yes	Yes	Yes	Yes	Yes
COVERED/SCREENED C	PENINGS	(85	Yes	Yes	NA	Yes	NA
PRESSURE GAUGE		No	No	No	Yes	No	Yes
Ow/Off Pressure (P	31)	50/10	5070	50/70	50770	50770	50/70
ALTITUDE VALVE UTILE	ED?	No.	No	No	No	Yes	No
HGT. TO BOTTOM OF E	TANK (FT)	NA.	NA	NA.	NA.	JA	NA
HGT. TO MAX. WTR. LE	VEL(FT)	N.	i Na	2 <b>2</b>	144	36	NA
DATE OF LAST ANNUAL	INSPECTION	Utility o	perators co	nducic ViBual	inspertion	a ou au ougo	ing basis
YEAR OF LAST 5-YEAR	INSPECTION	2009	2009	2009	2009	2009	2009
YEAR OF LAST WASHO	ידע	2009	2009	2008	2009	2009	2089
Does system provides current stora	ge capacity o	omply with requir	ements in FAC	62-555? <b>⊠</b> Yes	No	w Level Alarm?	⊠Yes □No

Lighthouse Utilities Page Six PWS I.D. No. 1230848

DISTRIBUTION S	1012111										
Material of mains?	PVC	System looped? No	How man	ny hydrants?~75							
Any fire hydrants < 6" lines?	☐Yes ☑No ☐Unkno	wn Max, pipe diam	eter <u>12</u> I	Ain. pipe diameter2							
General operation pressure	······································	Lowest pressures	50 Location of low	pressure Homestead							
Number of dead ends			,	Yes							
Number of line valves	O How often exercised	As needed Prop	erly Mapped? Yes	Property Marked? Yes							
System Maps Adequate? Ye	<del></del>	od permits? Yes	Any uncleared	and in use? No							
	3% Does the sys	stem have reuse? No	Comments								
Cross Connection Control Prog	Man Man Bassimanata Ti	Van Mun Oament									
-	•	-									
Testing Frequency? Armual	·	•	<del></del>	] Lift Stations   WWTP							
Date of Last Audit (commercial	or residential):	Nam	e of Certified BFD Tester:								
Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4							
Chlorine Residual	.22	1.38									
Hq	7.6	7.7									
Location	Office	BP convenience		<u> </u>							
COMPLIANCE MO											
Compliance Schedule: The	e following parameters are o	lue during the year shown.									
Inorganics 2011	SOCs	2011 TTHMS/HA	A5 2010	Asbestos 2011							
VOCs 2011	Radiologicals	2014 Secondar	ies 2011	Pb & Cu 2011							
	i UOCs I	ausp									
Nitrate/Nitrite 2010			System out of compliance with any of the above parameters? No								
110000110010											
110000110010	any of the above parameters?	No									
System out of compliance with	any of the above parameters?	No Comment:									
System out of compliance with Testing Equipment & Reagents	any of the above parameters?  Adequate Inadex  Adequate Inadex	No Comment: Quale Comment									
System out of compliance with Testing Equipment & Reagents Bacteriological Sampling Plan: Disinfection Byproducts Plan:	any of the above parameters?  Adequate Inadect  Adequate Inadect  Adequate Inadect	No Comment: Quale Comment									
System out of compliance with Testing Equipment & Reagents Bacteriological Sampling Plan: Disintection Byproducts Plan:  MANAGERIAL/F: How is the system structured?	any of the above parameters?  Adequate Inade  Adequate Inade  ANCIA  Investor Municipal Pr	No quate Comment: quate Comment: quate Comment:	er Does the system follow	v a budget? ⊠ Yes □ No							
System out of compliance with Testing Equipment & Reagents Bacteriological Sampling Plan: Disintection Byproducts Plan:  M A N A G E R / A L / F * /	any of the above parameters?  Adequate Inade  Adequate Inade  ANCIA  Investor Municipal Pr	No quate Comment: quate Comment: quate Comment:	er Does the system follow								
System out of compliance with Testing Equipment & Reagents Bacteriological Sampling Plan: Disinfection Byproducts Plan:  MANAGERIAL/F: How is the system structured?	any of the above parameters?  Adequate Inade  Adequate Inade  ANCIA  Investor Municipal Pr	No quate Comment: quate Comment: quate Comment:									

Lighthouse Utilities Page Seven PWS I.D. No. 1230848

#### SKETCH OF THE FLOW DIAGRAM OF THE SYSTEM



#### SCHEDULE OF DEFICIENCIES

DEFICIENCY #1: NO EMERGENCY RESPONSE PLAN (REPEAT)

REGULATION REFERENCE: FAC 62-555.350 (15)

#### RECOMMENDED ACTION:

Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with Emergency Planning for Water Utilities, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.(a) A communication chart as described in Chapter 5 of AWWA Manual M19.(b) Written agreements with other agencies, utilities, or response organizations.(c) A disaster-specific preparedness/response plan as described in Chapter 5 of Lighthouse Utilities

#### Page Eight

AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.(d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.(e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants. Please submit an Emergency Response Plan that addresses the above requirements by July 2010.

#### **DEFICIENCY #2: VALVES NOT EXERCISED (REPEAT)**

REGULATION REFERENCE: FAC Rule 62-555.359 (2)

#### RECOMMENDED ACTION:

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Preventive maintenance on electrical or P eFhInIFIDETuISP enW InFoCing exeUIsing RI Darking SRweUsources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves—shDUEe SeURIP eG in DFRATINF will We eTuISP enWP DhullFWUEUS LEFRP P enGDWns RUIn DFRATINF will D written preventive maintenance program established by the supplier of water. Please complete and submit a valve maintenance program by October 7, 2010.

