

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

FILED AT NUMBER DATE

7970 SEP 22 09

FPSC-COMMISSION CLERK

ECR 1

**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**

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

|           |                     |                              |    |   |   |   |   |    |             |         |
|-----------|---------------------|------------------------------|----|---|---|---|---|----|-------------|---------|
| 110725710 | TZQ83               | 12/31/08                     | 30 |   |   |   |   |    | NET 30 DAYS | 1       |
| CL HP150  | Rare/Special Large  | BALANCE FORWARD              |    |   |   |   | 3 |    |             |         |
| R RSL     | ----- TOTALS -----> |                              | 3  | 0 | 0 | 3 | 0 | 93 | .410        | 38.13   |
| R RSL     | Rare/Special Large  | SUMMARY OF CYLINDER BALANCES | 3  | 0 | 0 | 3 | 0 | 93 | .410        | 38.13   |
|           |                     |                              |    |   |   |   |   |    | TAX:        | 2.57    |
|           |                     |                              |    |   |   |   |   |    |             | \$40.80 |

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

**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.

**Airgas** www.airgas.com

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110725710/TZQ83

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

**RENTAL INVOICE**

SEL-01



TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

|                              |                    |                 |       |   |   |   |   |             |                |
|------------------------------|--------------------|-----------------|-------|---|---|---|---|-------------|----------------|
| 110892385                    | TZQ83              | 01/31/09        | 30    |   |   |   |   | NET 30 DAYS | 1              |
| CL HP150                     |                    | BALANCE FORWARD |       |   |   |   |   |             |                |
| CL HP150                     | 68                 | 874785684       | 01/08 |   | 4 | 3 | 3 |             |                |
|                              | Rare/Special Large |                 |       |   |   |   | 4 |             |                |
| R RSL                        | -----              | TOTALS          | -->   | 3 | 4 | 3 | 4 | 0           | 116 .410 47.56 |
| SUMMARY OF CYLINDER BALANCES |                    |                 |       |   |   |   |   |             |                |
| R RSL                        | Rare/Special Large |                 |       | 3 | 4 | 3 | 4 | 0           | 116 .410 47.56 |
|                              |                    |                 |       |   |   |   |   | TAX:        | 3.33           |

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

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**\$50.89**

**Airgas** www.airgas.com

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

**ACT. NAME AIRGAS SOUTH**  
**ACT. NO. 8606074182**  
**PNC BANK - ABA NO. 031000053**  
**REF. 110892385/TZQ83**

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

**RENTAL INVOICE**

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-768-2401

| 001038-00   |        | 110982312   |       | TZQ83  |        | 02/16/09                                       |        | LIGHTHOUSE UTILITIES       |                 |       |
|---|--------|-------------|-------|--------|--------|--|--------|----------------------------|-----------------|-------|
| 030   |        | 830         |       | 30     |        | Our Truck                                      |        | NET 30 DAYS                |                 |       |
| QTY   | UNIT   | DESCRIPTION | PRICE | AMOUNT | AMOUNT | AMOUNT   | AMOUNT | AMOUNT                     | AMOUNT          |       |
| ** LOCATION: H30 **   |        |             |       |        |        |  |        |                            |                 |       |
| 10380206  | CL     | HP150       | 3     | 0      |        | CHLORINE HP GR 2.5 SIZE<br>CGA 660<br>VOL: 450 | CL     | 175.00                     | 525.00 T        |       |
| 10380206  | HAZMAT |             | 1     | 0      | 3      | HAZ MAT FEE                                    | EA     | 6.25                       | 6.25 T          |       |
| 10380206  | SRCFSC |             | 1     | 0      |        | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE       | EA     | 6.15                       | 6.15 T          |       |
|   |        |             |       |        |        |  |        | Subtotal                   | 537.40          |       |
| TOTAL CYLINDERS SHIPPED: 3 RETURNED: 3                          |        |             |       |        |        |  |        |                            |                 |       |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |        |             |       |        |        |  |        |                            |                 |       |
|   |        |             |       |        |        |  |        | Del Charge                 | 10.00           |       |
|   |        |             |       |        |        |  |        | State Tax                  | 6.000%          | 32.85 |
|   |        |             |       |        |        |  |        | City Tax                   | 1.000%          | 5.47  |
|   |        |             |       |        |        |  |        | <b>TAXES AMOUNT</b>        | <b>\$547.40</b> |       |
|   |        |             |       |        |        |  |        | <b>AMOUNT THIS INVOICE</b> | <b>\$585.72</b> |       |

**Airgas** www.airgas.com

Airgas South  
PO Box 9249  
Marietta, GA 30085-2249

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110982312/TZQ83

ORIGINAL INVOICE

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

| 110056174                    |                    | TZQ83    |          | 02/28/09 |   | 30 |   | NET 30 DAYS |     | 1    |         |
|------------------------------|--------------------|----------|----------|----------|---|----|---|-------------|-----|------|---------|
| CL HP150                     |                    | BALANCE  | FORWARD  |          |   |    |   |             |     |      |         |
| CL HP150                     |                    | 10389823 | 12 02/16 |          | 3 | 3  | 4 |             |     |      |         |
| R RSL                        | Rare/Special Large |          |          |          |   |    |   |             |     |      |         |
| ----- TOTALS ----->          |                    |          |          | 4        | 3 | 3  | 4 | 0           | 112 | .410 | 45.92   |
| SUMMARY OF CYLINDER BALANCES |                    |          |          |          |   |    |   |             |     |      |         |
| R RSL                        | Rare/Special Large |          |          | 4        | 3 | 3  | 4 | 0           | 112 | .410 | 45.92   |
|                              |                    |          |          |          |   |    |   |             |     | TAX: | 3.21    |
|                              |                    |          |          |          |   |    |   |             |     |      | \$49.13 |

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

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**Airgas** www.airgas.com

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

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

Airgas South  
 PO Box 9249  
 Marietta, GA 30065-2249

**RENTAL INVOICE**



**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 |
|----------|-----------|----------------|
| 01/09/09 | TZQ83     | 110785684 110  |

PLEASE MAKE CHECKS PAYABLE TO  
 AIRGAS SOUTH

Airgas South, Inc.  
 PO Box 532609  
 Atlanta GA 30353-2609  
 770-590-6200 FAX: 770-590-6100

**SOLD TO**  
 LIGHTHOUSE UTILITIES  
 30C MONEY BAYOU BRIDGE  
 PO BOX 428  
 PORT SAINT JOE FL 32457-0428

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

IG  
 684874-00

| CUSTOMER ORDER NUMBER | LOC | S.S.# | TERM | SHIP VIA  | TERMS       | PAGE |
|-----------------------|-----|-------|------|-----------|-------------|------|
|                       | 030 | 830   | 30   | Our Truck | NET 30 DAYS | 1    |

| STOCK NUMBER        | QTY SHPTD | QTY B/O | DESCRIPTION                              | UOM | UNIT PRICE | AMOUNT   |
|---------------------|-----------|---------|--|-----|------------|----------|
| ** LOCATION: H30 ** |           |         |  |     |            |          |
| 68487401230CL HP150 | 4         | 0       | CHLORINE HP GR 2.5 SIZE CL<br>CGA 660    |     | 175.00     | 700.00 T |
| 6848741230HAZMAT    | 1         | 0       | VOL: 600<br>HAZ MAT FEE                  | EA  | 6.25       | 6.25 T   |
| 6848741230SRCFSC    | 1         | 0       | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE | EA  | 6.75       | 6.75 T   |
| Subtotal            |           |         |  |     |            | 713.00   |

TOTAL CYLINDERS SHIPPED: 4 RETURNED: 3

TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT:

**PAST DUE**

|                  |       |
|------------------|-------|
| Del Charge       | 10.00 |
| State Tax 6.000% | 43.38 |
| City Tax 1.000%  | 7.23  |

TAXABLE AMOUNT  
 723.00

AMOUNT  
 THIS INVOICE  
 773.61



TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 858-788-2401

| ORDER NUMBER  |            | INVOICE NUMBER                  |                          | ACCOUNT NUMBER |              | INVOICE DATE |  | PRODUCT NAME         |                            |                 |
|---|------------|---------------------------------|--------------------------|----------------|--------------|--------------|--|----------------------|----------------------------|-----------------|
| 872532-00   |            | 110271663                       |                          | TZQ83          |              | 04/02/09     |  | LIGHTHOUSE UTILITIES |                            |                 |
| CUSTOMER ORDER NUMBER   |            |                                 | FORM                     | SIZE           | TYPE         | SHIP VIA     |  | TERMS                | PAGE                       |                 |
|   |            |                                 | 030                      | 830            | 30           | Our Truck    |  | NET 30 DAYS          | 1                          |                 |
| DELIVERY NUMBER   | ORDER DATE | PART NUMBER                     | NO. ORDERED              | NO. SHIPPED    | NO. RETURNED | CYLINDER     | DESCRIPTION                              | U. O. M.             | UNIT PRICE                 | AMOUNT          |
| 8725320320  |            | ** LOCATION: H30 **<br>CL HP150 | 3                        | 0              |              |              | CHLORINE HP GR 2.5 SIZE<br>CGA 660       | CL                   | 175.00                     | 525.00 T        |
| 8725320320  |            | HAZMAT                          | 1                        | 0              |              | 3 3          | VOL: 450<br>HAZ MAT FEE                  | EA                   | 6.25                       | 6.25 T          |
| 8725320320  |            | SRCFSC                          | 1                        | 0              |              |              | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE | EA                   | 6.15                       | 6.15 T          |
|   |            |                                 |                          |                |              |              |  |                      | Subtotal                   | 537.40          |
|   |            |                                 | TOTAL CYLINDERS SHIPPED: |                | 3            |              | RETURNED:                                |                      | 3                          |                 |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |            |                                 |                          |                |              |              |  |                      |                            |                 |
|   |            |                                 |                          |                |              |              |  |                      | Del Charge                 | 10.00           |
|   |            |                                 |                          |                |              |              |  |                      | State Tax 6.000%           | 32.85           |
|   |            |                                 |                          |                |              |              |  |                      | City Tax 1.000%            | 5.47            |
|   |            |                                 |                          |                |              |              |  |                      | <b>TOTAL AMOUNT</b>        | <b>\$547.40</b> |
|   |            |                                 |                          |                |              |              |  |                      | <b>AMOUNT THIS INVOICE</b> | <b>\$585.72</b> |

**Airgas** www.airgas.com

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

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

ORIGINAL INVOICE

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110271663/TZQ83

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-768-2401

| ACCOUNT NUMBER  |            | ACCOUNT NUMBER                  |          | ACCOUNT NUMBER |  | INVOICE DATE |                                | ACCOUNT NAME         |                 |
|---|------------|---------------------------------|----------|----------------|--|--------------|--------------------------------|----------------------|-----------------|
| 061458-00   |            | 110373694                       |          | TZQ83          |  | 04/29/09     |                                | LIGHTHOUSE UTILITIES |                 |
| CITY  |            | STATE                           |          | COUNTRY        |  | TERMS        |                                | QUANTITY             |                 |
| 030   |            | 830                             |          | 30             |  | Our Truck    |                                | NET 30 DAYS          |                 |
| ORDER NUMBER  | ORDER DATE | PART NUMBER                     | QUANTITY | UNIT           | DESCRIPTION                              | UNIT PRICE   | AMOUNT                         | TAX                  | AMOUNT          |
| 614580416   |            | ** LOCATION: H30 **<br>CL HP150 | 2        | 0              | CHLORINE HP GR 2.5 SIZE<br>CGA 660       | 175.00       | 350.00                         | T                    |                 |
| 614580416   |            | HAZMAT                          | 1        | 0              | VOL: 300<br>HAZ MAT FEE                  | 6.25         | 6.25                           | T                    |                 |
| 614580416   |            | SRCFSC                          | 1        | 0              | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE | 7.35         | 7.35                           | T                    |                 |
|   |            |                                 |          |                |  |              | Subtotal                       |                      | 363.60          |
| TOTAL CYLINDERS SHIPPED: 2 RETURNED: 2                          |            |                                 |          |                |  |              |                                |                      |                 |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |            |                                 |          |                |  |              |                                |                      |                 |
|   |            |                                 |          |                |  |              | Del Charge                     |                      | 10.00           |
|   |            |                                 |          |                |  |              | State Tax                      | 6.000%               | 22.41           |
|   |            |                                 |          |                |  |              | City Tax                       | 1.000%               | 3.74            |
|   |            |                                 |          |                |  |              | <b>AMOUNT DUE THIS INVOICE</b> |                      | <b>\$389.75</b> |
|   |            |                                 |          |                |  |              |                                |                      | <b>\$373.60</b> |

**Airgas** www.airgas.com

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

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

ORIGINAL INVOICE

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110373694/TZQ83

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH

|                              |                          |          |    |   |   |   |   |             |      |       |
|------------------------------|--------------------------|----------|----|---|---|---|---|-------------|------|-------|
| 110403346                    | TZQ83                    | 04/30/09 | 30 |   |   |   |   | NET 30 DAYS | 1    |       |
| CL HP150                     | BALANCE FORWARD          |          |    |   |   |   |   |             |      |       |
| CL HP150                     | 8725322716               | 63 03/20 | 3  | 3 | 4 |   |   |             |      |       |
|                              | ADJUSTED BALANCE FORWARD |          |    |   |   |   |   |             |      |       |
| CL HP150                     | 614583736                | 94 04/29 | 2  | 2 | 4 |   |   |             |      |       |
|                              | Rare/Special Large       |          |    |   |   |   |   |             |      |       |
| R RSL                        | ----- TOTALS ----->      |          | 4  | 2 | 2 | 4 | 0 | 120         | .430 | 51.60 |
| SUMMARY OF CYLINDER BALANCES |                          |          |    |   |   |   |   |             |      |       |
| R RSL                        | Rare/Special Large       |          | 4  | 2 | 2 | 4 | 0 | 120         | .430 | 51.60 |
|                              |                          |          |    |   |   |   |   | TAX:        | 3.61 |       |

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

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**TOTAL** \$55.21

**Airgas** www.airgas.com

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110403346/TZQ83

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

**RENTAL INVOICE**



# STATEMENT



Airgas South  
PO Box 8249  
Marietta, GA 30065-2249

|   |               |                   |                             |
|---|---------------|-------------------|-----------------------------|
| DATE<br>04/30/09  | REGION<br>110 | CUST NO.<br>TZQ83 | PAY THIS AMOUNT<br>\$394.38 |
| <input type="checkbox"/> Check<br><input type="checkbox"/> Credit Card  |               |                   | AMOUNT ENCLOSED             |
| Please visit <a href="http://www.airgas.com/onlinebillpay">www.airgas.com/onlinebillpay</a> or complete the information on the reverse side of this form. |               |                   |                             |

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

52663

Airgas South  
PO Box 532609  
Atlanta, GA 30353-2609



00TZQ830011099999900000394380

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL 850-769-2401

| DATE                   | INVOICE NUMBER | CURRENT | PAID | AMOUNT        |
|------------------------|----------------|---------|------|---------------|
| 09/15/03               | 110006658      |         |      | 32.25CR       |
| 10/08/03               | 110006692      |         |      | 33.33CR       |
| 03/24/08               | 110189148      |         |      | 5.00          |
| 04/29/09               | 110373694      | 399.75  |      |               |
| 04/30/09               | 110403346      | 55.21   |      |               |
| LAST PAYMENT: 04/30/09 |                | 640.12  |      |               |
|                        |                | 454.96  | 00   | 00            |
|                        |                |         | 00   | 68.18CR       |
|                        |                |         |      | \$394.38      |
|                        |                |         |      | TOTAL BALANCE |



Airgas South  
PO Box 8249  
Marietta, 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: 850-788-2401

| 300700-00   |          | 110537429           |     | TZQ83                    |           | 05/28/09 |             | LIGHTHOUSE UTILITIES                     |                    |
|---|----------|---------------------|-----|--------------------------|-----------|----------|-------------|--|--------------------|
|   |          | 030                 | 830 | 30                       | Our Truck |          | NET 30 DAYS |  | 1                  |
|   |          | ** LOCATION: H30 ** |     |                          |           |          |             |  |                    |
| 3007000522  | CL HP150 |                     |     | 3                        | 0         |          |             | CHLORINE HP GR 2.5 SIZE<br>CGA 660       | CL 175.00 525.00 T |
| 3007000522  | HAZMAT   |                     |     | 1                        | 0         | 3        | 3           | VOL: 450<br>HAZ MAT FEE                  | EA 6.25 6.25 T     |
| 3007000522  | SRCFSC   |                     |     | 1                        | 0         |          |             | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE | EA 8.05 8.05 T     |
|   |          |                     |     |                          |           |          |             | Subtotal                                 | 539.30             |
|   |          |                     |     | TOTAL CYLINDERS SHIPPED: |           | 3        |             | RETURNED: 3                              |                    |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |          |                     |     |                          |           |          |             |  |                    |
|   |          |                     |     |                          |           |          |             | Del Charge                               | 10.00              |
|   |          |                     |     |                          |           |          |             | State Tax 6.000%                         | 32.96              |
|   |          |                     |     |                          |           |          |             | City Tax 1.000%                          | 5.49               |
|   |          |                     |     |                          |           |          |             | <b>\$549.30</b>                          | <b>\$587.75</b>    |