#### RECOMMENDATIONS AND REMARKS

RECOMMENDATION #1: REPLACE FLOW METER AT WELL #3

REGULATION REFERENCE: F.A.C. 62-555.350 (2)

#### RECOMMENDED ACTION:

The flow meter at Well #3 was tested in 2009, and found to be reading at 90.17% accuracy. Flow meters should read within 10% accuracy. It is recommended that the flow meter at Well #3 be replaced in order to improve accuracy of flow readings at this well.

#### REMARKS

#### New Drinking Water System Annual Operating Fees and Construction Permit Fee Increases

Due to new laws enacted by the Florida Legislature, effective April 21, 2009, the minimum drinking water construction permit fee is set at \$650. The law also required the Department to increase the annual operating license fees and increase all other construction permit fees based upon type and size.

If you have any questions on the new annual operating license or the minimum \$650 construction fees contact Liz Willard at (850) 595-8300 extension 1147.

#### **Outstanding Permits**

Our records indicate that the enclosed list of permits have not been cleared by this office. Please submit a status report for the permits listed with your response to this report.

Lighthouse Utilities

#### Page Nine

The 'status' would fall into one of the following categories, A, B, C, D, or E:

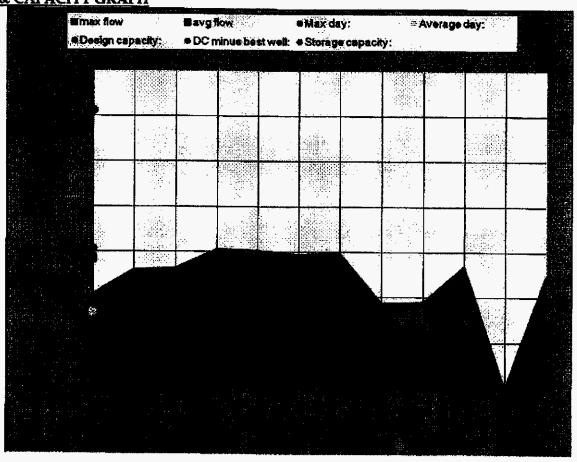
- A) not started
- B) started, but not completed
- C) completed, but not in use
- D) completed, and in use
- E) project abandoned (will not be built)

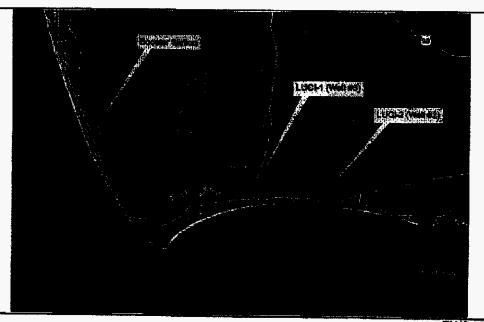
	Date				Date of		
Cleared	Issued	Expiration	Clear Date	Partial Portion	COC	PERMIT NO	ProjectName
	May 2,					0208279-005-	
No	2005	May 1, 2010				DSGP/01	Lantana By The Sea
	August 22,	August 21,				0252810-001-	
No	2005	2010			ŀ	DSGP/01	Lighthouse Walk
	September	September				0252177-002-	Pompano Cove
No	22, 2005	21, 2010				DSGF/01	Subdivision
	September	September				0251159-003-	Summer Bay at Indian
No	13, 2006	12, 2011				DSGP/01	Pass
	genuary 5,	ganuary 4,				0179913-001-	
No	2007	2012			:	DSGP/01	Sabal Island Subdivision
	February	February 5,				0268211-002-	Windswept at Cape San
No	6, 2007	2012				DSGP/01	Blas
	February	February			Ĭ	0285950-001	
No	25, 2008	24, 2012				DSGP/01	Myers Park Apartments
	October 2,	October 1,				0277503-003-	
No	2007	2012				DSGP/01	Myers Park
	October	October 30,				0080041-016-	LUCI I Ground Storage
No	29, 2007	2012		<u></u>		DS/C	Tank
	April 2,			V		0080041-011-	LUCI #3 Generator and
No	2004					WC/MI	LUCI #1 Generator
	gane 14,					0232828-001-	Maul Lane Watermain
No	2004					DSGP/01	Extension
	September	•		-		0080041-012-	
No	9, 2004					DSGP/01	Cape s iew Subdivision
	guly 9,					0233869-002-	
No	2004					DSGP/01	Oso Loco Subdivision
	August 25,					0234942-003-	Stillwater South
No	2004				Į	DSGP/01	Subdivision
	September	September				0250751-002-	
partial	2, 2005	1, 2010				DSGP/01	San Dunes Phase II
				1050 LP water main,			
				1 fire hydrant, 1			
				flushing assembly,			
	November	November	February 9,	and 18 residential	February 7,	0269520-003-	Eagle Landing and Eagle
partial	22, 2006	21, 2011	2007	service connections	2007	DSGP/01	Perch