**Airgas** www.airgas.com

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110537429/TZQ83

ORIGINAL INVOICE

|                              |                     |                 |    |   |   |   |   |             |                |
|------------------------------|---------------------|-----------------|----|---|---|---|---|-------------|----------------|
| 110567133                    | TZQ83               | 05/31/09        | 30 |   |   |   |   | NET 30 DAYS | 1              |
| CL HP150                     |                     | BALANCE FORWARD |    |   |   |   |   |             |                |
| CL HP150                     | 300700537429        | 05/22           |    | 3 | 3 | 4 |   |             |                |
|                              | Rare/Special Large  |                 |    |   |   | 4 |   |             |                |
| R RSL                        | ----- TOTALS -----> |                 |    | 4 | 3 | 3 | 4 | 0           | 124 .430 53.32 |
| SUMMARY OF CYLINDER BALANCES |                     |                 |    |   |   |   |   |             |                |
| R RSL                        | Rare/Special Large  |                 |    | 4 | 3 | 3 | 4 | 0           | 124 .430 53.32 |
|                              |                     |                 |    |   |   |   |   | TAX:        | 3.73           |
|                              |                     |                 |    |   |   |   |   |             | \$57.05        |

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

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www.airgas.com

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

ACT. NAME AIRGAS SOUTH  
 ACT. NO. 8606074182  
 PNC BANK - ABA NO. 031000053  
 REF. 110567133/TZQ83

**RENTAL INVOICE**

Airgas South  
 PO Box 9249  
 Marietta, GA 30065-2249

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 855-766-2401

| 489531-01   |          | 110894760 |     | TZQ83 |           | 06/24/09 |  | LIGHTHOUSE UTILITIES |        |          |
|---|----------|-----------|-----|-------|-----------|----------|--|----------------------|--------|----------|
|   |          | 030       | 830 | 30    | Our Truck |          | NET 30 DAYS                              |                      | 1      |          |
| ** LOCATION: H30 **   |          |           |     |       |           |          |  |                      |        |          |
| 4895310622  | CL HP150 |           | 2   | 0     |           |          | CHLORINE HP GR 2.5 SIZE<br>CGA 660       | CL                   | 175.00 | 350.00 T |
| 4895310622  | HAZMAT   |           | 1   | 0     | 2         | 2        | VOL: 300<br>HAZ MAT FEE                  | EA                   | 6.25   | 6.25 T   |
| 4895310622  | SRCFSC   |           | 1   | 0     |           |          | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE | EA                   | 10.15  | 10.15 T  |
|   |          |           |     |       |           |          |  | Subtotal             |        | 366.40   |
| TOTAL CYLINDERS SHIPPED:  |          |           |     |       | 2         |          | RETURNED:                                |                      | 2      |          |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |          |           |     |       |           |          |  |                      |        |          |
|   |          |           |     |       |           |          |  | State Tax            | 6.000% | 21.99    |
|   |          |           |     |       |           |          |  | City Tax             | 1.000% | 3.66     |
|   |          |           |     |       |           |          |  |                      |        | \$366.40 |
|   |          |           |     |       |           |          |  |                      |        | \$392.05 |

**Airgas** www.airgas.com

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110694760/TZQ83

SEL-0000

ORIGINAL INVOICE

|                              |       |                     |    |   |   |   |   |             |                |
|------------------------------|-------|---------------------|----|---|---|---|---|-------------|----------------|
| 110740606                    | TZQ83 | 08/30/09            | 30 |   |   |   |   | NET 30 DAYS | 1              |
| CL HP150                     |       | BALANCE FORWARD     |    |   |   |   |   |             |                |
| CL HP150                     |       | 489531694760 06/24  |    | 2 | 2 | 4 |   |             |                |
|                              |       | Rare/Special Large  |    |   |   |   |   |             |                |
| R RSL                        |       | ----- TOTALS -----> |    | 4 | 2 | 2 | 4 | 0           | 120 .430 51.60 |
| SUMMARY OF CYLINDER BALANCES |       |                     |    |   |   |   |   |             |                |
| R RSL                        |       | Rare/Special Large  |    | 4 | 2 | 2 | 4 | 0           | 120 .430 51.60 |
|                              |       |                     |    |   |   |   |   |             | TAX: 3.61      |

**R - (RENTAL)  
D - (DEMURRAGE)  
L - (LEASE)**

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**\$55.21**

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

**ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110740606/TZQ83**

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

**RENTAL INVOICE**

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

| 947266-00   |          | 110855447 |     | TZQ83 |           | 07/23/09 |             | LIGHTHOUSE UTILITIES |                 |
|---|----------|-----------|-----|-------|-----------|----------|-------------|----------------------|-----------------|
|   |          | 030       | 830 | 30    | Our Truck |          | NET 30 DAYS |                      |                 |
| 9472660710  | CL HP150 |           | 2   | 0     |           |          | CL          | 175.00               | 350.00 T        |
| 9472660710  | HAZMAT   |           | 1   | 0     | 2         | 2        | EA          | 6.25                 | 6.25 T          |
| 9472660710  | SRCFSC   |           | 1   | 0     |           |          | FA          | 9.45                 | 9.45 T          |
|   |          |           |     |       |           |          |             | Subtotal             | 365.70          |
| TOTAL CYLINDERS SHIPPED: 2 RETURNED: 2                          |          |           |     |       |           |          |             |                      |                 |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |          |           |     |       |           |          |             |                      |                 |
|   |          |           |     |       |           |          |             | Del Charge           | 10.00           |
|   |          |           |     |       |           |          |             | State Tax 6.000%     | 22.54           |
|   |          |           |     |       |           |          |             | City Tax 1.000%      | 3.76            |
|   |          |           |     |       |           |          |             | <b>\$375.70</b>      | <b>\$402.00</b> |

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Airgas South  
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Marietta, GA 30065-2249

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110855447/TZQ83

ORIGINAL INVOICE

|                              |                     |                 |    |   |   |   |   |             |      |       |
|------------------------------|---------------------|-----------------|----|---|---|---|---|-------------|------|-------|
| 110911066                    | TZQ83               | 07/31/09        | 30 |   |   |   |   | NET 30 DAYS | 1    |       |
| CL HP150                     |                     | BALANCE FORWARD |    |   |   |   |   |             |      |       |
| CL HP150                     | 9472668554          | 17 07/22        |    | 2 | 2 | 4 |   |             |      |       |
|                              | Rare/Special Large  |                 |    |   |   |   |   |             |      |       |
| R RSL                        | ----- TOTALS -----> |                 | 4  | 2 | 2 | 4 | 0 | 124         | .430 | 53.32 |
| SUMMARY OF CYLINDER BALANCES |                     |                 |    |   |   |   |   |             |      |       |
| R RSL                        | Rare/Special Large  |                 | 4  | 2 | 2 | 4 | 0 | 124         | .430 | 53.32 |
|                              |                     |                 |    |   |   |   |   |             | TAX: | 3.73  |

R - (RENTAL)  
O - (DEMURRAGE)  
L - (LEASE)

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\$57.05

**Airgas** www.airgas.com

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

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

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

**RENTAL INVOICE**

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

| CUSTOMER ORDER NUMBER   |            | BRN         | SL                       | TER       | SHIP VIA | TERMS  | PAGE                           |                 |
|---|------------|-------------|--------------------------|-----------|----------|--|--------------------------------|-----------------|
| 376230-00   |            | 110957693   |                          | TZQ83     | 08/05/09 | LIGHTHOUSE UTILITIES                           |                                |                 |
| 030   |            | B30         | 30                       | Our Truck |          | NET 30 DAYS                                    | 1                              |                 |
| DELIVERY NUMBER   | ORDER DATE | PART NUMBER | QTY                      | QTY       | CYLINDER | DESCRIPTION                                    | UNIT PRICE                     | AMOUNT          |
| 3762300804  |            | CL HP150    | 2                        | 0         |          | CHLORINE HP GR 2.5 SIZE<br>CGA 660<br>VOL: 300 | CL 175.00                      | 350.00 T        |
| 3762300804  |            | HAZMAT      | 1                        | 0         | 2        | HAZ MAT FEE                                    | EA 6.25                        | 6.25 T          |
| 3762300804  |            | SRCFSC      | 1                        | 0         |          | HAZARDOUS MATERIAL FEE<br>FUEL SURCHARGE       | EA 9.45                        | 9.45 T          |
|   |            |             |                          |           |          |  | Subtotal                       | 365.70          |
|   |            |             | TOTAL CYLINDERS SHIPPED: |           | 2        | RETURNED:                                      | 2                              |                 |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |            |             |                          |           |          |  |                                |                 |
|   |            |             |                          |           |          |  | Del Charge                     | 10.00           |
|   |            |             |                          |           |          |  | State Tax 6.000%               | 22.54           |
|   |            |             |                          |           |          |  | City Tax 1.000%                | 3.76            |
|   |            |             |                          |           |          |  | <b>AMOUNT DUE THIS INVOICE</b> | <b>\$402.00</b> |
|   |            |             |                          |           |          |  | <b>AVAILABLE AMOUNT</b>        | <b>\$375.70</b> |

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Marietta, GA 30065-2249

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

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

ORIGINAL INVOICE



TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

|                              |       |                     |    |   |   |   |   |             |                |
|------------------------------|-------|---------------------|----|---|---|---|---|-------------|----------------|
| 110077619                    | TZQ83 | 08/31/09            | 30 |   |   |   |   | NET 30 DAYS | 1              |
| CL HP150                     |       | BALANCE FORWARD     |    |   |   |   |   |             |                |
| CL HP150                     |       | 376230957693 08/05  |    | 2 | 2 | 4 |   |             |                |
|                              |       | Rare/Special Large  |    |   |   | 4 |   |             |                |
| R RSL                        |       | ----- TOTALS -----> |    | 4 | 2 | 2 | 4 | 0           | 124 .430 53.32 |
| SUMMARY OF CYLINDER BALANCES |       |                     |    |   |   |   |   |             |                |
| R RSL                        |       | Rare/Special Large  |    | 4 | 2 | 2 | 4 | 0           | 124 .430 53.32 |
|                              |       |                     |    |   |   |   |   | TAX:        | 3.73           |
|                              |       |                     |    |   |   |   |   |             | \$57.05        |

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

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**Airgas** www.airgas.com

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110077619/TZQ83

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

**RENTAL INVOICE**

SEL-10000

# STATEMENT

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

|   |               |                   |                             |
|---|---------------|-------------------|-----------------------------|
| DATE<br>08/31/09  | REGION<br>110 | CUST. NO<br>TZQ83 | PAY THIS AMOUNT<br>\$393.47 |
| <input type="checkbox"/> Check<br><input type="checkbox"/> Credit Card  |               |                   | AMOUNT ENCLOSED             |
| Please visit <a href="http://www.airgas.com/onlinebillpay">www.airgas.com/onlinebillpay</a> or complete the information on the reverse side of this form. |               |                   |                             |

SOLD BY AIRGAS SOUTH, INC.  
 1801 FLORIDA AVE  
 PANAMA CITY FL 32405-4836  
 850-769-2401

SOLD TO LIGHTHOUSE UTILITIES  
 30C MONEY BAYOU BRIDGE  
 PO BOX 428  
 PORT SAINT JOE FL 32457-0428

50797

Airgas South  
 PO Box 532609  
 Atlanta, GA 30353-2609



00TZQ83003109999900000393473

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

| TZQ83                  | 110       | 08/31/09 | LIGHTHOUSE UTILITIES | 1        |
|------------------------|-----------|----------|----------------------|----------|
| 09/15/03               | 110006658 |          |                      |          |
| 10/08/03               | 110006692 |          |                      | 32.25CR  |
| 08/05/09               | 110957693 | 402.00   |                      | 33.33CR  |
| 08/31/09               | 110077619 | 57.05    |                      |          |
| LAST PAYMENT: 08/21/09 |           | 459.05   |                      |          |
|                        |           | 459.05   | .00                  | .00      |
|                        |           |          |                      | 65.58CR  |
|                        |           |          |                      | \$393.47 |

**Airgas** www.airgas.com

Airgas South  
 PO Box 9249  
 Marietta, 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: 850-769-2481

| 726812-00   |             | 110167608 |       | TZQ83 |           | 09/16/09 |                            | LIGHTHOUSE UTILITIES |       |
|---|-------------|-----------|-------|-------|-----------|----------|----------------------------|----------------------|-------|
|   |             | 030       | 830   | 30    | Our Truck |          | NET 30 DAYS                |                      | 1     |
| QTY   | DESCRIPTION | UNIT      | PRICE | TOTAL | UNIT      | PRICE    | TOTAL                      | TAX                  | TOTAL |
| ** LOCATION: H30 **   |             |           |       |       |           |          |                            |                      |       |
| 7266120908  | CL HP150    | 2         | 0     |       | CL        | 175.00   | 350.00                     | T                    |       |
|   |             |           |       |       |           |          |                            |                      |       |
| 7266120908  | HAZMAT      | 1         | 0     |       | EA        | 6.25     | 6.25                       | T                    |       |
| 7266120908  | SRCFSC      | 1         | 0     |       | EA        | 10.15    | 10.15                      | T                    |       |
|   |             |           |       |       |           |          | Subtotal                   | 366.40               |       |
| TOTAL CYLINDERS SHIPPED: 2 RETURNED: 2                          |             |           |       |       |           |          |                            |                      |       |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |             |           |       |       |           |          |                            |                      |       |
|   |             |           |       |       |           |          | Del Charge                 | 10.00                |       |
|   |             |           |       |       |           |          | State Tax 6.000%           | 22.59                |       |
|   |             |           |       |       |           |          | City Tax 1.000%            | 3.76                 |       |
|   |             |           |       |       |           |          | <b>\$376.40</b>            |                      |       |
|   |             |           |       |       |           |          | <b>AMOUNT THIS INVOICE</b> | <b>\$402.75</b>      |       |

**Airgas** www.airgas.com

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

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

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

ORIGINAL INVOICE

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

| 110245324                    |                    | TZQ83   |         | 09/30/09 |   | 30 |   | NET 30 DAYS |   |      | 1       |       |
|------------------------------|--------------------|---------|---------|----------|---|----|---|-------------|---|------|---------|-------|
| CL HP150                     |                    | BALANCE | FORWARD |          |   |    |   |             |   |      |         |       |
| CL HP150                     | 725612167608       |         | 09/16   |          | 2 | 2  | 4 |             |   |      |         |       |
| R RSL                        | Rare/Special Large |         |         |          | 4 | 2  | 2 | 4           | 0 | 120  | .440    | 52.80 |
| ----- TOTALS ----->          |                    |         |         |          |   |    |   |             |   |      |         |       |
| SUMMARY OF CYLINDER BALANCES |                    |         |         |          |   |    |   |             |   |      |         |       |
| R RSL                        | Rare/Special Large |         |         |          | 4 | 2  | 2 | 4           | 0 | 120  | .440    | 52.80 |
|                              |                    |         |         |          |   |    |   |             |   | TAX: | 3.70    |       |
|                              |                    |         |         |          |   |    |   |             |   |      | \$56.50 |       |

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

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**Airgas** www.airgas.com

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7521 COUNTY ROAD C30  
INDIAN PASS/APPALACHIC FL 32329

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110245324/TZQ83

**RENTAL INVOICE**

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

00000

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 850-769-2401

| 159143-00   |        | 110333840   |            | TZQ83                    |   | 10/15/09    |   | LIGHTHOUSE UTILITIES |                 |
|---|--------|-------------|------------|--------------------------|---|-------------|---|----------------------|-----------------|
| CITY  |        | ST          |            | COUNTRY                  |   | TERMS       |   | SHIP VIA             |                 |
|   |        | 030         | 830        | 30                       |   | Our Truck   |   | NET 30 DAYS          |                 |
| QUANTITY  | UNIT   | DESCRIPTION | UNIT PRICE | TOTAL                    |   |             |   |                      |                 |
| ** LOCATION: H30 **   |        |             |            |                          |   |             |   |                      |                 |
| 1591431013  | CL     | HP150       | 175.00     | 2                        | 0 | 2           | 2 | 350.00               | T               |
| 1591431013  | HAZMAT |             | 6.25       | 1                        | 0 |             |   | 6.25                 | T               |
| 1591431013  | SRCFSC |             | 10.15      | 1                        | 0 |             |   | 10.15                | T               |
|   |        |             |            |                          |   |             |   | Subtotal             | 366.40          |
|   |        |             |            | TOTAL CYLINDERS SHIPPED: |   | 2 RETURNED: |   | 2                    |                 |
| TAX CD: 000015115 TAX DESCRP: FL/PANAMA EXMPT CD: 0 EXMPT/CERT: |        |             |            |                          |   |             |   |                      |                 |
|   |        |             |            |                          |   |             |   | Del Charge           | 10.00           |
|   |        |             |            |                          |   |             |   | State Tax 6.000%     | 22.59           |
|   |        |             |            |                          |   |             |   | City Tax 1.000%      | 3.76            |
|   |        |             |            |                          |   |             |   | <b>\$376.40</b>      | <b>\$402.75</b> |

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Airgas South  
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Marietta, GA 30065-2249

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110333840/TZQ83

ORIGINAL INVOICE

SEL-00000

|                              |                    |              |         |   |   |   |   |   |             |      |         |
|------------------------------|--------------------|--------------|---------|---|---|---|---|---|-------------|------|---------|
| 110416128                    | TZQ83              | 10/31/09     | 30'     |   |   |   |   |   | NET 30 DAYS | 1    |         |
| CL HP150                     |                    | BALANCE      | FORWARD |   |   |   |   |   |             |      |         |
| CL HP150                     |                    | 159143333840 | 10/15   | 2 | 2 | 4 |   |   |             |      |         |
| R RSL                        | Rare/Special Large |              |         | 4 | 2 | 2 | 4 | 0 | 124         | .440 | 54.56   |
| ----- TOTALS ----->          |                    |              |         | 4 | 2 | 2 | 4 | 0 | 124         | .440 | 54.56   |
| SUMMARY OF CYLINDER BALANCES |                    |              |         |   |   |   |   |   |             |      |         |
| R RSL                        | Rare/Special Large |              |         | 4 | 2 | 2 | 4 | 0 | 124         | .440 | 54.56   |
|                              |                    |              |         |   |   |   |   |   |             | TAX: | 3.82    |
|                              |                    |              |         |   |   |   |   |   |             |      | \$58.38 |

*See attached  
only applied 1 of the  
credits to this invoice. JK*

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

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7521 COUNTY ROAD C30  
INDIAN PASS/APPALACHIC FL 32329

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110416128/TZQ83

**RENTAL INVOICE**

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

EL 40000

|           |                     |                              |    |   |   |   |   |             |                |
|-----------|---------------------|------------------------------|----|---|---|---|---|-------------|----------------|
| 110572540 | TZQ83               | 11/30/09                     | 20 |   |   |   |   | NET 30 DAYS | 1              |
| CL HP150  |                     | BALANCE FORWARD              |    |   |   |   |   |             |                |
| CL HP150  | 7896465447          | 12 11/17                     |    | 2 | 2 | 4 |   |             |                |
| R RSL     | Rare/Special Large  |                              |    |   |   |   |   |             |                |
|           | ----- TOTALS -----> |                              |    | 4 | 2 | 2 | 4 | 0           | 120 .440 52.80 |
|           |                     | SUMMARY OF CYLINDER BALANCES |    |   |   |   |   |             |                |
| R RSL     | Rare/Special Large  |                              |    | 4 | 2 | 2 | 4 | 0           | 120 .440 52.80 |
|           |                     |                              |    |   |   |   |   |             |                |
|           |                     |                              |    |   |   |   |   | TAX:        | 3.70           |
|           |                     |                              |    |   |   |   |   |             | \$56.50        |

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

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www.airgas.com

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

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110572540/TZQ83

**RENTAL INVOICE**

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

SEL 40000

# STATEMENT

**Airgas** 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

|  |               |                   |                             |
|--|---------------|-------------------|-----------------------------|
| DATE<br>11/30/09   | REGION<br>110 | CLERK NO<br>TZQ83 | TRY THIS AMOUNT<br>\$453.55 |
| <input type="checkbox"/> Check<br><input type="checkbox"/> Credit Card   |               |                   | AMOUNT ENCLOSED             |
| Please visit <a href="http://www.airgas.com/onlinebillpay">www.airgas.com/onlinebillpay</a> or<br>complete the information on the reverse side of this form. |               |                   |                             |

Airgas South  
PO Box 532609  
Atlanta, GA 30353-2609



00TZQ830011099999900000453558

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL 850-769-2401

| TZQ83         | 110       | 11/30/09 | LIGHTHOUSE UTILITIES | 1                    |
|---------------|-----------|----------|----------------------|----------------------|
| 09/15/03      | 110006658 |          |                      | 32.25CR              |
| 10/08/03      | 110006692 |          |                      | 33.33CR              |
| 10/31/09      | 110416128 | 58.38    |                      |                      |
| 11/25/09      | 110544772 | 404.25   |                      |                      |
| 11/30/09      | 110572540 | 56.50    |                      |                      |
| LAST PAYMENT: |           | 11/13/09 | 402.75               |                      |
|               |           | 519.13   | .00                  | .00                  |
|               |           |          |                      | 65.58CR              |
|               |           |          |                      | <b>TOTAL PAYMENT</b> |
|               |           |          |                      | \$453.55             |

**Airgas** [www.airgas.com](http://www.airgas.com)

Airgas South  
PO Box 9249  
Marietta, GA 30065-2249

ACT. NAME AIRGAS SOUTH  
ACT. NO. 8606074182  
PNC BANK - ABA NO. 031000053  
REF. 110/TZQ83

STATEMENT



ST. JOE HARDWARE CO.  
 201 WILLIAMS AVENUE  
 P.O. BOX 550  
 PORT ST JOE FL. 32457  
 PHONE: (850) 227-1717

PAGE NO 1

THANK YOU FOR SHOPPING WITH US

| Dist No | Job No | Purchase Order | Reference | TRUCK    | CLERK | Date    | Time |
|---------|--------|----------------|-----------|----------|-------|---------|------|
| 12350   |        |                |           | NET 15TN | DAW   | 1/20/09 | 2:17 |

Sold To:  
 LIGHTHOUSE UTILITIES  
 P.O. BOX 428  
 PORT ST. JOE FL 32456

SHIP TO:

DUPLICATE

TERMINAL

DOC# 326174

\*\*DUPLICATE\*\*

\* INVOICE \*

\*\*\*\*\*

TAX : 001 SALES TAX

| LN | QUANTITY | ORDERED | UNIT | SKU  | DESCRIPTION                | BUCK | PRICE | PRICE/UNIT | EXTENSION |
|----|----------|---------|------|------|----------------------------|------|-------|------------|-----------|
| 1  | 1        |         | EA   | C325 | CHLORINE JUC 2.5 GAL W/CAP |      | 1     | 5.99 /EA   | 5.99      |
| 2  | 5        |         | EA   | LC   | LIQUID CHLORINE PER GALLON |      | 5     | 1.70 /EA   | 8.50      |

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*

15.51 TAXABLE  
 0.00 NON-TAXABLE  
 15.51 SUBTOTAL

TAX AMOUNT 1.00  
 TOTAL AMOUNT 16.51

*For [Signature]*  
 Received By

**Lighthouse Utilities Company, Inc.**

**Docket No.: 100128-WU**

**Gulf County**

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

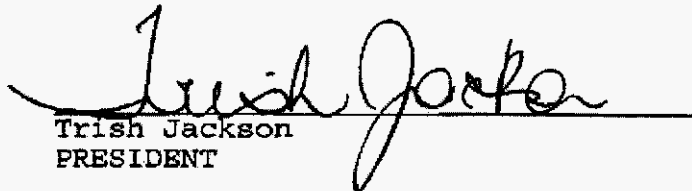
**TEST YEAR ENDED: DECEMBER 31, 2009**

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

Relinquished by: Simmons
Lab Receipt Date & Time 01/30/08 1645CST
Analysis Date and Time 01/30/08 1645CST
Sample Acceptance Criteria:
Sample Preservation: X On Ice Not on ice
Disinfectant check : X Yes No
The sample does not meet the following NELAC requirements

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 only one)

PWS I.D. : 1230848
City: Port St. Joe, FL

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: 01/30/08

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

Table with columns: Sample Number, Sampling Point, Collection Time, Sample Type, Disinfect Res'd mg/l, pH, Non Coliform, Total Coliform, Fecal or E. coli, Data Qualifier, Lab Sample Number. Rows A through G.

Average of disinfectant residuals for routine and repeat 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

Disinfectant Residual Analysis Method: X\_DPD Colorimetric Other
Person performing analysis is:
A certified operator(# ) Employed by a certified lab
X\_Supervised by a cert operator(#589 ) Employed by DEP or DOH

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

Lab Signature: [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/DOH:
DEP/DOH Reviewing Official:

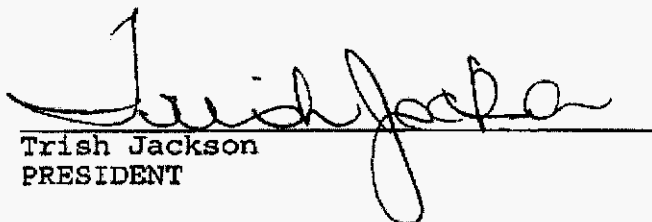
DEP Sample Type Codes: D=Distribution(Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special(clearance, etc)
Analysis Methods: MF-SM9222B & D, MFT-9221B & EC/MUG, MNO/MUG-SM9223B, HPC-SM9215B
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

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 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:030308-26

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

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:  On Ice  Not on ice

Disinfectant check:  Yes  No

The sample does not meet the following NELAC requirements

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 only one)

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 02/28/08

Total Coliform Analytical Method SM9221D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 0927EST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 372580            |
| B             | 190 Treasure Shores                           | 0934EST         | D           | 2.0                  | 7.2 |              | A              |                  |                | 372581            |
| C             | 4414 Cape San Blas                            | 1012EST         | D           | 1.5                  | 7.2 |              | A              |                  |                | 372582            |
| D             | 6175 Cape San Blas                            | 1021EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 372583            |
| E             | 8022 Cape San Blas                            | 1035EST         | D           | 0.5                  | 7.2 |              | A              |                  |                | 372584            |
| F             | 6" well raw                                   | 0957EST         | R           |                      | 7.2 |              | A              |                  |                | 372585            |
| G             | 16" well raw                                  | 0941EST         | R           |                      | 7.2 |              | A              |                  |                | 372586            |

Average of disinfectant residuals for routine and repeat 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.)

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_

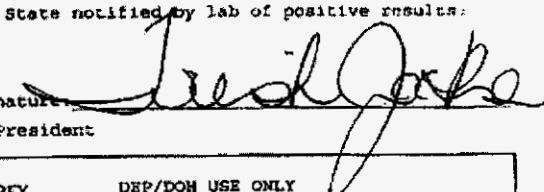
Date PWS notified by lab of positive results:

Person performing analysis is:

Date State notified by lab of positive results:

A certified operator(# \_\_\_\_\_ )  Employed by a certified lab

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/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, MPT-9221B & EC/MUG, MMC/MUG-SM9223B, NPC-SM9215B

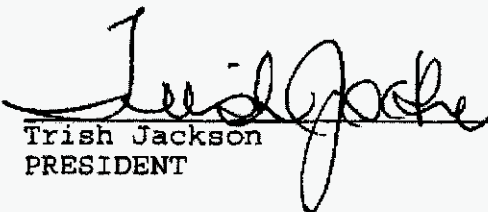
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

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 32456-  
Attn: 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

THE WATER SPIGOT  
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)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Jay Dixon

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

Analysis Date and Time 03/27/08 1345CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check:  Yes  No

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 one)

- 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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 03/27/08

Total Coliform Analytical Method SM9221D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 445 Cape San Blas Rd                          | 1046EST         | D           | 2.0                  | 7.3 |              | A              |                  |                | 375500            |
| B             | 180 Martinique                                | 1115EST         | D           | 1.5                  | 7.3 |              | A              |                  |                | 375501            |
| C             | 258 Sandalwood                                | 1123EST         | D           | 0.5                  | 7.1 |              | A              |                  |                | 375502            |
| D             | 4433 Ebbtide Ln.                              | 1104EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 375503            |
| E             | 2115 Hwy C-30                                 | 1012EST         | D           | 0.8                  | 7.3 |              | A              |                  |                | 375504            |
| F             | 6" well raw                                   | 1022EST         | R           |                      | 7.3 |              | A              |                  |                | 375505            |
| C             | 16" well raw                                  | 1037EST         | R           |                      | 7.3 |              | A              |                  |                | 375506            |

Average of disinfectant residuals for routine and repeat 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.)

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_

Person performing analysis is:

- A certified operator( # \_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator(#589)  Employed by DEP or DOH

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: *Jay Dixon*  
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/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/MUG, MMO/MUG=SM9223B, HPC=SM9215B

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

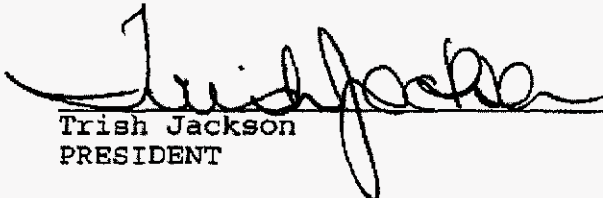


CERTIFICATE OF ANALYSIS

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 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 on request.

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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: 050208-9

Sub\_Contract Lab ID: \_\_\_\_\_  
 Analyses Requested: (please check all that apply)  
 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 Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check :  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 only one)

PWS I.D. : 1230848  
 City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other  
 Sample Collection Date: 04/29/08

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

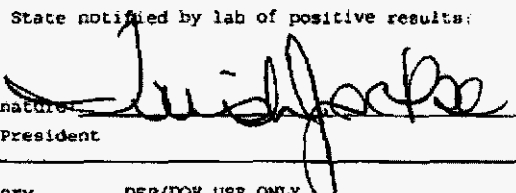
| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 8020 Cape San Blas                            | 1010EST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 378337            |
| B             | 4310 CSB Rd                                   | 1021EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 378338            |
| C             | 980 CSB Rd                                    | 1036EST         | D           | 1.5                  | 7.2 |              | A              |                  |                | 378339            |
| D             | 7330 Co. Rd. C-30                             | 1112EST         | D           | 2.0                  | 7.2 |              | A              |                  |                | 378340            |
| E             | 8391 Cxd C-30                                 | 1124EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 378341            |
| F             | 6" well raw                                   | 1043EST         | R           |                      | 7.2 |              | A              |                  |                | 378342            |
| G             | 16" well raw                                  | 1140EST         | R           |                      | 7.2 |              | A              |                  |                | 378343            |

Average of disinfectant residuals for routine and repeat 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.)