Lighthouse Utilities Page Ten

PWS I.D. No. 1230848

FLOW & CAPACITY GRAPH



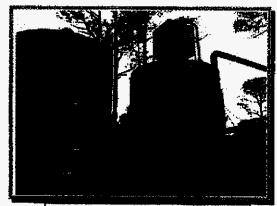


Lighthouse Utilities

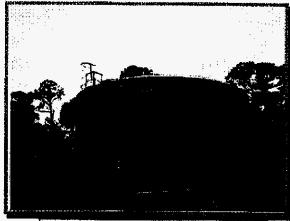
PWS I.D. No. 1230848

#### Page Eleven

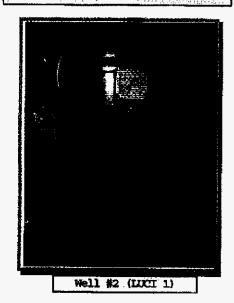
#### **DIGITAL IMAGES**

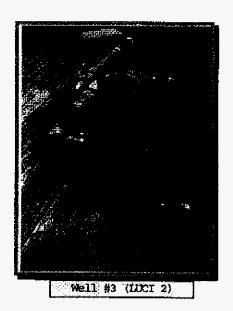


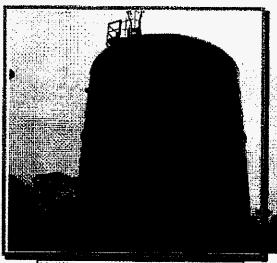
Storage Tanks at Plant #3 (LOCI 2)



209,000 Gallon Ground Storage Tank (LUCI 1)







316,000 Gallon Ground Storage Tank at Booster Station

Lighthouse Utilities Page Twelve PWS I.D. No. 1230848

	Haley Di	incan	
INSPECTOR'S SIGNATURE_	0	TITLE ES-I DATE: April 6, 2010	)
_	Jane Lenton		
APPROVED BY	Jane Fentino	TITLE EM DATE: March 28, 20	107

END OF REPORT

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (6)
HEALTH DEPARTMENT AND DEP
CONSTRUCTION AND OPERATING PERMITS

**TEST YEAR ENDED: DECEMBER 31, 2009** 

# FIG

"More Protection, Less Process" www.dep.state.fl.us

## Florida Department of Environmental Protection

Bureau of Finance & Accounting
P.O.Box 3070
Tallahassee, FL 32315-3070
Annual Drinking Water
License Operating Fee
for the period from
July 1, 2009 through June 30, 2010



INVOICE NO: DATE:

009961 10/1/2009

PWS # 1230848 C/O RISH, GIBSON, SCHOLZ, AND GROOM WILLIAM J. RISH LIGHTHOUSE UTILITIES COMPANY, INC. P.O. BOX 39 PORT ST. JOE, FL 32457

#### **Accounting Information**

Object Code: 002216 Org code: 37 35 40 60 000. Expansion Option: M7

FLAIR Code: 37202526001373502000000020000

PWS # 1230848

PWS#

#### SYSTEM NAME

**INVOICE AMOUNT** 

1230848

LIGHTHOUSE UTILITIES

\$2,000.00

#### Invoice amount represents only current year fee assessment.

This fee is assessed pursuant to Chapter 62-4.053, Florida Administrative Code, and is due November 30, 2009. A copy of the rule may be found at <a href="http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf">http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf</a>. If you have questions concerning this invoice, please call the Drinking Water Program in the Northwest District at 850-595-8300 ext 1147.



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road, MS3520 Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

September 28, 2009

Dear Drinking Water System Owner:

On April 21, 2009, revisions to Chapter 62-4 became effective assessing increases to the annual operating license fee which increased last year's initial fee of \$50. These fee increases were directed by the Laws of Florida 2008-150 and affects all public water systems, as defined by Chapter 62-550, Florida Administrative Code. The law and subsequent rule revisions require the Florida Department of Environmental Protection to collect the annual operating license fees for the July 1, 2009 to June 30, 2010 year and each subsequent year thereafter.

The increased fees are shown in the table below for community and consecutive community public water systems, PWS. The annual operating license fee for non-transient, non-community public water systems is \$100 and the annual operating license fee for transient, non-community public water systems is \$50.

Community Public Water Sys	tems	Consecutive Community Pu	blic Water Systems:
Design Capacity	Fee	Population Served	Fee
(a) 10 MGD and above	\$6000	(a) 25-500	\$50
(b) 5 MGD up to 10 MGD	\$4000	(b) 501-3300	\$100
(c) 1 MGD up to 5 MGD	\$2000	(c) 3301-10000	\$500
(d) .33 MGD up to 1 MGD	\$1000	(d) 10001-50000	\$1000
(e) .05 MGD up to 0.33 MGD	\$500	(e) 50001-10000	\$2000
(f) Less than 0.05 MGD	\$100	(f) >10000	\$4000

Enclosed please find an invoice for this second year of invoicing. If you own multiple PWS then you will receive multiple invoices. Payment is due by November 30, 2009, and covers the year from July 1, 2009 to June 30, 2010. Additional contact and payment information can be found on the enclosed invoice, and information on the Drinking Water Program is on the Department's website at <a href="http://www.dep.state.fl.us/water/drinkingwater">http://www.dep.state.fl.us/water/drinkingwater</a>.

Sincerely,

Van Hoofnagle, Administrator Florida Drinking Water Program

VH Enclosure

"More Protection, Less Process" www.dep.state.fl.us

# Drinking Water Annual Operating License Fee Account Statement

Statement of Account as of 12/10/2009 30 DAY NOTICE Page 1 of 1



"More Protection, Less Process" www.dep.state.fl.us

To: 1230848

C/O RISH, GIBSON, SCHOLZ, AND GROOM LIGHTHOUSE UTILITIES COMPANY, INC.