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_  
 Person performing analysis is:  
 A certified operator( # \_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator (#589)  Employed by DEP or DOH

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

Lab Signature:   
 Title: President

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

Satisfactory DEP/DOR USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Samples Required  
 Date Reviewed by DEP/DOR: \_\_\_\_\_  
 DEP/DOR 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, MPT=9221B & EC/MUG, MNO/MUG=SM9223B, HPC=SM9215B

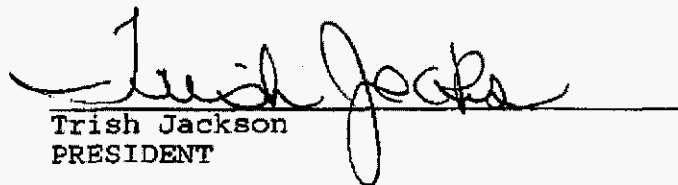
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: 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

THE WATER SPIGOT  
 5806 E. HWY 22  
 PANAMA CITY, FL 32404  
 E81105  
 850-871-1900 Report Number: 060208-51

Sub\_Contract Lab ID: \_\_\_\_\_  
 Analysis Requested: (please check all that apply)  
 Standard Coliform Test  
 Other \_\_\_\_\_

Relinquished by: Tommy Dixon

Lab Receipt Date & Time 05/29/08 1545CST  
 Analysis Date and Time 05/29/08 1600CST  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check :  Yes  No  
 The sample does not meet the following NELAC requirements

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 only one)  
 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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other  
 Sample Collection Date: 05/29/08

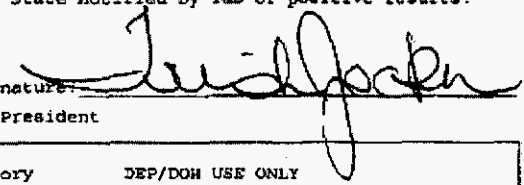
Total Coliform Analytical Method SM9221D  
 Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 1014CST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 381393            |
| B             | 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                            | 0916CST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 381396            |
| E             | 8022 Cape San Blas                            | 0905CST         | D           | 0.6                  | 7.2 |              | A              |                  |                | 381397            |
| F             | 6" well raw                                   | 0958CST         | R           |                      | 7.2 |              | A              |                  |                | 381398            |
| G             | 16" well raw                                  | 0942CST         | R           |                      | 7.2 |              | A              |                  |                | 381399            |

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_  
 Person performing analysis is:  
 A certified operator( # \_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator( #589 )  Employed by DEP or DOH

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

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/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/MUG, MNO/MUG=SM9223B, HPC=SM9215B

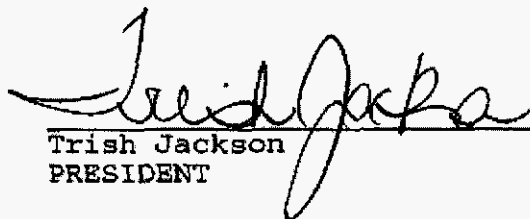
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

CERTIFICATE OF ANALYSIS

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 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 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: 063008-29

Relinquished by: Dixon

Lab Receipt Date & Time 05/26/08 1530cdt  
 Analysis Date and Time 05/26/08 1540CST  
 Sample Acceptance Criteria:  
 Sample Preservation: X On Ice \_\_\_ Not on ice  
 Disinfectant check : X Yes \_\_\_ No  
 The sample does not meet the following NELAC requirements

Sub\_Contract Lab ID: \_\_\_\_\_  
 Analyses Requested: (please check all that apply)  
 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 any one)

PWS I.D. : 1230848  
 City: Port St. Joe, FL

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)  Routine Compliance \_\_\_ Repeat \_\_\_ Replacement \_\_\_ Main Clearance \_\_\_ Well Survey \_\_\_ Other  
 Sample Collection Date: 06/26/08

Total Coliform Analytical Method SM9221B  
 Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfectant Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|-------------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 445 Cape San Blas Rd                          | 1058est         | D           | 1.5                     | 7.2 |              |                | A                |                | 384294            |
| B             | 180 Martinique                                | 1037est         | D           | 1.0                     | 7.2 |              |                | A                |                | 384295            |
| C             | 258 Sandlewood                                | 1022est         | D           | 0.6                     | 7.2 |              |                | A                |                | 384296            |
| D             | 4433 Ebbitide Ln.                             | 1043est         | D           | 0.8                     | 7.2 |              |                | A                |                | 384297            |
| E             | 2115 Hwy C-30                                 | 1142est         | D           | 0.6                     | 7.2 |              |                | A                |                | 384298            |
| F             | 6" Well                                       | 1114est         | R           | 0.0                     | 7.2 |              |                | A                |                | 384299            |
| G             | 16" Well                                      | 1121est         | R           | 0.0                     | 7.2 |              |                | A                |                | 384300            |

Average of disinfectant residuals for routine and repeat samples. (Complets 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

Disinfectant Residual Analysis Method:  DPD Colorimetric \_\_\_ Other \_\_\_\_\_  
 Person performing analysis is:  
 A certified operator( # \_\_\_\_\_ )  
 Supervised by a cert operator( #589 )

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

Employed by a certified lab  
 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/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: MP-SM9222B & D, MFT-9221B & EC/MUG, MNO/MUG-SM9221B, KPC-SM9215B

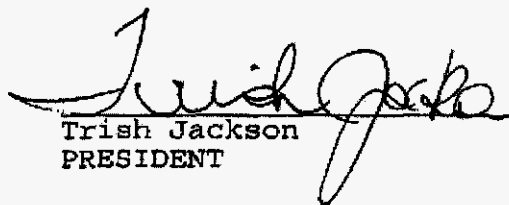
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: R. Simmons

CONTENTS OF REPORT  
CERTIFICATE OF ANALYSIS

3 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.  
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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: 073108-20

Sub Contract Lab ID: \_\_\_\_\_  
Analyses Requested: (please check all that apply)  
 Standard Coliform Test  
 Other \_\_\_\_\_

Relinquished by: Dixon

Lab Receipt Date & Time 07/28/08 1512CST  
Analysis Date and Time 07/28/08 1535CST  
Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not on ice  
Disinfectant check :  Yes  No  
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 only one)

PWS I.D. : 1230848  
City: Port St. Joe, FL

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)  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

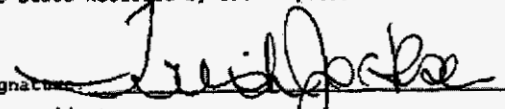
| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 8020 Cape San Blas                            | 0851EST         | D           | 0.8                  | 7.3 |              | A              |                  |                | 387588            |
| B             | 4310 CSB Rd                                   | 0903EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 387589            |
| C             | 980 CSB Rd                                    | 0914EST         | D           | 1.5                  | 7.3 |              | A              |                  |                | 387590            |
| D             | 7330 Co. Rd. C-30                             | 0928EST         | D           | 2.0                  | 7.3 |              | A              |                  |                | 387591            |
| E             | 8391 Crd C-30                                 | 0950EST         | D           | 0.6                  | 7.3 |              | A              |                  |                | 387592            |
| F             | 6" well raw                                   | 0937EST         | R           |                      | 7.3 |              | A              |                  |                | 387593            |
| G             | 16" well raw                                  | 1012EST         | R           |                      | 7.3 |              | A              |                  |                | 387594            |

Average of disinfectant residuals for routine and repeat 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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_  
Person performing analysis is:  
 A certified operator( # \_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator( #589 )  Employed by DEP or DOH

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

Lab Signature:   
Title: President

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

Satisfactory  DEP/DOR USE ONLY  
 Incomplete Collection Information  
 Repeat Samples Required  
 Replacement Sample Required  
Date Reviewed by DEP/DOR: \_\_\_\_\_  
DEP/DOR 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, MPC-SM9215B  
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count



COMMENTS

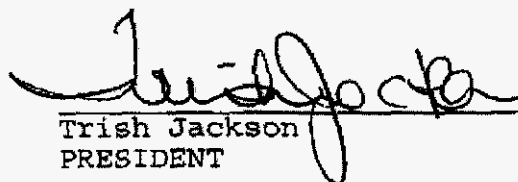
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 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 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

THE WATER SPIGOT  
 5806 E. HWY 22  
 PANAMA CITY, FL 32404  
 E81105  
 850-871-1900 Report Number:090408-62

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: T.Dixon

Lab Receipt Date & Time 08/26/08 1440CST  
 Analysis Date and Time 08/26/08 1450CST  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check :  Yes  No  
 The sample does not meet the following NELAC requirements

PWS I.D. : 1230848  
 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 only one)

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 08/26/08

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

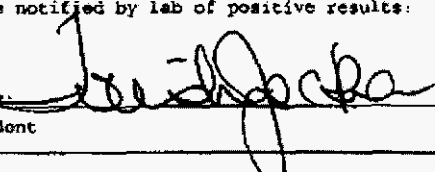
| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 1405EST         | D           | 0.8                  | 7.3 |              | A              |                  |                | 390705            |
| B             | 190 Treasure Shores                           | 1334EST         | D           | 1.5                  | 7.3 |              | A              |                  |                | 390706            |
| C             | 4414 Cape San Blas                            | 1313EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 390707            |
| D             | 6175 Cape San Blas                            | 1252EST         | D           | 0.8                  | 7.3 |              | A              |                  |                | 390708            |
| E             | 8022 Cape San Blas                            | 1245EST         | D           | 0.4                  | 7.3 |              | A              |                  |                | 390709            |
| F             | 6" well raw                                   | 1319EST         | R           |                      | 7.3 |              | A              |                  |                | 390710            |
| G             | 16" well raw                                  | 1343EST         | R           |                      | 7.3 |              | A              |                  |                | 390711            |

Average of disinfectant residuals for routine and repeat 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.)

Disinfectant Residual Analysis Method:  DPD Colorimetric  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)  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/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

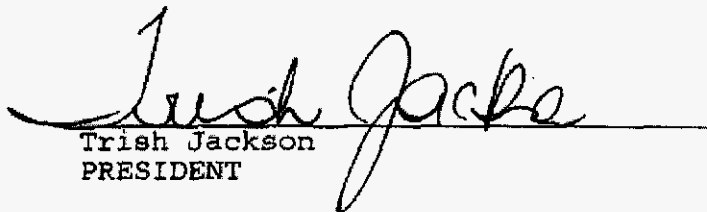
DEP Sample Type Codes: D=Distribution(Routine Compliance), C=Repeat or Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special(Clearance,etc)  
 Analysis Methods: MF-SM9222B & D, MPT-C221B & EC/MUG, MNO/MUG-SM9223B, HPC-SM9215B  
 Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count  
 Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 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 on request. Analyses performed in the field are not regulated by the NELAC standards.  
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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:092908-20

Sub\_Contract Lab ID: \_\_\_\_\_  
 Analyses Requested: (please check all that apply)  
 Standard Coliform Test  
 Other \_\_\_\_\_

Relinquished by: Dixon

Lab Receipt Date & Time 09/24/08 1303CST  
 Analysis Date and Time 09/24/08 1315CST  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check :  Yes  No  
 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 one)

PWS I.D. : 1230848  
 City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other  
 Sample Collection Date: 09/24/08

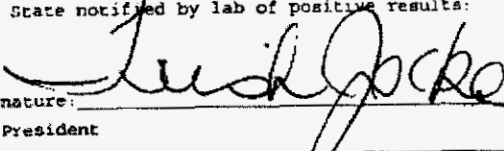
Total Coliform Analytical Method SM 9221 D  
 Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 445 Cape San Blas Rd                          | 0812EST         | D           | 1.8                  | 7.2 |              | A              |                  |                | 193893            |
| B             | 180 Martinique                                | 0826EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 193894            |
| C             | 258 Sandlewood                                | 0923EST         | D           | 0.6                  | 7.2 |              | A              |                  |                | 193895            |
| D             | 4433 Ebbtide Ln.                              | 0817EST         | D           | 1.5                  | 7.2 |              | A              |                  |                | 193896            |
| E             | 2115 Hwy C-30                                 | 1156EST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 193897            |
| F             | 6" well raw                                   | 0810EST         | R           |                      | 7.2 |              | A              |                  |                | 193898            |
| G             | 16" well raw                                  | 1143EST         | R           |                      | 7.2 |              | A              |                  |                | 193899            |

Average of disinfectant residuals for routine and repeat 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.)

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_  
 Person performing analysis is:  
 A certified operator( # \_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator(#589)  Employed by DEP or DOH

Date PWS notified by lab of positive results:  
 Date State notified by lab of positive results:  
 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/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

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

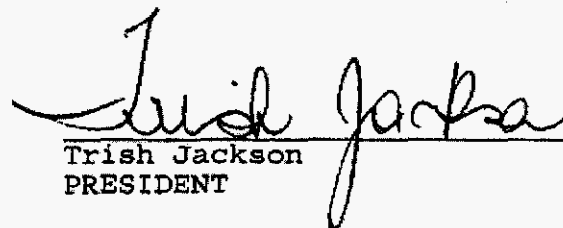
Analysis Methods: MF-SM9222B & D, MFT-9221B & BC/MUG, MWO/MUG-SM9223B, HPC-SM9215B  
 Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count  
 Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 103108-65 Page 1  
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

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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:103108-65

Relinquished by: Nixon  
  
Lab Receipt Date & Time 10/29/08 1305CST  
Analysis Date and Time 10/29/08 1315CST  
Sample Acceptance Criteria:  
Sample Preservation: X On Ice \_\_\_ Not on ice  
Disinfectant check : X Yes \_\_\_ NO  
The sample does not meet the following NELAC requirements

Sub\_Contract Lab ID: \_\_\_\_\_  
Analysis Requested: (please check all that apply)  
 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 only one)

PWS I.D. : 1230848  
City: Port St. Joe, FL

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)  Routine Compliance     Repeat     Replacement     Main Clearance     Well Survey     Other  
Sample Collection Date: 10/29/08

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

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 8020 Cape San Blas                            | 0910EST         | D           | 0.5                  | 7.2 |              | A              |                  |                | 397145            |
| B             | 4310 CSB Rd                                   | 0914EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 397141            |
| C             | 980 CSB Rd                                    | 0923EST         | D           | 1.5                  | 7.2 |              | A              |                  |                | 397142            |
| D             | 7330 Co. Rd. C-30                             | 1012EST         | D           | 2.0                  | 7.2 |              | A              |                  |                | 397143            |
| E             | 8391 Crd C-30                                 | 0955EST         | D           | 1.6                  | 7.2 |              | A              |                  |                | 397144            |
| F             | 6" well raw                                   | 0928EST         | R           |                      | 7.2 |              | A              |                  |                | 397145            |
| G             | 16" well raw                                  | 0941EST         | R           |                      | 7.2 |              | A              |                  |                | 397146            |

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

Disinfectant Residual Analysis Method:  DPD Colorimetric     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: *Iris J. Pata*  
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/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/MUG, MNO/MUG-SM9223B, RPC-SM9215B

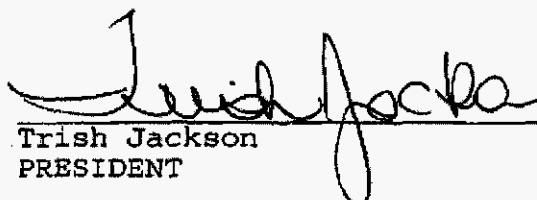
Results: A=coliforms are absent, F=coliforms are present, C=Confluent growth, TNTC=too numerous to count  
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: R. Simmons

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2 Pages



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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.

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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:120108-80

Sub\_Contract Lab ID: \_\_\_\_\_  
Analyses Requested: (please check all that apply)  
 Standard Coliform Test  
 Other \_\_\_\_\_

Relinquished by: Tommy Dixon

Lab Receipt Date & Time 11/24/08 1325CST  
Analysis Date and Time 11/24/08 1335CST  
Sample Acceptance Criteria:  
Sample Preservation:  On Ice  Not on ice  
Disinfectant check :  Yes  No  
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 only one)

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)  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 Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 1020EST         | D           | 0.6                  | 7.3 |              |                | A                |                | 399576            |
| B             | 190 Treasure Shores                           | 0932EST         | D           | 2.0                  | 7.3 |              |                | A                |                | 399577            |
| C             | 4414 Cape San Blas                            | 0912EST         | D           | 1.5                  | 7.3 |              |                | A                |                | 399578            |
| D             | 6175 Cape San Blas                            | 0918EST         | D           | 1.0                  | 7.3 |              |                | A                |                | 399579            |
| E             | 8022 Cape San Blas                            | 0923EST         | D           | 0.8                  | 7.3 |              |                | A                |                | 399580            |
| F             | 6" well raw                                   | 0951EST         | R           |                      | 7.3 |              |                | A                |                | 399581            |
| G             | 16" well raw                                  | 0946EST         | R           |                      | 7.3 |              |                | A                |                | 399582            |

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  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

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/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 & DC/MUG, MMO/MUG-SM9223B, HPC-SM9215B

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

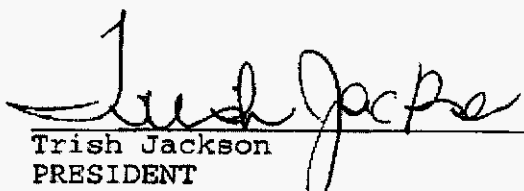
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 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. 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: 121908-30

Relinquished by: J. Dixon

Lab Receipt Date & Time 12/17/08 1430CST  
 Analysis Date and Time 12/17/08 1440CST  
 Sample Acceptance Criteria:  
 Sample Preservation: X On Ice \_\_\_ Not on ice  
 Disinfectant check : X Yes \_\_\_ No  
 The sample does not meet the following NELAC requirements

Sub\_Contract Lab ID: \_\_\_\_\_  
 Analyses Requested: (please check all that apply)  
 Standard Coliform Test  
 Other \_\_\_\_\_

PWS I.D. : 1230848  
 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 only one)

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

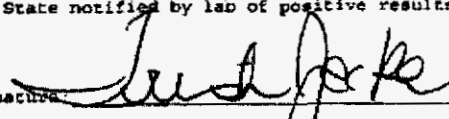
Reason for Sampling: (check only one)  Routine Compliance     Repeat     Replacement     Main Clearance     Well Survey     Other  
 Sample Collection Date: 12/17/08

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

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Date | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|------|-------------------|
| A             | 445 Cape San Blas Rd                          | 0832EST         | D           | 1.8                  | 7.3 |              | A              |                  |      | 401882            |
| B             | 180 Martinique                                | 0814EST         | D           | 1.0                  | 7.3 |              | A              |                  |      | 401883            |
| C             | 258 Sandlewood                                | 0807EST         | D           | 0.6                  | 7.3 |              | A              |                  |      | 401884            |
| D             | 4433 Ebbitide Ln.                             | 0824EST         | D           | 0.8                  | 7.3 |              | A              |                  |      | 401885            |
| E             | 2115 Hwy C-30                                 | 0921EST         | D           | 0.5                  | 7.3 |              | A              |                  |      | 401886            |
| F             | 6" well raw                                   | 0843EST         | R           |                      | 7.3 |              | A              |                  |      | 401887            |
| G             | 16" well raw                                  | 0907EST         | R           |                      | 7.3 |              | A              |                  |      | 401888            |

Average of disinfectant residuals for routine and repeat 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.)  
 Disinfectant Residual Analysis Method:  DPD Colorimetric     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 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/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)

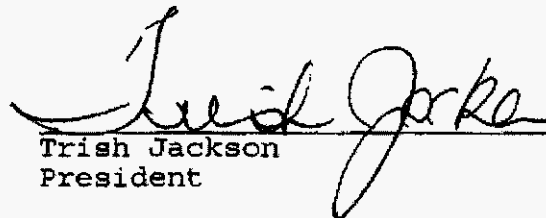
Analysis Methods: MF=SM9222B & D, MPT=9221B & EC/MUG, MNC/MUG-SM9223B, HPC=SM9215B  
 Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count  
 Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 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.  
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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)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Simmons

Lab Receipt Date & Time 01/29/09 1310CST

Analysis Date and Time 01/29/09 1320CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check:  Yes  No

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 one)

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 01/29/09

PWS I.D. : 1230848

City: Port St. Joe, FL

Total Coliform Analytical Method SM 9221 D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 8020 Cape San Blas                            | 0910EST         | D           | 0.6                  | 7.3 |              | A              |                  |                | 405133            |
| B             | 4310 CSB Rd                                   | 0918EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 405134            |
| C             | 980 CSB Rd                                    | 0926EST         | D           | 1.5                  | 7.3 |              | A              |                  |                | 405135            |
| D             | 7330 Co. Rd. C-30                             | 0942EST         | D           | 1.7                  | 7.3 |              | A              |                  |                | 405136            |
| E             | 8391 Crd C-10                                 | 0957EST         | D           | 1.4                  | 7.3 |              | A              |                  |                | 405137            |
| F             | 6" well raw                                   | 0934EST         | R           |                      | 7.3 |              | A              |                  |                | 405138            |
| G             | 16" well raw                                  | 1012EST         | R           |                      | 7.3 |              | A              |                  |                | 405139            |

Average of disinfectant residuals for routine and repeat 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.)