P.O. BOX 39

PORT ST. JOE, FL 32457-0039

This is a current statement of your Drinking Water Annual Operating License Fee account. All fees on this statement were assessed pursuant to Rule 62-4.053, Florida Administrative Code. A copy of the rule-may be found at <a href="http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf">http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf</a>. The purpose of this statement is to provide an accounting of fees assessed and record of payments credited for your system. If your statement has a balance greater than 0 it is considered past due and should be remitted immediately. If you have questions concerning this statement, please call Satish Shetty in the Drinking Water Program at (850) 245-8470. If your payment is in the mail, thank you, and please disregard this notice.

PWS Number	System Name	
1230848	LIGHTHOUSE UTILITIES	
09/01/2009	Prior Account Balance	0.00
09/17/2009	2010 INVOICE	2,000.00
11/24/2009	PAYMENT	-2,000.00
12/10/2009	Ending Account Balance	

Please detach this portion of the Statement and return to:

Florida Department of Environmental Protection Bureau of Finance & Accounting

P.O.Box 3070

Talluhassee, FL 32315-3070

PWS Number(s): 1230848

Amount Due: \$0
Remitted Amount: \$\_\_\_\_\_

Accounting Information

Object Code: 002216 Org code: 37 35 40 60 000 Expansion Option: M7

FLAIR Code: 37202526001373502000000020000

>

Please circle the PWS Number(s) for which the payment applies and include the PWS Number(s) on your check.



# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Page 192 of 212 Charlie Crist

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

January 4, 2010

Subject:

2009-2010 Drinking Water Annual Operating License Fee Balance Statement

Dear PWS Owner / Utility Manager:

In October 2009, the Florida Department of Environmental Protection mailed an invoice for the 2009-2010 Annual Operating License Fee for your public drinking water system. Payment of this annual fee was due to the Department by November 30, 2009.

Enclosed is an account statement for your drinking water facility. The annual fee is assessed pursuant to Rule 62-4.053, Florida Administrative Code and is associated with the State's administration of Florida's Public Water System Program.

If your statement has a balance greater than 0 it is considered past due and should be remitted immediately. Formal enforcement action may be taken and a fine of up to \$500 per day may be assessed as per Section 403.121(5), Florida Statutes. Additionally, if there is a balance on an account that is past due, then any pending permit applications may be denied until the account is rectified.

If you have any questions about the annual fee statement, please contact Satish Shetty at (850) 245-8470.

Sincerely,

Van Hoofnagle, Administrator Florida Drinking Water Program

VH Enclosure

Florida DEP Date Type 10/27/2009 Bill

CCB Operating 3500

Reference Inv# 009961 Original Amt. . 2,000.00

1/20/2009 Balance Due Discount 2**,**000.00

**Payment** 2,000.00 2,000.00

PAYMENTA PRECORE

Inv# 009961 July 2009-June 2010

2,000.00

571023 (10/08)



#### LIGHTHOUSE UTILITIES COMPANY

PORT ST. 10E, FLORIDA 32457 PHONE: 850-127-7427

July 27, 2009

Northwest Florida Water Management District

Division of Resource of Regulation

152 Water Management Dr

Havana, FL 32333-4712

Re: Consumptive Use Permit # 19830085

To Whom It May Concern:

Enclosed please find our water losses and per capita demands to satisfy permit Conditions 7-A thru 7-D and purge Data for Water Quality Sampling.

I have attached our local Volunteer Fire Dept call log as well as documented leak repairs that attributed to significant un-metered usage. We are currently drafting a flush program that will implement using a meter to document flush usage. A copy of the flush program will be submitted to the District as soon as it is complete.

Purge Data for Water Quality sampling is as follows:

FLUID #AAG 9116 which is our 6" Weil is 580' deep and pumps 300 gpm, this will purge 1 volume every 3 minutes so it pumps 12 minutes to purge 4 volumes prior to sampling.

FLUID #AAA 7521 is our 16" well and is 700" deep and pumps 625 gpm, this will purge 1 volume every 12 minutes so it pumps for 48 minutes prior to sampling.

Should you have any questions, do not hesitate to contact me.

Sincerely,

Jámes R. Simmons

Manager

Enc. a/s

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (7)
NOTICES OF VIOLATION, CONSENT ORDERS,
LETTERS OF NOTICE OR WARNING NOTICES

**TEST YEAR ENDED: DECEMBER 31, 2009** 

#### Lighthouse Utilities Company Inc. P.O. Box # 428 Port St. Joe, FL 32457-0428 (850) 227-7427

#### 2009 Annual Drinking Water Quality Report

This report will be mailed to customers only upon request and is also available at 2010 County Road C-30 upon request.

We're very pleased to provide you with this year's Annual Water Quality Report. We want to keep you informed about the excellent water and services we have delivered to you over the past year. Our goal is and always has been, to provide to you a safe and dependable supply of drinking water. Our water source is ground water from 2 wells that draw from the Floridan Aquifer. Our water is acrated to remove minerals and gases then chlorinated for disinfection purposes.

In 2009 the Department of Environmental Protection performed a Source Water Assessment on our system and a search of the data sources indicated no potential sources of contamination near our wells. The assessment results are available on the FDEP Source Water Assessment and Protection Program website at <a href="https://www.dep.state.fl.us/swapp">www.dep.state.fl.us/swapp</a>.