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_

Person performing analysis is:

A certified operator (# \_\_\_\_\_)

Supervised by a cert operator (#598)

Employed by a certified lab

Employed by DEP or DOH

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: *David Jocka*

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/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/MUG, MM0/MUG-SM9223B, HPC-SM9215B

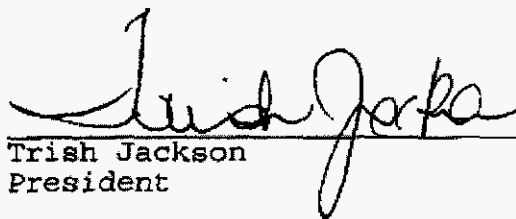
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count  
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: 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 2 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.

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**RINKING 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:030309-53

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Dixon

Lab Receipt Date & Time 02/25/09 1445CST

Analysis Date and Time 02/25/09 1500CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check :  Yes  No

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

PWS I.D. : 1230848

City: Port St. Joe, FL

Type of Supply: (check only one)

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 02/25/09

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

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Res'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 0935EST         | D           | 0.4                  | 7.3 |              |                | A                |                | 408122            |
| B             | 190 Treasure Shores                           | 1004EST         | D           | 1.6                  | 7.3 |              |                | A                |                | 408123            |
| C             | 4414 Cape San Blas                            | 1022EST         | D           | 1.0                  | 7.3 |              |                | A                |                | 408124            |
| D             | 6175 Cape San Blas                            | 1034EST         | D           | 1.5                  | 7.3 |              |                | A                |                | 408125            |
| E             | 8022 Cape San Blas                            | 1048EST         | D           | 0.6                  | 7.3 |              |                | A                |                | 408126            |
| F             | 6" well raw                                   | 0947EST         | R           |                      | 7.3 |              |                | A                |                | 408127            |
| G             | 16" well raw                                  | 1014EST         | R           |                      | 7.3 |              |                | A                |                | 408128            |

Average of disinfectant residuals for routine and repeat 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.)

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  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  
 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/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/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.

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: R. Simmons

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CERTIFICATE OF ANALYSIS

2 Pages



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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. 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: 033009-24

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Dixon

Lab Receipt Date & Time 03/26/09 1230CST

Analysis Date and Time 03/26/09 1235CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check:  Yes  No

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

PWS I.D. : 1230848  
 City: Port St. Joe, FL

Collector's Phone # 850-227-5349

Type of Supply: (check only one)

- 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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 03/26/09

Total Coliform Analytical Method SM 9221 D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|------------|
| A             | 445 Cape San Blas Rd                          | 0944EST         | D           | 1.6                  | 7.2 |              | A              |                  |                | 410784     |
| B             | 180 Martinique                                | 0916EST         | D           | 1.4                  | 7.2 |              | A              |                  |                | 410785     |
| C             | 258 Sandlewood                                | 0910EST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 410786     |
| D             | 4433 Ebbitde Ln.                              | 0931EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 410787     |
| E             | 2115 Hwy C-30                                 | 1019EST         | D           | 0.7                  | 7.2 |              | A              |                  |                | 410788     |
| F             | 6" well raw                                   | 0957EST         | R           |                      | 7.2 |              | A              |                  |                | 410789     |
| G             | 16" well raw                                  | 1012EST         | R           |                      | 7.2 |              | A              |                  |                | 410790     |

Average of disinfectant residuals for routine and repeat 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

Disinfectant Residual Analysis Method:  DPD Colorimetric  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

Supervised by a cert operator( #589 )  Employed by DEP or DOH

Lab Signature: *Irish Jackson*  
 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/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

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

Analysis Methods: MF-SM9222B & 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

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

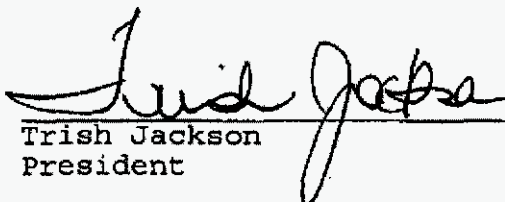
4/09 Bact

CERTIFICATE OF ANALYSIS

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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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.

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: 050409-99

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

Analyses Requested: (please check all that apply)

Standard Coliform Test  
 Other \_\_\_\_\_

Relinquished by: Simmons

Lab Receipt Date & Time 04/27/09 1203CST

Analysis Date and Time 04/27/09 1215CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check:  Yes  No

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 only one)

PWS I.D. : 1230848

City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 04/27/09

Total Coliform Analytical Method SM 9221 D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli mg/l | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|-----------------------|----------------|-------------------|
| 1             | 8020 CSBR                                     | 0933EST         | D           | 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              |                       |                | 413317            |
| 4             | 7330 Co. Rd. C-30                             | 1023EST         | 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                                  | 1032EST         | R           |                      | 7.2 |              | A              |                       |                | 413321            |

Average of disinfectant residuals for routine and repeat 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.)

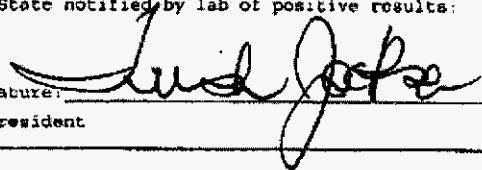
Disinfectant Residual Analysis Method:  DPD Colometric  Other \_\_\_\_\_

Person performing analysis is:

A certified operator( # \_\_\_\_\_ )  Employed by a certified lab  
 Supervised by a cert operator(#589)  Employed by DEP or DOH

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

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

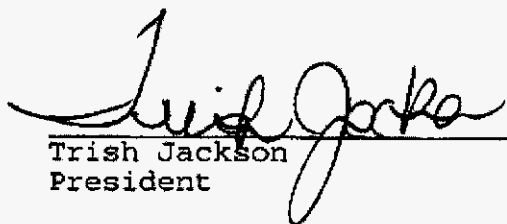
CERTIFICATE OF ANALYSIS

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

Bact  
5/09

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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.

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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:060109-9

Sub\_Contract Lab ID: \_\_\_\_\_  
 Analyses Requested: (please check all that apply)  
 Standard Coliform Test  
 Other \_\_\_\_\_

Relinquished by: Tommy Dixon  
 Lab Receipt Date & Time 05/27/09 1300CST  
 Analysis Date and Time 05/27/09 1310CST  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check :  Yes  No  
 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 only one)

PWS I.D. : 1230848  
 City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

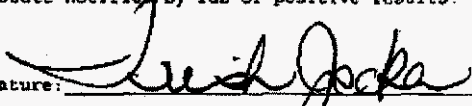
Sample Collection Date: 05/27/09

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

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Date Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 1012EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 416083            |
| B             | 190 Treasure Shores                           | 1003EST         | D           | 2.0                  | 7.3 |              | A              |                  |                | 416084            |
| C             | 4414 Cape San Blas                            | 0923EST         | D           | 1.2                  | 7.3 |              | A              |                  |                | 416085            |
| D             | 6175 Cape San Blas                            | 0916EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 416086            |
| E             | 8022 Cape San Blas                            | 0910EST         | D           | 0.6                  | 7.3 |              | A              |                  |                | 416087            |
| F             | 6" well raw                                   | 0934EST         | R           |                      | 7.3 |              | A              |                  |                | 416088            |
| G             | 16" well raw                                  | 0950EST         | R           |                      | 7.3 |              | A              |                  |                | 416089            |

Average of disinfectant residuals for routine and repeat 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.)  
 Disinfectant Residual Analysis Method:  DPD Colorimetric  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  
 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/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 & BC/MUG, MMO/MUG=SM9223B, HPC=SM9215B

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

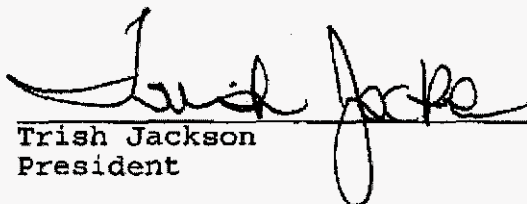
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: R. Simmons

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2 Pages

  
Trish Jackson  
President

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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: 062909-72

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Simmons

Lab Receipt Date & Time 06/25/09 1010CST

Analysis Date and Time 06/25/09 1125CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check:  Yes  No

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 only one)

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)  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 Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfectant Res'd mg/l | pH  | Non Coliforms | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|-------------------------|-----|---------------|----------------|------------------|----------------|-------------------|
| A             | 445 Cape San Blas Rd                          | 1012EST         | D           | 1.0                     | 7.3 |               | A              |                  |                | 418828            |
| B             | 180 Martinique                                | 0947EST         | D           | 1.0                     | 7.3 |               | A              |                  |                | 418829            |
| C             | 258 Sandalwood                                | 0935EST         | D           | 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           | 0.6                     | 7.3 |               | A              |                  |                | 418832            |
| F             | 6" well raw                                   | 1027EST         | R           |                         | 7.3 |               | A              |                  |                | 418833            |
| G             | 16" well raw                                  | 1042EST         | R           |                         | 7.3 |               | A              |                  |                | 418834            |

Average of disinfectant residuals for routine and repeat 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.)

Disinfectant Residual Analysis Method:  DPD Colorimetric  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

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

Satisfactory DEP/DOH USE ONLY

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

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

DEP/DOH Reviewing Official: \_\_\_\_\_

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

Analysis Methods: MP-SM9222B & D, MFT-9221B & EC/MUG, MMO/MUG-SM9221B, HPC-SM9215B

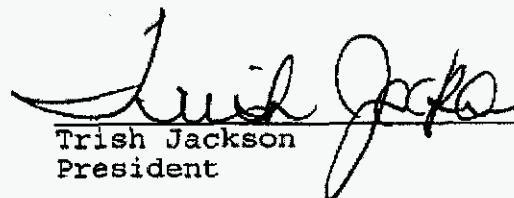
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

CERTIFICATE OF ANALYSIS

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

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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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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:073109-50

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Simmons

Lab Receipt Date & Time 07/28/09 1205CST

Analysis Date and Time 07/28/09 1215CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check :  Yes  No

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

PWS I.D. : 1230848  
City: Port St. Joe, FL

Collector's Phone # 850-227-5349

Type of Supply: (check only one)

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 07/28/09

Total Coliform Analytical Method SM 9221 D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 8020 Cape San Blas                            | 1012EST         | D           | 0.6                  | 7.2 |              |                | A                |                | 422013            |
| B             | 4310 CSB Rd                                   | 1018EST         | D           | 1.4                  | 7.2 |              |                | A                |                | 422014            |
| C             | 980 CSB Rd                                    | 1023EST         | D           | 1.5                  | 7.2 |              |                | A                |                | 422015            |
| D             | 7330 Co. Rd. C-30                             | 1031EST         | D           | 1.8                  | 7.2 |              |                | A                |                | 422016            |
| E             | 8391 Crd C-30                                 | 1042EST         | D           | 1.0                  | 7.2 |              |                | A                |                | 422017            |
| F             | 6" well raw                                   | 1133EST         | R           |                      | 7.2 |              |                | A                |                | 422018            |
| G             | 16" well raw                                  | 1107EST         | R           |                      | 7.2 |              |                | A                |                | 422019            |

Average of disinfectant residuals for routine and repeat 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.)

1.3

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  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

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/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, 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

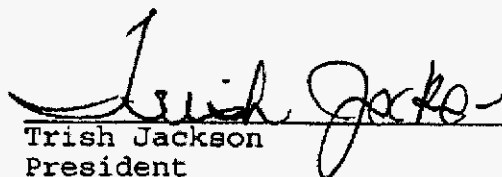
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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 32456-  
Attn: R. Simmons

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CERTIFICATE OF ANALYSIS

2 Pages

  
Trish Jackson  
President

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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:083109-15

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: T.Dixon

Lab Receipt Date & Time 08/25/09 1330CST

Analysis Date and Time 08/25/09 1340CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check :  Yes  No

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 only one)

PWS I.D. : 1230848

City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 08/25/09

Total Coliform Analytical Method 8M 9221 D  
 Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 2413 Hwy C-30                                 | 1041EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 424883            |
| B             | 190 Treasure Shores                           | 1023EST         | D           | 1.5                  | 7.3 |              | A              |                  |                | 424884            |
| C             | 4414 Cape San Blas                            | 0957EST         | D           | 0.8                  | 7.3 |              | A              |                  |                | 424885            |
| D             | 6175 Cape San Blas                            | 0942EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 424886            |
| E             | 8022 Cape San Blas                            | 0935EST         | D           | 0.5                  | 7.3 |              | A              |                  |                | 424887            |
| F             | 6" well raw                                   | 1012EST         | R           |                      | 7.3 |              | A              |                  |                | 424888            |
| G             | 16" well raw                                  | 1032EST         | R           |                      | 7.3 |              | A              |                  |                | 424889            |

Average of disinfectant residuals for routine and repeat 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.)

1.0

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  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

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/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, NPT-9221B & EC/MUG, MMO/MUG-SM9223B, HPC=SM9215B

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

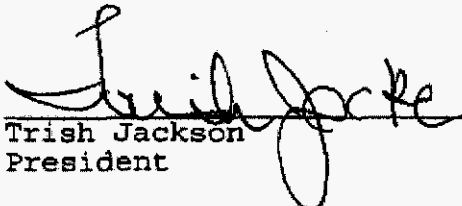
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

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

  
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.