We are pleased to report that our drinking water meets all federal and state requirements

If you have any questions about this report or concerning your water utility, please contact James R. Simmons @ 850-227-7427. We encourage our valued customers to be informed about their water utility.

Lighthouse Utilities Co., Inc. routinely monitors for contaminants in your drinking water according to Federal and State laws, rules, and regulations. Except where indicated otherwise, this report is based on the results of our monitoring for the period of January 1 to December 31, 2009. Data obtained before January 1, 2009, and presented in this report are from the most recent testing done in accordance with the laws, rules, and regulations.

In the table below, you may find unfamiliar terms and abbreviations. To help you better understand these terms we've provided the following definitions:

Maximum Contaminant Level or MCL: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

Maximum Contuminant Level Goal or MCLG: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Action Level (AL): The concentration of a contaminant which, if exceeded, triggers treatment or other requirements that a water system must follow.

Initial Distribution System Evaluation (IDSE): An important part of the Stage 2 Disinfection Byproducts Rule (DBPR). The IDSE is a one-time study conducted by water systems to identify distribution system locations with high concentrations of trihalomethanes (THMs) and haloacetic acids (HAAs). Water systems will use results from the IDSE, in conjunction with their Stage 1 DBPR compliance monitoring data, to select compliance monitoring locations for the Stage 2 DBPR.

Maximum residual disinfectant level or MRDL: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Maximum residual disinfectant level goal or MRDLG: The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.

"ND" means not detected and indicates that the substance was not found by laboratory analysis.

Parts per billion (ppb) or Micrograms per liter ( $\mu g/l$ ) – one part by weight of analyte to 1 billion parts by weight of the water sample.

Parts per million (ppm) or Milligrams per liter (mg/l) - one part by weight of analyte to 1 million parts by weight of the water sample.

Picocurle per liter (pCi/L) - measure of the radioactivity in water.

TTHMs [Total Trihalomethanes]. Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer.

			2009	Data Tr	able					
Contaminant and U Measurement	ait of	Dates of sampling (mo./yr.)		Violation //N	Level Detecte		gr of palta	MCLC	MCL	Likely Source of Contamination
Radiological	Contam	inants								
Alpha emitters (pCi/	L)	12/2009		N	4.5	1.9	- 4,5	0	15	Erosion of natural deposits
Radium 226 + 228 or combined radium (pCVL)		12/2009	1	N	1.2		- 1.2	0	5 Erosion of natural deposits	
Conteminant and Unit of Measurement	Dates of spropling (mo./yr.)	AL Exceeded Y/N	90th Percentile Result	No. of san sizes exce the A	gelleg edieg	MCLG	A (Act	ion !		surce of Contamination
Lead and Co	pper (Ta	p Wate	r)							
Copper (tap water) (ppm)	06/2008- 09/2008	N	0.21	0 of 2	eo.	1.3	l.	3 8	Corresion of household plumbing systems; excessor of vatural deposits leaching from wood preservatives	
Load (tap water) (ppb)	06/2008-	N	4 ppb	6 of 2	0	0	1		Carreston of household plumbing systems, crosion of household plumbing	

Inorganic Cont	aminant	ş						
Contaminant and Unit of Measurement	Dates of sampling (mo/yr.)	MCL Violation Y/N	Level Desected	Range of Results	MCLG	MCI.	Likely	Source of Contemination
Baiium (ppm)	06/2009	N	0.031	0.025 0.031	2	2	disphi ero	harge of drilling wastes; urge from metal refinerias; ston of natural deposits
Fluoride (ppm)	<b>06/2009</b>	Ñ	1,5	0.7 – 1.5	4	4.0	disci ekuminu which j	sion of natural deposits; harge from fertilizer and an factories. Water additive promotes strong teeth when num levels between 0.7 and 1.3 gpm
Sodium (ppm)	6/2009	*	20	N/D - 20	NΑ	100	Sak wa	ter intrusion, lesching from soil
Nátrate (as Nitrogen) (ppm)	06/2009	N	0.21	G.1 - G.21	10	10		from fertilizer use; leaching optic tanks, sewage; crosion of annual deposits
Nitrite (as Nitrogen) (ppm)	06/2009	N	0.27	ND-0.27	1	ı		from fertilizer use; teaching optic tanks, sewage; erosion of natural deposits
							A Property	
Stage 1 Disinfe	ctants an	d Disinfec	tion By	Product	\$			
Disinfectant or Contaminant and Unit of Measurement	Dates of excepting (mo-lyr-)	MCL or MRDL Violation Y/N	Level Detacted	Runge of Results	MCLG (		ICL or ARDL	Likely Source of Contamination
Chlorine (ppm)	1-12-2009	N	1.17	1.0-1.3	MRDLO	= 4 MR	DL = 4.0	Water additive used to control microbes
Finloweetic Acids (five) (HAAS) (ppb)	09/2009	N	25.6	23,5-42,4	N.A.	M	CL - 60	By-product of drinking water disinfection
TTHM [Total tribalomethanes] (ppb)	09/2009	N	75.55	41.1-89.5	NΑ	М	CL = 80	By-product of drinking water disinfection

The sources of drinking water (high top water and bottled water) include rivers, lakes, streams, pouds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- (A) Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and withlife.
- (B) Inorganic contaminants, such as saits and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- (C) Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- (D) Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater ranoff, and septic systems.
- (E) Radioactive contaminants, which can be numerally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink the EFA prescribes regulations, which timit the amount of certain contaminants in water provided by public water systems. The Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water, which must provide the same protection for public health.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water pores a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Holling at 1-800-426-4791.