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:100109-30

Sub Contract Lab ID: \_\_\_\_\_

Analyses Requested: (please check all that apply)

X Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Simmons

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

Analysis Date and Time 09/24/09 1335CST

Sample Acceptance Criteria:

Sample 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 428

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

Collector: Simmons

Collector's Phone # 850-227-5349

Type of Supply: (check only 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: 09/24/09

PWS I.D. : 1230848

City: Port St. Joe, FL

Total Coliform Analytical Method SM 9221 D

Fecal or E. coli Analytical Method

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 445 Cape San Blas Rd                          | 1134EST         | D           | 1.8                  | 7.2 |              | A              |                  |                | 428093            |
| B             | 180 Martinique                                | 1112EST         | D           | 1.3                  | 7.2 |              | A              |                  |                | 428094            |
| C             | 258 Sandlewood                                | 1103EST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 428095            |
| D             | 4433 Ebbtide Ln.                              | 1122EST         | D           | 1.5                  | 7.2 |              | A              |                  |                | 428096            |
| E             | 2115 Hwy C-30                                 | 1034EST         | D           | 0.4                  | 7.2 |              | A              |                  |                | 428097            |
| F             | 6" well raw                                   | 1047EST         | R           |                      | 7.2 |              | A              |                  |                | 428098            |
| G             | 16" well raw                                  | 1148EST         | R           |                      | 7.2 |              | A              |                  |                | 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 noncommunity 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

Disinfectant Residual Analysis Method: X DPD Colorimetric \_\_\_ 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 (#569

) \_\_\_ 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/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/MUG, MMO/MUG-SM9223B, HPC-SM9215B

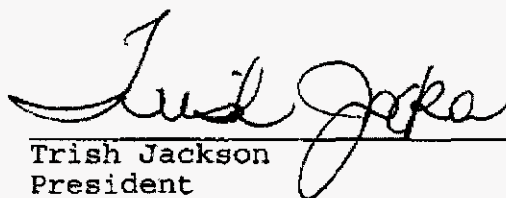
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count  
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

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 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 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

THE WATER SPIGOT  
 5806 E. HWY 22  
 PANAMA CITY, FL 32404  
 E81105  
 850-871-1900 Report Number: 110309-73

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

Analyses Requested: (please check all that apply)

Standard Coliform Test

Other \_\_\_\_\_

Relinquished by: Simmons

Lab Receipt Date & Time 10/28/09 1240CST  
 Analysis Date and Time 10/28/09 1300CST  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check :  Yes  No  
 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 only one)

PWS I.D. : 1230848  
 City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 10/28/09

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

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 8020 CSBR                                     | 0912EST         | D           | 0.6                  | 7.2 |              | A              |                  |                | 431263            |
| B             | 4310 CSB Rd                                   | 0918EST         | D           | 1.2                  | 7.2 |              | A              |                  |                | 431264            |
| C             | 980 CSB Rd                                    | 0924EST         | D           | 1.5                  | 7.2 |              | A              |                  |                | 431265            |
| D             | 7330 Co. Rd. C-30                             | 0947EST         | D           | 2.0                  | 7.2 |              | A              |                  |                | 431266            |
| E             | 8191 Crd C-30                                 | 1003EST         | D           | 1.4                  | 7.2 |              | A              |                  |                | 431267            |
| F             | 6" well raw                                   | 0933EST         | R           |                      | 7.2 |              | A              |                  |                | 431268            |
| G             | 16" well raw                                  | 1016EST         | R           |                      | 7.2 |              | A              |                  |                | 431269            |

Average of disinfectant residuals for routine and repeat 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.)

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  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  
 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/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/MUG, MCO/MUG=SM9223B, RPC=SM9215B

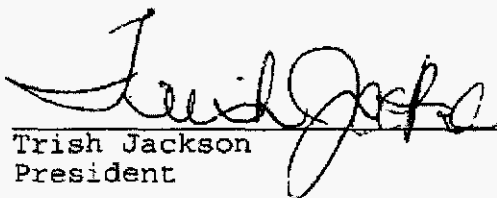
Results: A=coliforms are absent, P=coliforms are present, C=Confluent growth, TNTC=too numerous to count

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 32456-  
Attn: 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

THE WATER SPIGOT  
 5806 E. HWY 22  
 PANAMA CITY, FL 32404  
 E81105  
 850-871-1900 Report Number: 113009-62

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

Analyses Requested: (please check all that apply)

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 only one)

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date: 11/24/09

Relinquished by: Simmons

Lab Receipt Date & Time 11/24/09 1310CST

Analysis Date and Time 11/24/09 1350CST

Sample Acceptance Criteria:

Sample Preservation:  On Ice  Not on ice

Disinfectant check:  Yes  No

The sample does not meet the following NELAC requirements

PWS I.D. : 1230848

City: Port St. Joe, FL

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

| Sample Number | Sampling Point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Rec'd mg/l | pH  | Non Coliform | Total Coliform | Fecal or E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| a             | 2413 Hwy C-30                                 | 1115EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 433756            |
| b             | 190 Treasure Shores                           | 1045EST         | D           | 1.8                  | 7.2 |              | A              |                  |                | 433757            |
| c             | 4414 Cape San Blas                            | 1023EST         | D           | 0.8                  | 7.2 |              | A              |                  |                | 433758            |
| d             | 6175 Cape San Blas                            | 1012EST         | D           | 1.0                  | 7.2 |              | A              |                  |                | 433759            |
| e             | 8032 Cape San Blas                            | 1008EST         | D           | 0.6                  | 7.2 |              | A              |                  |                | 433760            |
| f             | 6" well raw                                   | 1037EST         | R           |                      | 7.2 |              | A              |                  |                | 433761            |
| g             | 16" well raw                                  | 1057EST         | R           |                      | 7.2 |              | A              |                  |                | 433762            |

Average of disinfectant residuals for routine and repeat 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.)

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_

Person performing analysis is:

A certified operator(## \_\_\_\_\_ )  Employed by a certified lab

Supervised by a cert operator(##589 )  Employed by DEP or DOH

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

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/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/MUG, MMQ/MUG-SM9223B, HPC-SM9215B

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

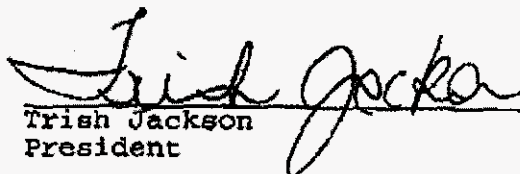
Temperature, pH, chlorine tests were performed by the Client and not the Laboratory.

CERTIFICATE OF ANALYSIS

REPORT SERIAL NUMBER: 121409-18 Page 1  
REPORT DATE: 12/14/09  
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

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.

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: 121409-18

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

Analytes Requested: (please check all that apply)  
 Standard Coliform Test  
 Other: MNO-MUG

Relinquished by: Tommy Dixon  
 Lab Receipt Date & Time 12/10/09 1510CST  
 Analysis Date and Time 12/10/09 1530CST  
 Sample Acceptance Criteria:  
 Sample Preservation:  On Ice  Not on ice  
 Disinfectant check:  Yes  No  
 The sample does not meet the following NELAP 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 only one)

PWS I.D. : 1230848  
 City: Port St. Joe, FL

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)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other  
 Sample Collection Date: 12/10/09

Total Coliform Analytical Method SM 9223 a  
 Fecal or E. coli Analytical Method

| Sample Number | Sampling point (Location or Specific Address) | Collection Time | Sample Type | Disinfect Res'd mg/l | pH  | Non Coliform | Total Coliform | Fecal ex E. coli | Data Qualifier | Lab Sample Number |
|---------------|---|-----------------|-------------|----------------------|-----|--------------|----------------|------------------|----------------|-------------------|
| A             | 445 Cape San Blas Rd                          | 1014EST         | D           | 1.0                  | 7.3 |              | A              |                  |                | 435288            |
| B             | 180 Martinique                                | 0952EST         | D           | 1.2                  | 7.3 |              | A              |                  |                | 435287            |
| C             | 358 Sandalwood                                | 0943EST         | D           | 0.7                  | 7.3 |              | A              |                  |                | 435288            |
| D             | 4433 Ebbtide Ln.                              | 1007EST         | D           | 1.5                  | 7.3 |              | A              |                  |                | 435289            |
| E             | 2115 Hwy C-30                                 | 1053EST         | D           | 0.6                  | 7.1 |              | A              |                  |                | 435290            |
| F             | 5" well raw                                   | 1024EST         | R           |                      | 7.3 |              | A              |                  |                | 435291            |
| G             | 16" well raw                                  | 1036EST         | R           |                      | 7.3 |              | A              |                  |                | 435292            |

Average of disinfectant residuals for routine and repeat 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.)  
 Disinfectant Residual Analysis Method:  DPD Colorimetric  Other \_\_\_\_\_  
 Person performing analysis is: \_\_\_\_\_  
 A certified operator(4) )  Employed by a certified lab  
 Supervised by a cert operator(4589) )  Employed by DEP or DOH  
 Data PWS notified by lab of positive results: \_\_\_\_\_  
 Data State notified by lab of positive results: \_\_\_\_\_

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/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: NF=SM9223B & D, MFT=9221B & EC/MUG, MNO/MUG=SM9223B, HPC=6MS216H

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

**Lighthouse Utilities Company, Inc.**

**Docket No.: 100128-WU**

**Gulf County**

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

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





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

PWS Identification Number: **1230848**

Plant Name: **LUCL # 2 - 16" Well**

III. Daily Data for the Month Year of: **January 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |  |  |  |      | all usage in thousands of gals |
|---|----|-------|--|--|--|------|--------------------------------|
| x | 24 | 355   |  |  |  |      |                                |
| x | 24 | 345   |  |  |  |      |                                |
| x | 24 | 455   |  |  |  |      |                                |
| x | 24 | 340   |  |  |  | 0.40 |                                |
|   | 24 | 340   |  |  |  |      |                                |
| x | 24 | 310   |  |  |  |      |                                |
| x | 24 | 370   |  |  |  |      |                                |
| x | 24 | 150   |  |  |  |      |                                |
| x | 24 | 355   |  |  |  |      |                                |
| x | 24 | 245   |  |  |  | 1.00 |                                |
| x | 24 | 295   |  |  |  |      |                                |
|   | 24 | 295   |  |  |  |      |                                |
| x | 24 | 240   |  |  |  |      |                                |
| x | 24 | 270   |  |  |  |      |                                |
| x | 24 | 335   |  |  |  | 0.60 |                                |
| x | 24 | 255   |  |  |  |      |                                |
| x | 24 | 275   |  |  |  |      |                                |
| x | 24 | 337   |  |  |  |      |                                |
|   | 24 | 337   |  |  |  |      |                                |
| x | 24 | 305   |  |  |  |      |                                |
| x | 24 | 320   |  |  |  | 0.80 |                                |
| x | 24 | 265   |  |  |  |      |                                |
| x | 24 | 385   |  |  |  |      |                                |
| x | 24 | 320   |  |  |  |      |                                |
| x | 24 | 300   |  |  |  |      |                                |
|   | 24 | 300   |  |  |  |      |                                |
| x | 24 | 340   |  |  |  |      |                                |
| x | 0  | 0     |  |  |  |      |                                |
| x | 24 | 400   |  |  |  |      |                                |
| x | 24 | 240   |  |  |  | 0.80 | submitted samples              |
| x | 24 | 250   |  |  |  |      |                                |
|   |    | 9,339 |  |  |  |      |                                |
|   |    | 301   |  |  |  |      |                                |
|   |    | 455   |  |  |  |      |                                |

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator: 27







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

Date: Finished-Water Production for the Month Year of: **January 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000    |
| 0                  | 355                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 355          |
| 0                  | 345                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 345          |
| 0                  | 455                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 455          |
| 0                  | 340                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 340          |
| 0                  | 340                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 340          |
| 0                  | 310                 | 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       | 0       | 0       | 0   | 355          |
| 0                  | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 245          |
| 0                  | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295          |
| 0                  | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295          |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 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       | 0       | 0       | 0       | 0       | 0       | 0   | 255          |
| 0                  | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275          |
| 0                  | 337                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 337          |
| 0                  | 337                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 337          |
| 0                  | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305          |
| 0                  | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320          |
| 0                  | 265                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 265          |
| 0                  | 395                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 395          |
| 0                  | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320          |
| 0                  | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 300          |
| 0                  | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 300          |
| 0                  | 340                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 340          |
| 191                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 191          |
| 98                 | 400                 | 0       | 0       | 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       | 0   | 9,788        |
| 14                 | 301                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 316          |
| 191                | 455                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 498          |
| 0.4                | 0.4                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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:** **Feb-08**

**A. Public Water System (PWS) Information**

|  |   |   |  |                                      |
|--|---|---|--|--------------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |   | PWS Identification Number                        | 1230848                              |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient    | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| 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                                | 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@gtcom.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: Florida               | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): |                              | C               |
|  | Mr. Larry McArdle                                    | 589   | A                            | 25              |
|  |  |   |                              |                 |
|  |  |   |                              |                 |
|  |  |   |                              |                 |
|  |  |   |                              |                 |
|  |  |   |                              |                 |
|  |  |   |                              |                 |
|  |  |   |                              |                 |

**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.

Larry McArdle 3-9-08  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number



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

PWS Identification Number: **1230848** Plant Name: **LUCl # 2 - 16" Well**

III. Daily Data for the Month Year of: **February 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|                                     |    |       | all usage in thousands of gals |  |  |                   |
|-------------------------------------|----|-------|--------------------------------|--|--|-------------------|
| <input checked="" type="checkbox"/> | 24 | 260   |                                |  |  |                   |
|                                     | 24 | 260   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 225   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 215   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 260   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 330   | 1.00                           |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 225   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 250   |                                |  |  |                   |
|                                     | 24 | 250   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 275   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 250   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 240   | 0.60                           |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 260   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 260   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 245   |                                |  |  |                   |
|                                     | 24 | 245   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 235   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 325   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 245   | 1.80                           |  |  |                   |
| <input checked="" type="checkbox"/> | 0  | 0     |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 365   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 257   |                                |  |  |                   |
|                                     | 24 | 257   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 135   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 350   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 210   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 230   |                                |  |  |                   |
| <input checked="" type="checkbox"/> | 24 | 225   | 0.80                           |  |  | submitted samples |
| <input checked="" type="checkbox"/> | 24 | 240   |                                |  |  |                   |
|                                     |    |       |                                |  |  |                   |
|                                     |    | 7,124 |                                |  |  |                   |
|                                     |    | 246   |                                |  |  |                   |
|                                     |    | 365   |                                |  |  |                   |

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

LOWEST RESIDUAL 0.6 days checked by operator: 25  
 DAYS IN MONTH 29

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

Daily Finished Water Production for the Month Year at:

February 2008

Community Water System (CWS) Name: Lighthouse Utilities Co., Inc.

Public Water System (PWS) Identification 1230848

| LUCI # 1 - 6"<br>Well | LUCI # 2 - 16"<br>Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|-----------------------|------------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000               | 900,000                |         |         |         |         |         |         |         |     | 1,332,000   |
| 24                    | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 284         |
| 24                    | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 284         |
| 48                    | 225                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 273         |
| 58                    | 215                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 273         |
| 12                    | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 272         |
| 42                    | 330                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 372         |
| 54                    | 225                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 279         |
| 42                    | 250                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 292         |
| 42                    | 250                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 292         |
| 0                     | 275                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 78                    | 250                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 328         |
| 84                    | 240                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 324         |
| 1                     | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 261         |
| 18                    | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 278         |
| 117                   | 245                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 362         |
| 117                   | 245                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 362         |
| 98                    | 235                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 333         |
| 0                     | 325                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 325         |
| 132                   | 245                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 377         |
| 107                   | 0                      | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 107         |
| 24                    | 365                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 389         |
| 19                    | 257                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 276         |
| 19                    | 257                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 276         |
| 37                    | 135                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 172         |
| 14                    | 350                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 364         |
| 0                     | 210                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 210         |
| 46                    | 230                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 276         |
| 19                    | 225                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 244         |
| 35                    | 240                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 0                     | 0                      | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 0                     | 0                      | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 1,311                 | 7,124                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 8,435       |
| 45                    | 246                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 291         |
| 132                   | 365                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 389         |
| 0.6                   | 0.6                    | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |



**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:** **Mar-08**

**A. Public Water System (PWS) Information**

|   |   |  |  |
|---|---|--|--|
| <b>PWS Name:</b>                                      | <b>Lighthouse Utilities Co., Inc.</b>         | <b>PWS Identification Number</b>                 | <b>1230848</b>                                   |
| <b>PWS Type:</b>                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient           | <input type="checkbox"/> Transient Non-Community |
|   |   |  | <input type="checkbox"/> Consecutive             |
| <b>Number of Service Connections at End of Month:</b> | <b>1,327</b>                                  | <b>Total Population Served at End of Month:</b>  | <b>4,644 est.</b>                                |
| <b>PWS Owner:</b>                                     | <b>Lighthouse Utilities Co., Inc.</b>         |  |  |
| <b>Contact Person:</b>                                | <b>James R. Simmons</b>                       |  |  |
| <b>Contact Person's Mailing Address:</b>              | <b>P.O. Box # 428</b>                         | <b>City: Port St Joe</b>                         | <b>State: Florida</b>                            |
|   |   |  | <b>Zip Code: 32457</b>                           |
| <b>Contact Person's Telephone Number:</b>             | <b>850.227.7427</b>                           | <b>Contact Person's Fax Number: 850.227.9699</b> |  |
| <b>Contact Person's E-Mail Address:</b>               | <b>luci@qtcom.net</b>                         |  |  |

**B. Water Treatment Plant Information**

|   |  |  |                        |                        |
|---|--|--|------------------------|------------------------|
| <b>Plant Name:</b>  | <b>Plant names as noted on enclosed MORs</b>         |  | <b>Plant Telephone</b> | <b>850.227.3401</b>    |
| <b>Plant Address:</b>   | <b>7521 County Rd C-30</b>                           | <b>City: Port St Joe</b>                                     | <b>State: Florida</b>  | <b>Zip Code: 32456</b> |
| <b>Type of Water Treated by Plant:</b>                        | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water            |                        |                        |
| <b>Permitted Maximum Day Operating Capacity of Plant:</b>     | <b>1,322</b>   |  |                        |                        |
| <b>Plant Category (per subsection 62-699.310(4), F.A.C.):</b> | <b>IV</b>  | <b>Plant Class (per subsection 62-699.310(4), F.A.C.): C</b> |                        |                        |
|   | <b>Mr. Larry McArdle</b>                             | <b>589</b>   | <b>A</b>               | <b>26</b>              |
|   |  |  |                        |                        |
|   |  |  |                        |                        |
|   |  |  |                        |                        |
|   |  |  |                        |                        |
|   |  |  |                        |                        |
|   |  |  |                        |                        |
|   |  |  |                        |                        |

**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.

Larry McArdle 4-11-08  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number



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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 - 6" Well**

III. Daily Data for the Month Year of: **March 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Free Chlorine (mg/L) | Combined Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Combined Chlorine (Chloramines) (mg/L) | Ultraviolet Radiation (mJ/cm²) | Other | all usage in thousands of gals |
|-----|----------------------|--------------------------|-------------------------|--------------|--|--------------------------------|-------|--------------------------------|
|     | 24                   | 35                       |                         |              |  |                                |       |                                |
| x   | 24                   | 40                       |                         |              |  |                                |       |                                |
| x   | 24                   | 22                       |                         |              |  |                                |       |                                |
| x   | 24                   | 22                       |                         |              |  |                                | 0.60  |                                |
| x   | 24                   | 30                       |                         |              |  |                                |       |                                |
| x   | 24                   | 40                       |                         |              |  |                                |       |                                |
| x   | 24                   | 36                       |                         |              |  |                                |       |                                |
|     | 24                   | 36                       |                         |              |  |                                |       |                                |
| x   | 24                   | 16                       |                         |              |  |                                |       |                                |
| x   | 24                   | 113                      |                         |              |  |                                |       |                                |
| x   | 24                   | 98                       |                         |              |  |                                |       |                                |
| x   | 24                   | 0                        |                         |              |  |                                |       |                                |
| x   | 24                   | 119                      |                         |              |  |                                | 1.00  |                                |
| x   | 24                   | 35                       |                         |              |  |                                |       |                                |
|     | 24                   | 35                       |                         |              |  |                                |       |                                |
| x   | 24                   | 50                       |                         |              |  |                                |       |                                |
| x   | 24                   | 85                       |                         |              |  |                                |       |                                |
| x   | 24                   | 92                       |                         |              |  |                                |       |                                |
| x   | 24                   | 140                      |                         |              |  |                                |       |                                |
| x   | 24                   | 52                       |                         |              |  |                                | 0.80  |                                |
| x   | 24                   | 14                       |                         |              |  |                                |       |                                |
|     | 24                   | 14                       |                         |              |  |                                |       |                                |
| x   | 24                   | 75                       |                         |              |  |                                |       |                                |
| x   | 24                   | 18                       |                         |              |  |                                |       |                                |
| x   | 24                   | 92                       |                         |              |  |                                |       |                                |
| x   | 0                    | 117                      |                         |              |  |                                |       |                                |
| x   | 24                   | 125                      |                         |              |  |                                | 0.50  | submitted samples              |
| x   | 24                   | 100                      |                         |              |  |                                |       |                                |
|     | 24                   | 100                      |                         |              |  |                                |       |                                |
| x   | 24                   | 86                       |                         |              |  |                                |       |                                |
| x   | 24                   | 104                      |                         |              |  |                                |       |                                |
|     |                      | 1941                     |                         |              |  |                                |       |                                |
|     |                      | 83                       |                         |              |  |                                |       |                                |
|     |                      | 140                      |                         |              |  |                                |       |                                |

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

LOWEST RESIDUAL 0.5 days checked by operator 26  
 DAYS IN MONTH 31



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

PWS Identification Number: 1230848

Plant Name: LUCI # 2 - 16" Well

III. Daily Data for the Month Year of

March 2008

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |
|---|----|-------|
|   | 24 | 240   |
| x | 24 | 290   |
| x | 24 | 220   |
| x | 24 | 235   |
| x | 24 | 230   |
| x | 24 | 305   |
| x | 24 | 225   |
|   | 24 | 225   |
| x | 24 | 220   |
| x | 24 | 110   |
| x | 24 | 350   |
| x | 24 | 250   |
| x | 24 | 250   |
| x | 24 | 237   |
|   | 24 | 237   |
| x | 24 | 265   |
| x | 24 | 260   |
| x | 24 | 225   |
| x | 24 | 335   |
| x | 24 | 175   |
| x | 24 | 297   |
|   | 24 | 297   |
| x | 24 | 250   |
| x | 24 | 340   |
| x | 24 | 250   |
| x | 24 | 220   |
| x | 24 | 270   |
| x | 24 | 262   |
|   | 24 | 252   |
| x | 24 | 235   |
| x | 24 | 255   |
|   |    | 7,802 |
|   |    | 252   |
|   |    | 350   |

all usage in thousands of gals

0.80

1.00

0.80

0.50

submitted samples

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator: 26

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

Daily Finished-Water Production for the Month Year of: **March 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI# 1 - 6"<br>Well | LUCI# 2 - 16"<br>Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|----------------------|-----------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000              | 900,000               |         |         |         |         |         |         |         |     | 1,332,000    |
| 35                   | 240                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275          |
| 40                   | 290                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 330          |
| 22                   | 220                   | 0       | 0       | 0       | 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       | 0   | 260          |
| 40                   | 305                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 345          |
| 36                   | 225                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 261          |
| 36                   | 225                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 261          |
| 16                   | 220                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 236          |
| 113                  | 110                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 223          |
| 98                   | 350                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 448          |
| 0                    | 250                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250          |
| 119                  | 250                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 368          |
| 35                   | 237                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 272          |
| 35                   | 237                   | 0       | 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       | 0       | 0       | 0       | 0       | 0       | 0   | 475          |
| 52                   | 175                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 227          |
| 14                   | 297                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 311          |
| 14                   | 297                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 311          |
| 75                   | 250                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 325          |
| 18                   | 340                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 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                  | 262                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 352          |
| 100                  | 252                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 352          |
| 86                   | 235                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 321          |
| 104                  | 255                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 359          |
| 1,941                | 7,802                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 9,743        |
| 63                   | 252                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 314          |
| 140                  | 350                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 475          |
| 0.5                  | 0.5                   | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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: **Apr-08**

**A. Public Water System (PWS) Information**

|  |   |   |  |                                      |
|--|---|---|--|--------------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |   | PWS Identification Number                        | 1230848                              |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient    | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| 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                                | 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:               | ljr@luc.com.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: Florida  | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | C               |                 |

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 26 |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle 5-9-08  
 Signature and Date

Larry McArdle  
 Printed or Typed Name

589 - A  
 License Number

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

PWS Identification Number: 1230848

Plant Name: LUGI # 1 - 6" Well

III. Daily Data for the Month Year of:

**April 2008**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

|   |    |     |
|---|----|-----|
| x | 24 | 87  |
| x | 24 | 101 |
| x | 24 | 107 |
| x | 24 | 147 |
|   | 24 | 147 |
| x | 24 | 105 |
| x | 24 | 144 |
| x | 24 | 107 |
| x | 24 | 142 |
| x | 24 | 130 |
| x | 24 | 278 |
| x | 24 | 100 |
|   | 24 | 100 |
| x | 24 | 98  |
| x | 24 | 117 |
| x | 24 | 60  |
| x | 0  | 0   |
| x | 24 | 120 |
| x | 24 | 135 |
|   | 24 | 135 |
| x | 24 | 76  |
| x | 24 | 107 |
| x | 24 | 46  |
| x | 24 | 120 |
| x | 24 | 101 |
| x | 24 | 100 |
|   | 24 | 100 |
| x | 24 | 67  |
| x | 24 | 93  |
| x | 24 | 101 |

|      | all usage in thousands of gals |
|------|--------------------------------|
| 1.00 |                                |
| 0.60 |                                |
| 0.80 |                                |
| 0.50 |                                |
| 0.80 | submitted samples              |

3,271

109

278

LOWEST RESIDUAL 0.5

DAYS IN MONTH 30

days checked by operator 26

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

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month/Year of: **April 2006**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Date | Time | Residual (mg/L) | Usage (thousands of gals) | Notes             |
|------|------|-----------------|---------------------------|-------------------|
| x    | 24   | 256             |                           |                   |
| x    | 24   | 280             | 4.00                      |                   |
| x    | 24   | 240             |                           |                   |
| x    | 24   | 260             |                           |                   |
|      | 24   | 260             |                           |                   |
| x    | 24   | 175             |                           |                   |
| x    | 24   | 336             |                           |                   |
| x    | 24   | 230             |                           |                   |
| x    | 24   | 240             | 0.60                      |                   |
| x    | 24   | 320             |                           |                   |
| x    | 24   | 400             |                           |                   |
| x    | 24   | 220             |                           |                   |
|      | 24   | 220             |                           |                   |
| x    | 24   | 360             |                           |                   |
| x    | 0    | 0               | 0.80                      |                   |
| x    | 24   | 300             |                           |                   |
| x    | 24   | 270             |                           |                   |
| x    | 24   | 286             |                           |                   |
| x    | 24   | 247             |                           |                   |
|      | 24   | 247             |                           |                   |
| x    | 24   | 220             |                           |                   |
| x    | 24   | 220             |                           |                   |
| x    | 24   | 250             | 0.50                      |                   |
| x    | 24   | 290             |                           |                   |
| x    | 24   | 220             |                           |                   |
| x    | 24   | 262             |                           |                   |
|      | 24   | 262             |                           |                   |
| x    | 24   | 255             |                           |                   |
| x    | 24   | 220             | 0.80                      | submitted samples |
| x    | 24   | 220             |                           |                   |
|      |      | 7,563           |                           |                   |
|      |      | 252             |                           |                   |
|      |      | 400             |                           |                   |

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

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 30

days checked by operator: 26

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

Daily Finished-Water Production for the Month/Year of: **April 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000    |
| 87                 | 255                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 342          |
| 101                | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 381          |
| 107                | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 347          |
| 147                | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 407          |
| 147                | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 407          |
| 105                | 175                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 280          |
| 144                | 335                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 479          |
| 107                | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 337          |
| 142                | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 382          |
| 130                | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 450          |
| 278                | 400                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 678          |
| 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       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 117          |
| 60                 | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360          |
| 0                  | 270                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 270          |
| 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       | 0       | 0       | 0       | 0       | 0       | 0   | 382          |
| 78                 | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 296          |
| 107                | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 327          |
| 46                 | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 296          |
| 120                | 290                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 410          |
| 101                | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 321          |
| 100                | 262                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 362          |
| 100                | 262                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 362          |
| 67                 | 255                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 322          |
| 93                 | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 313          |
| 101                | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 321          |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 3,271              | 7,563               | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 10,834       |
| 109                | 252                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 361          |
| 278                | 400                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 678          |
| 0.5                | 0.5                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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:** **May-08**

**A. Public Water System (PWS) Information**

|  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |  | PWS Identification Number                        | 1230848                              |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| 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                                | 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@qtcom.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: Florida  | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |                   | <input type="checkbox"/> 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.): C |                 |

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 27 |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle 6-10-08  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number







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

Daily Finished-Water Production for the Month/Year of: **May 2008**  
 Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6"<br>Well | LUCI # 2 - 16"<br>Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |           |
|-----------------------|------------------------|---------|---------|---------|---------|---------|---------|---------|-----|-----------|
| 432,000               | 900,000                |         |         |         |         |         |         |         |     | 1,332,000 |
| 69                    | 280                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 349       |
| 90                    | 270                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360       |
| 93                    | 225                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 318       |
| 93                    | 225                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 318       |
| 108                   | 280                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 388       |
| 110                   | 280                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 390       |
| 178                   | 90                     | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 268       |
| 115                   | 360                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 475       |
| 125                   | 250                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 375       |
| 113                   | 247                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360       |
| 113                   | 247                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360       |
| 4                     | 375                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 379       |
| 110                   | 200                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 310       |
| 206                   | 410                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 616       |
| 110                   | 240                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 350       |
| 94                    | 340                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 434       |
| 1                     | 347                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 348       |
| 1                     | 347                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 348       |
| 2                     | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 262       |
| 0                     | 455                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 455       |
| 14                    | 385                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 399       |
| 158                   | 445                    | 0       | 0       | 0       | 0       | 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       | 0       | 0       | 0       | 0       | 0       | 0   | 456       |
| 178                   | 335                    | 0       | 0       | 0       | 0       | 0       | 0       | 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                   | 360                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 498       |
| 9                     | 275                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 284       |
| 189                   | 295                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 484       |
| 3,122                 | 9,357                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 12,479    |
| 101                   | 302                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 403       |
| 206                   | 455                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 616       |

0.5      0.5      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      <--LOWEST CI



**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:** Jun-08

**A. Public Water System (PWS) Information**

PWS Name: **Lighthouse Utilities Co., Inc.** PWS Identification Number: **1230848**

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

Number of Service Connections at End of Month: **1,339** Total Population Served at End of Month: **4,686 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@gtcom.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: **Florida** Zip Code: **32456**

Type of Water Treated by Plant:  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.): **C**

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 25 |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle 7/10/08  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 - 6" Well**

III. Daily Data for the Month Year of: **June 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual | Flow  | Usage (thousands of gals) | Notes             |
|-----|----------|-------|---------------------------|-------------------|
|     | 24       | 188   |                           |                   |
| x   | 24       | 128   |                           |                   |
| x   | 24       | 109   |                           |                   |
| x   | 24       | 339   | 0.60                      |                   |
| x   | 24       | 193   |                           |                   |
| x   | 24       | 142   |                           |                   |
|     | 24       | 142   |                           |                   |
| x   | 24       | 198   |                           |                   |
| x   | 24       | 144   |                           |                   |
| x   | 24       | 173   | 0.80                      |                   |
| x   | 24       | 0     |                           |                   |
| x   | 24       | 241   |                           |                   |
| x   | 24       | 200   |                           |                   |
|     | 24       | 200   |                           |                   |
| x   | 24       | 182   |                           |                   |
| x   | 24       | 229   |                           |                   |
| x   | 24       | 196   |                           |                   |
| x   | 24       | 147   | 1.00                      |                   |
| x   | 24       | 133   |                           |                   |
| x   | 24       | 167   |                           |                   |
| x   | 24       | 165   |                           |                   |
|     | 24       | 165   |                           |                   |
| x   | 24       | 138   |                           |                   |
| x   | 24       | 137   | 0.50                      |                   |
| x   | 24       | 159   |                           |                   |
| x   | 24       | 184   | 0.60                      | submitted samples |
| x   | 24       | 157   |                           |                   |
|     | 24       | 157   |                           |                   |
| x   | 24       | 159   |                           |                   |
| x   | 24       | 121   |                           |                   |
|     |          | 4,991 |                           |                   |
|     |          | 166   |                           |                   |
|     |          | 339   |                           |                   |

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

LOWEST RESIDUAL 0.5 days checked by operator 25  
 DAYS IN MONTH 30

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

PWS Identification Number: **1230848** Plant Name: **LUGI #2 - 16" Well**

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

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|  |   |    |        |      | off usage in thousands of gals |
|--|---|----|--------|------|--------------------------------|
|  | x | 24 | 295    |      |                                |
|  | x | 24 | 245    |      |                                |
|  | x | 24 | 265    |      |                                |
|  | x | 24 | 140    | 0.60 |                                |
|  | x | 24 | 385    |      |                                |
|  | x | 24 | 352    |      |                                |
|  |   | 24 | 352    |      |                                |
|  | x | 24 | 365    |      |                                |
|  | x | 24 | 280    |      |                                |
|  | x | 24 | 375    | 0.60 |                                |
|  | x | 24 | 675    |      |                                |
|  | x | 24 | 285    |      |                                |
|  | x | 24 | 457    |      |                                |
|  |   | 24 | 457    |      |                                |
|  | x | 24 | 520    |      |                                |
|  | x | 24 | 280    |      |                                |
|  | x | 24 | 340    |      |                                |
|  | x | 24 | 320    | 1.00 |                                |
|  | x | 24 | 285    |      |                                |
|  | x | 24 | 355    |      |                                |
|  | x | 24 | 275    |      |                                |
|  |   | 24 | 275    |      |                                |
|  | x | 24 | 280    |      |                                |
|  | x | 24 | 440    | 0.50 |                                |
|  | x | 24 | 360    |      |                                |
|  | x | 24 | 370    | 0.60 | submitted samples              |
|  | x | 24 | 350    |      |                                |
|  |   | 24 | 350    |      |                                |
|  | x | 24 | 330    |      |                                |
|  | x | 24 | 250    |      |                                |
|  |   |    | 10,198 |      |                                |
|  |   |    | 340    |      |                                |
|  |   |    | 575    |      |                                |

LOWEST RESIDUAL 0.5 days checked by operator: 25  
 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