In our continuing efforts to maintain a safe and dependable water supply, it may be necessary to make improvements in your water system. The costs of these improvements may be reflected in the rate structure. Rate adjustments may be necessary in order to address these improvements.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by Cryptosparidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

If present, elevated levels of lead can cause serious health problems, especially for pregrant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Lighthouse Utilities Co., Inc. is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sisting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water rested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at http://www.epa.gov/safewater/lead.

We at Lighthouse Utilities Company Inc. would like you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to insuring the quality of your water. If you have any questions or concerns about the information provided, please feel free to call any of the numbers listed.

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (8)
FIELD EMPLOYEES' DUTIES, CERTIFICATES
AND SALARY ALLOCATION

TEST YEAR ENDED: DECEMBER 31, 2009

#### Michael McKenzie

From:

Rick Simmons [luci@atcom.net]

Sent:

Thursday, September 02, 2010 2:25 PM

To: Cc: 'Michael McKenzie'

Subject:

'Kayla Dailey' FW: Job Description

Tommy Dixon: Tommy takes care of maintenance issues; this includes our three facilities as well as our distribution system, repair of service lines that do not require equipment and new installs, flushing of lines and exercising valves. He locates our distribution system lines for our Sunshine Locate tickets. Tommy also operates the drive by reading of our meters and data logging.

Larry Mc Ardle: Larry is our operator and holds an A license. He checks our water plants for proper treatment and signs the operation's report for DEP. Larry also helps keep us in compliance with regulatory agencies.

James R. Simmons: As Manager Rick has many duties. Operations, system compliance with regulatory agencies, customer complaints, sampling, processing of work orders, billing, maintenance, coordination of new installs and leak repair, location of service lines and permitting.

William J. Rish, Jr.; As President Jay makes decisions on all aspects of the Company's operations, financial and regulatory agency issues.

Janell Kersey: Janell was the Book keeper and is responsible for entering receipts, payment of vendors / contractors and payroll.

Rick

ighthouse Utilities Company, Inc. Mary Expense Allocation 009		Source of Supply and Exps-Ops .10			Water Treatment Exps-Maint	Transmission and Distribution Exps-Ops	Transmission and Distribution Exps-Maint .60	Customer Accounts Exp .70	Admin and General .80	TOTAL
Expense	1	•	-	•	,	1	!			
601 Wages & Salaries-Employees	85,594	12,839		4,280		3,424		11,127	53,924	85,594
603 Wages & Salaries-Officers	35,844		3,943		8,244	•	17,563		6,094	35,844
Total Wages and Salaries	121,438	•		,	İ					

# Lighthouse Utilities Co Inc Payroll Summary January through December 2009

	Dixon, Thomas W.	Kersey, Alice J	Rish Jr., William J.	Simmons, James R	TOTAL
Employee Wages, Taxes and Adjustments Gross Pay Salary	30,703.20	9,000.00	34,684.32	42.087.38	116,474.88
Bonus Wages	2,271.62	335.67	1,159.72	1,196.54	4,953.55
Total Gross Pay	32,974.82	9,335.67	35,844.04	43,283.90	121,438.43
Deductions from Gross Pay 401(K) Employee Contribution	-1,692.00	-750.00	-13,346.24	-975.12	-16,763.36
<b>Total Deductions from Gross Pay</b>	-1,692.00	-750.00	-13,346.24	-975.12	-16,763.36
Adjusted Gross Pay	31,282.82	8,585.67	22,497.80	42,308.78	104,675.07
Taxes Withheld Federal Withholding Medicare Employee Social Security Employee	-1,863.00 -478.13 -2,044.44	-605.00 -135.37 -578.81	-2,419.00 -519.74 -2,222.33	-4,727.00 -627.62 -2,683.60	-9,614.00 -1,760.86 -7,529.18
Total Taxes Withheld	-4,385.57	-1,319.18	-5,161.07	-8,038.22	-18,904.04
Net Pay	26,897.25	7,266,49	17,336.73	34,270.56	85,771.03
Employer Taxes and Contributions Federal Unemployment Medicare Company Social Security Company FL - Unemployment Company 401(K) Company Contribution	56.00 478.13 2.044.44 8.40 1,692.00	56.00 135.37 578.81 8.40 750.00	56.00 519.74 2,222.33 8.40 13,346.24	56.00 627.62 2,683.60 8.40 975.12	224.00 1,760.86 7,529.18 33.60 16,763.36
Total Employer Taxes and Contributions	4,278.97	1,628.58	16,152.71	4,350.74	26,311.00

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (9) VEHICLES

TEST YEAR ENDED: DECEMBER 31, 2009

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IDENTIFICATION NUMBER	YR	. MAKE	MODEL	BODY	WT-L-BMP	VESSEL REGIS, NO.	TITLE NUMBER
1GCEC14X45Z181200	2005	CHEV	Í	PK	4265		93118884
DECISTERED DWINER						DATE OF I	CCLIE

LIGHTHOUSE UTILITIES INC.

05/18/2005

LIEN RELEASE INTEREST IN THE ABOVE DESCRIBED VEHICLE IS MEREBY RECEASED

TITLE

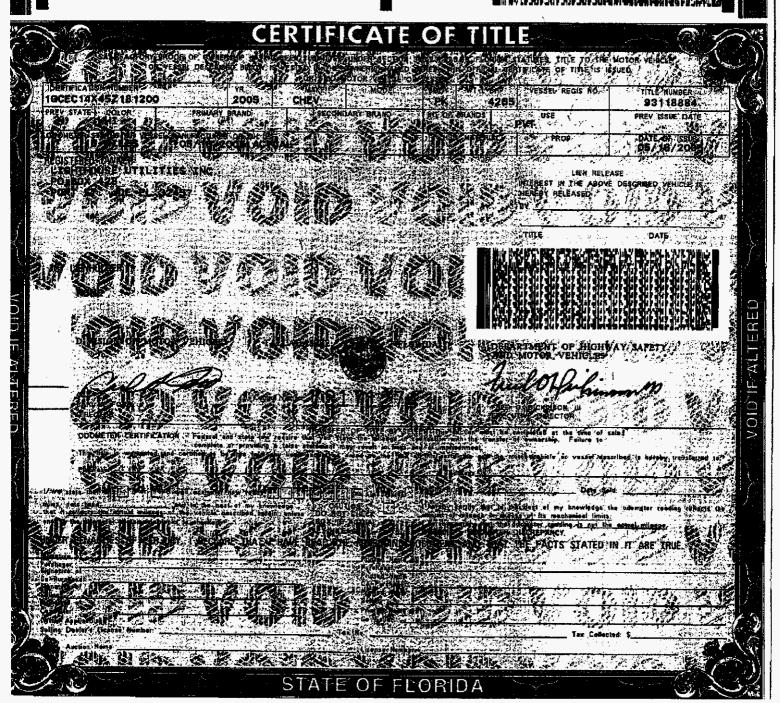
DATE

PO BOX 428 PORT ST. JOE PL 32457

MAIL TO:

LIGHTHOUSE UTILITIES INC. PO BOX 428 PORT ST. JOE FL 32457-0428

hallastatatatatatan Masahalatatatatatatata



#### Shirley J. Jenkins, Gulf County Tax Collector Registration Renewal Notice

Mail this card (fold as needed), or bring it with you to a Tax Collector's Office, along with your check made payable to:

SHIRLEY J. JENKINS, Tax Collector; 1000 Cecil Costin Blvd.; Port Saint Joe FL 32456

031 024LSJ (RGS) CLASS: EXPIRES: 06/30/09 TAG NO: TITLE NO: 46.30 0076362006 WEIGHT: 3951 Amount to pay by mail: VIN: 1GCEC14W4WZ259418 DOB: 06/30/XX Amount to pay in person: 45.60 98/CHEV PIN: 00763620065 10.00 YR/MAKE:

Add Penalty after: 07/10/09 \$ 10.00

\*Veit year filters or / dd / DPPAInfo.html for Driver Privacy Protection Act information. \*TWO-year Remewals Are now Available For most registrations; CONTACT YOUR TAX COLLECTOR FOR MORE INFORMATION. \*DRIVER'S LICENSE NUMBER OR FEID NUMBER REQUESTED POR FLORIDA LICENSED OWNERS, PLEASE NOTE IN SPACE PROVIDED.

ARF 02

AUTO\*\*5DG\$\*32456 C 283 <A10> A lantlanala keta dista distana littera a terda a talinda seda di di terda di t LIGHTHOUSE UTILITIES INC. **PO BOX 428** 

Owner PL DL#: Co-Owner FL DL#:

PORT SAINT JOE FL 32457-0428

If renewing this item, Separate and return.

Please verify renewal information.

#### Shirley J. Jenkins, Gulf County Tax Collector Registration Renewal Notice

Mail this card (fold as needed), or bring it with you to a Tax Collector's Office, along with your check made payable to:

SHIRLEY J. JENKINS, Tax Collector; 1000 Cecil Costin Blvd.; Port Saint Joe FL 32456

C054MX (RGR) CLASS: 031 TAG NO: EXPIRES: 06/30/09 0093118884 WEIGHT: 4285 46.30 TITLE NO: Amount to pay by mail: 1GCEC14X45Z181200 DOB: 06/30/XX Amount to pay in person: 45.60 VIN: YR/MAKE: 05/CHEV PIN:

Add Penalty after: 07/10/09 \$ 10.00

Add Penalty after: 07/10/09 \$ 10.00

Wirk www.fininy.gov./doi./DPPAInio.html for
Driver Privacy Protection Act information. \*TWO-YEAR
RENEWALS ARE NOW AVAILABLE FOR MOST REGISTRATIONS;
CONTACT YOUR TAX COLLECTOR FOR MORE INFORMATION.
\*\*\*ORIVER'S LICENSE NUMBER OR FEID NUMBER REQUESTED
FOR FLORIDA LICENSED OWNERS, PLEASE NOTE IN SPACE
PROVIDED.

**ARF 08** 

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LIGHTHOUSE UTILITIES INC. **PO BOX 428** PORT SAINT JOE FL 32457-0428

If renewing this item, Separate and return.

Please verify renewal information.

#### Shirley J. Jenkins, Gulf County Tax Collector Registration Renewal Notice

Mail this card (fold as needed), or bring it with you to a Tax Collector's Office, along with your check made payable to:

SHIRLEY J. JENKINS, Tax Collector; 1000 Cecil Costin Blvd.; Port Saint Joe FL 32456

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DO NOT RETURN

Lighthouse Utilities Company, Inc.

Docket No.: 100128-WU

**Gulf County** 

25-30.440 (10) CUSTOMER COMPLAINTS

**TEST YEAR ENDED: DECEMBER 31, 2009** 

Lighthouse Utility P.O.Box 428 Port St Joe Fl 32457

• • •

Attention Book Keeping (or lack thereof)

Once again we have received bills showing past due balances even though we have always paid prior to the due date and the bank shows all the checks payable to your firm have cleared. My wife wasted countless hours this summer sending you copies of canceled checks and then going to your offices this summer the last time you claimed we had a past due balance. No one even had the common courtesy or decency to call and admit the errors after all she went through.

Please check your records as we are current with our account. Any further errors on your part showing we are past due when we are not would easily be considered harassment and possible fraud. At the very least we will have to start billing your firm for our time in researching past bills and checks.

I have enclosed check # 3150 in the amount of \$21.78 for our current balance. I have also enclosed a copy of canceled check # 3150 showing you received the \$39.56 that you say we are in arrears. It cleared the bank 9/1/09

We a purchased a tap years ago (I have that canceled check in my files as well if you have no record) for the property adjacent (on the East) to the now Mystic Palms S/D. At the time we were told there was no water main run under Indian Pass road near there and our tap would be installed when one was available. As there has been a house with your water immediately adjacent to this property for several years now I think we are due what we paid for.

I can be reached at 850-685-1092 (cell) if you need copies of checks or help in researching your records-

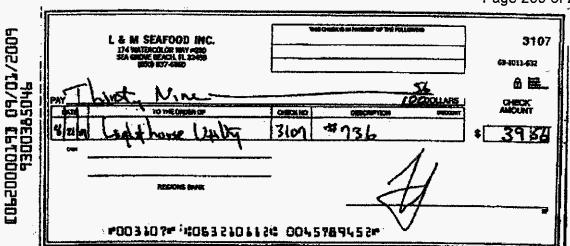
Laurance F Pentel

58 Lake Pointe Dr

#### \*012000019\* P005\10\P0 JP02&E00EP

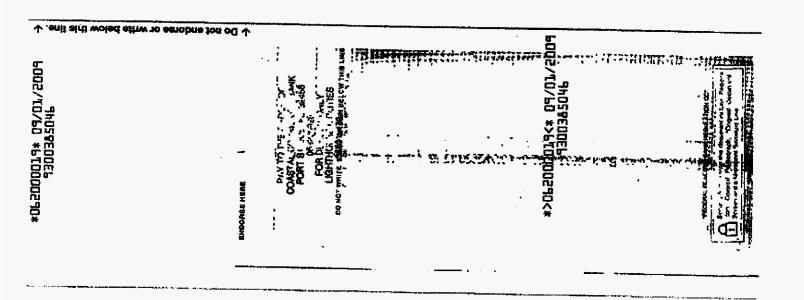
This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

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,	L & M SEAFOOD INC.  174 WATERCOLOR WAY #280 SEA GROVE BEACH, ft. 32459 (850) 837-5860	11	IS CHECK IS IN PAYMENT OF THE	POLIONING	3150 63-1011-632
DAPE LO E TO	Light House UHITY	CHECK NO.	DESCRIPTION #736	DOLLARS DESCOUNT	CHECK AMOUNT
	REGIONS BANK H=003150u=   41053210116	- !: 004	57B9452#	H	Ma-

TEMP - RETURN SERVICE REQUESTED FIRST CLASS MAIL U.S. POSTAGE PAID Put St. 10e, F1 32456 PERMIT NO. 111

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### LIGHTHOUSE UTILITIES COMPANY

P. O. BOX 428

PORT ST. JOE, FLORIDA 32457

PHONE: 850-227-7427

October 26, 2009

Mr. Laurance Pentel 58 Lake Pointe Drive Seagrove Beach, FL 32549-6736

Re: Account # 100736

Dear Mr. Pentel:

Enclosed please find your account history from 3/16/06 to present and a Request for Water Service form.

Your account history shows 3 adjustments made since 3/16/2006. The adjustment on 4/24/2007 was a result of a billing software problem charging the FAC charge twice and was posted 6 days prior to your payment. The next billing cycle reflects the credit balance of the 4/30/07 payment.

The adjustment on 8/13/2009 was made because of an entry error on our part. A copy of the cancelled check was delivered to our office.

The reason your payment of \$39.56 was not reflected on your bill is because a file on a thumb drive that our bookkeeper and I used somehow corrupted and we lost a deposit record that contained your payment. We now have a "double back up" system in place that will hopefully rectify the problem.

Mr. Pentel I apologize for any inconvenience these errors caused, we make every effort to ensure our valued customers are billed correctly.

I did notice that the name on the check is different than the name on the account, we use account numbers to enter receipts and your account number is 100736. If this number was on the check it would be helpful.

We have several individuals that pre-paid "Tap Fee's" and it is the responsibility of the individual or developer to maintain records of pre-payment. Taps are only assigned to a parcel when they are installed by request. In addition to the tap fee we also charge for installation and materials.

● Page 2 October 26, 2009

If you would like to request water service, please return the completed Request for Water Service along with a copy of your canceled check for the tap fee and a check for the difference.

Please don't hesitate to call me with any questions or comments you may have.

Sincerely,

James R. Simmons

Manager

Enc:A/S