Daily Finished-Water Production for the Month/Year of: **June 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000   |
| 188                | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 483         |
| 128                | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 373         |
| 109                | 255                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 364         |
| 339                | 140                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 479         |
| 193                | 385                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 578         |
| 142                | 352                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 484         |
| 142                | 352                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 484         |
| 196                | 365                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 561         |
| 144                | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 424         |
| 173                | 375                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 548         |
| 0                  | 575                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 575         |
| 241                | 286                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 526         |
| 200                | 457                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 657         |
| 200                | 457                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 657         |
| 182                | 520                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 702         |
| 229                | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 509         |
| 196                | 340                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 536         |
| 147                | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 467         |
| 133                | 285                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 418         |
| 167                | 355                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 522         |
| 165                | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 440         |
| 165                | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 440         |
| 138                | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 418         |
| 137                | 440                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 577         |
| 159                | 360                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 519         |
| 184                | 370                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 554         |
| 157                | 350                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 507         |
| 157                | 350                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 507         |
| 159                | 330                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 489         |
| 121                | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 371         |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 4,991              | 10,198              | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 15,189      |
| 166                | 340                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 506         |
| 339                | 575                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 702         |
| 0.5                | 0.5                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |





**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:** Jul-08

**A. Public Water System (PWS) Information**

|  |  |   |                                |
|--|--|---|--------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.   | PWS Identification Number                 | 1230848                        |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive |   |                                |
| Number of Service Connections at End of Month: | 1,339  | Total Population Served at End of Month:  | 4,686 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@gtcom.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: Florida  | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.): | C               |                 |

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 27 |
|                   |     |   |    |
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|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle 8-12-08  
 Signature and Date

Larry McArdle  
 Printed or Typed Name

589 - A  
 License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 - 6" Well**

III. Daily Data for the Month Year of: **July 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |  |  |  |  |  |  |  |  |      |                   | Discharge in thousands of gals |
|---|----|-------|--|--|--|--|--|--|--|--|------|-------------------|--------------------------------|
| x | 24 | 187   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 138   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 148   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 183   |  |  |  |  |  |  |  |  |      |                   |                                |
|   | 24 | 183   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 157   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 181   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 146   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 164   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 160   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 191   |  |  |  |  |  |  |  |  |      |                   |                                |
|   | 24 | 191   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 167   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 140   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 239   |  |  |  |  |  |  |  |  | 0.60 |                   |                                |
| x | 24 | 140   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 128   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 153   |  |  |  |  |  |  |  |  |      |                   |                                |
|   | 24 | 153   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 128   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 0     |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 179   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 171   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 190   |  |  |  |  |  |  |  |  | 1.00 |                   |                                |
| x | 24 | 173   |  |  |  |  |  |  |  |  |      |                   |                                |
|   | 24 | 173   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 159   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 200   |  |  |  |  |  |  |  |  | 0.60 | submitted samples |                                |
| x | 24 | 162   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 218   |  |  |  |  |  |  |  |  |      |                   |                                |
| x | 24 | 221   |  |  |  |  |  |  |  |  |      |                   |                                |
|   |    | 5,123 |  |  |  |  |  |  |  |  |      |                   |                                |
|   |    | 165   |  |  |  |  |  |  |  |  |      |                   |                                |
|   |    | 239   |  |  |  |  |  |  |  |  |      |                   |                                |

LOWEST RESIDUAL 0.6  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator 27

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month Year of: **July 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual | Usage (thousands of gals) | Notes                  |
|-----|----------|---------------------------|------------------------|
| x   | 24       | 410                       |                        |
| x   | 24       | 400                       |                        |
| x   | 24       | 440                       |                        |
| x   | 24       | 405                       |                        |
|     | 24       | 405                       | 0.60                   |
| x   | 24       | 350                       |                        |
| x   | 24       | 330                       |                        |
| x   | 24       | 340                       |                        |
| x   | 24       | 0                         |                        |
| x   | 24       | 310                       |                        |
| x   | 24       | 342                       |                        |
|     | 24       | 342                       |                        |
| x   | 24       | 300                       |                        |
| x   | 24       | 215                       |                        |
| x   | 24       | 190                       | 0.80                   |
| x   | 24       | 430                       |                        |
| x   | 24       | 310                       |                        |
| x   | 24       | 452                       |                        |
|     | 24       | 452                       |                        |
| x   | 24       | 340                       |                        |
| x   | 24       | 440                       |                        |
| x   | 24       | 470                       |                        |
| x   | 24       | 370                       | 1.00                   |
| x   | 24       | 450                       |                        |
| x   | 24       | 420                       |                        |
|     | 24       | 420                       |                        |
| x   | 24       | 335                       |                        |
| x   | 24       | 445                       | 0.60 submitted samples |
| x   | 24       | 340                       |                        |
| x   | 24       | 230                       |                        |
| x   | 24       | 360                       |                        |
|     |          | 11,173                    |                        |
|     |          | 360                       |                        |
|     |          | 510                       |                        |

LOWEST RESIDUAL 0.6  
DAYS IN MONTH 31

days checked by operator: 27

\* 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**

Daily Finished-Water Production for the Month Year: **July 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI# 1 - 6"<br>Well | LUCI# 2 - 16"<br>Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|----------------------|-----------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000              | 900,000               |         |         |         |         |         |         |         |     | 1,332,000   |
| 187                  | 510                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 697         |
| 138                  | 400                   | 0       | 0       | 0       | 0       | 0       | 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       | 0       | 0   | 507         |
| 181                  | 330                   | 0       | 0       | 0       | 0       | 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       | 0   | 470         |
| 191                  | 342                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 533         |
| 191                  | 342                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 533         |
| 167                  | 300                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 467         |
| 140                  | 215                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 355         |
| 239                  | 190                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 429         |
| 140                  | 430                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 570         |
| 128                  | 310                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 438         |
| 153                  | 452                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 605         |
| 153                  | 452                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 605         |
| 128                  | 340                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 468         |
| 0                    | 440                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 440         |
| 179                  | 470                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 649         |
| 171                  | 370                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 541         |
| 190                  | 450                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 640         |
| 173                  | 420                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 593         |
| 173                  | 420                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 593         |
| 159                  | 335                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 494         |
| 200                  | 445                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 645         |
| 162                  | 340                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 502         |
| 218                  | 230                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 448         |
| 221                  | 390                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 611         |
| 5,123                | 11,173                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 16,296      |
| 165                  | 360                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 526         |
| 239                  | 510                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 697         |
| 0.6                  | 0.6                   | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |



**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:** **Aug-08**

**A. Public Water System (PWS) Information**

|  |   |  |  |
|--|---|--|--|
| PWS Name:                                      | <b>Lighthouse Utilities Co., Inc.</b>         | PWS Identification Number                | <b>1230848</b>                                   |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient   | <input type="checkbox"/> Transient Non-Community |
|  |   |  | <input type="checkbox"/> Consecutive             |
| Number of Service Connections at End of Month: | <b>1,347</b>                                  | Total Population Served at End of Month: | <b>4,715 Est.</b>                                |
| PWS Owner:                                     | <b>Lighthouse Utilities Co., Inc.</b>         |  |  |
| Contact Person:                                | <b>James R. Simmons</b>                       | Contact Manager                          |  |
| Contact Person's Mailing Address:              | <b>P.O. Box # 428</b>                         | City: <b>Port St Joe</b>                 | State: <b>Florida</b> Zip Code: <b>32457</b>     |
| Contact Person's Telephone Number:             | <b>850.227.7427</b>                           | Contact Person's Fax Number:             | <b>850.227.9699</b>                              |
| Contact Person's E-Mail Address:               | <b>ljci@gtcom.net</b>                         |  |  |

**B. Water Treatment Plant Information**

|  |  |   |                       |                        |
|--|--|---|-----------------------|------------------------|
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>         |   | Plant Telephone       | <b>850.227.3401</b>    |
| Plant Address:   | <b>7521 County Rd C-30</b>                           | City: <b>Port St Joe</b>                            | State: <b>Florida</b> | Zip Code: <b>32456</b> |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> Purchased Finished Water   |                       |                        |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |   |                       |                        |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <b>C</b>              |                        |

|                          |            |          |           |
|--------------------------|------------|----------|-----------|
| <b>Mr. Larry McArdle</b> | <b>589</b> | <b>A</b> | <b>26</b> |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |

**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.

|                              |                       |                |
|------------------------------|-----------------------|----------------|
| <u>Larry McArdle 9-11-08</u> | <u>Larry McArdle</u>  | <u>589 - A</u> |
| 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**

Daily Finished Water Production for the Month Year of: **August 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6"<br>Well | LUCI # 2 - 16"<br>Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |           |
|-----------------------|------------------------|---------|---------|---------|---------|---------|---------|---------|-----|-----------|
| 432,000               | 900,000                |         |         |         |         |         |         |         |     | 1,332,000 |
| 218                   | 405                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 623       |
| 218                   | 405                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 623       |
| 163                   | 285                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 448       |
| 155                   | 390                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 545       |
| 147                   | 370                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 517       |
| 147                   | 380                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 527       |
| 152                   | 405                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 557       |
| 149                   | 375                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 524       |
| 149                   | 375                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 524       |
| 151                   | 340                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 491       |
| 145                   | 317                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 462       |
| 140                   | 0                      | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 140       |
| 107                   | 483                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 590       |
| 148                   | 285                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 433       |
| 152                   | 300                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 452       |
| 152                   | 300                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 452       |
| 148                   | 295                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 443       |
| 148                   | 345                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 493       |
| 45                    | 280                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 325       |
| 147                   | 235                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 382       |
| 0                     | 400                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 400       |
| 190                   | 275                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 465       |
| 190                   | 275                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 465       |
| 101                   | 235                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 336       |
| 130                   | 240                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 370       |
| 145                   | 245                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 390       |
| 125                   | 320                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 445       |
| 125                   | 260                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 385       |
| 153                   | 362                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 515       |
| 153                   | 362                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 515       |
| 138                   | 375                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 513       |
| 4,431                 | 9,919                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 14,350    |
| 143                   | 320                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 463       |
| 218                   | 483                    | 0       | 0       | 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      0.0      <--LOWEST CI



**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:** **Sep-08**

**A. Public Water System (PWS) Information**

|  |  |  |  |
|--|--|--|--|
| PWS Name:                                      | <b>Lighthouse Utilities Co., Inc.</b>  | PWS Identification Number                | <b>1230848</b>                               |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive |  |  |
| Number of Service Connections at End of Month: | <b>1,351</b>   | Total Population Served at End of Month: | <b>4,728 Est.</b>                            |
| PWS Owner:                                     | <b>Lighthouse Utilities Co., Inc.</b>  |  |  |
| Contact Person:                                | <b>James R. Simmons</b>  | Contact Manager                          |  |
| Contact Person's Mailing Address:              | <b>P.O. Box # 428</b>  | City: <b>Port St Joe</b>                 | State: <b>Florida</b> Zip Code: <b>32457</b> |
| Contact Person's Telephone Number:             | <b>850.227.7427</b>  | Contact Person's Fax Number:             | <b>850.227.9699</b>                          |
| Contact Person's E-Mail Address:               | <b>luci@gtcom.net</b>  |  |  |

**B. Water Treatment Plant Information**

|  |  |   |                       |                        |
|--|--|---|-----------------------|------------------------|
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>   |   | Plant Telephone       | <b>850.227.3401</b>    |
| Plant Address:   | <b>7521 County Rd C-30</b>   | City: <b>Port St Joe</b>                            | State: <b>Florida</b> | Zip Code: <b>32456</b> |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water |   |                       |                        |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |   |                       |                        |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <b>C</b>              |                        |

|                          |            |          |           |
|--------------------------|------------|----------|-----------|
| <b>Mr. Larry McArdle</b> | <b>589</b> | <b>A</b> | <b>28</b> |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |

**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.

Larry McArdle 10-31-08  
 Signature and Date

Larry McArdle  
 Printed or Typed Name

589 - A  
 License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 - 6" Well**

III. Daily Data for the Month-Year of: **September 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |  |  |  | all usage in thousands of gals |
|---|----|-------|--|--|--|--------------------------------|
| x | 24 | 130   |  |  |  |                                |
| x | 24 | 0     |  |  |  |                                |
| x | 24 | 173   |  |  |  |                                |
| x | 24 | 163   |  |  |  |                                |
| x | 24 | 172   |  |  |  | 0.40                           |
|   | 24 | 172   |  |  |  |                                |
| x | 24 | 152   |  |  |  |                                |
| x | 24 | 135   |  |  |  |                                |
| x | 24 | 137   |  |  |  |                                |
| x | 24 | 115   |  |  |  | 1.50                           |
| x | 24 | 17    |  |  |  |                                |
| x | 24 | 158   |  |  |  |                                |
|   | 24 | 156   |  |  |  |                                |
| x | 24 | 137   |  |  |  |                                |
| x | 24 | 146   |  |  |  |                                |
| x | 24 | 139   |  |  |  |                                |
| x | 24 | 117   |  |  |  | 0.80                           |
| x | 24 | 54    |  |  |  |                                |
| x | 24 | 38    |  |  |  |                                |
|   | 24 | 38    |  |  |  |                                |
| x | 24 | 20    |  |  |  |                                |
| x | 24 | 23    |  |  |  |                                |
| x | 24 | 16    |  |  |  |                                |
| x | 24 | 16    |  |  |  | 0.60                           |
| x | 24 | 47    |  |  |  | submit samples                 |
| x | 24 | 96    |  |  |  |                                |
|   | 24 | 96    |  |  |  |                                |
| x | 24 | 59    |  |  |  |                                |
| x | 24 | 46    |  |  |  |                                |
| x | 24 | 67    |  |  |  |                                |
|   |    | 2,833 |  |  |  |                                |
|   |    | 94    |  |  |  |                                |
|   |    | 173   |  |  |  |                                |

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 30

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator 26

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month Year of: **September 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual | Usage (thousands of gals) | Notes |
|-----|----------|---------------------------|-------|
| x   | 24       | 240                       |       |
| x   | 24       | 355                       |       |
| x   | 24       | 345                       |       |
| x   | 24       | 270                       |       |
| x   | 24       | 255                       |       |
|     | 24       | 255                       |       |
| x   | 24       | 330                       |       |
| x   | 24       | 295                       |       |
| x   | 24       | 0                         |       |
| x   | 24       | 400                       |       |
| x   | 24       | 415                       |       |
| x   | 24       | 265                       |       |
|     | 24       | 265                       |       |
| x   | 24       | 300                       |       |
| x   | 24       | 270                       |       |
| x   | 24       | 260                       |       |
| x   | 24       | 230                       |       |
| x   | 24       | 230                       |       |
| x   | 24       | 285                       |       |
|     | 24       | 285                       |       |
| x   | 24       | 215                       |       |
| x   | 24       | 225                       |       |
| x   | 24       | 230                       |       |
| x   | 24       | 230                       |       |
| x   | 24       | 235                       |       |
| x   | 24       | 280                       |       |
|     | 24       | 280                       |       |
| x   | 24       | 215                       |       |
| x   | 24       | 220                       |       |
| x   | 24       | 230                       |       |
|     |          | 7,910                     |       |
|     |          | 264                       |       |
|     |          | 415                       |       |

all usage in thousands of gals

0.40

1.50

0.80

0.60

submit samples

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 30

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator: 26

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

Daily Finished Water Production for the Month/Year of: **September 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6"<br>Well | LUCI # 2 - 16"<br>Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |           |
|-----------------------|------------------------|---------|---------|---------|---------|---------|---------|---------|-----|-----------|
| 432,000               | 900,000                |         |         |         |         |         |         |         |     | 1,332,000 |
| 130                   | 240                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 370       |
| 0                     | 355                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 355       |
| 173                   | 345                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 518       |
| 163                   | 270                    | 0       | 0       | 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       | 0       | 0       | 0       | 0       | 0       | 0   | 430       |
| 137                   | 0                      | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 137       |
| 115                   | 400                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 515       |
| 17                    | 415                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 432       |
| 156                   | 265                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 421       |
| 156                   | 265                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 421       |
| 137                   | 300                    | 0       | 0       | 0       | 0       | 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       | 0       | 0   | 284       |
| 38                    | 285                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 323       |
| 38                    | 285                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 323       |
| 20                    | 215                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235       |
| 23                    | 225                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 249       |
| 16                    | 230                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 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       | 0       | 0       | 0       | 0       | 0       | 0   | 376       |
| 59                    | 215                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 274       |
| 46                    | 220                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 266       |
| 67                    | 230                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 297       |
| 0                     | 0                      | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0         |
| 2,833                 | 7,910                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 10,743    |
| 94                    | 264                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 358       |
| 173                   | 415                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 518       |

0.4      0.4      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      ←-LOWEST CI





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

See last page for instructions.

|  |  |   |   |                                      |
|--|--|---|---|--------------------------------------|
| <b>I. General Information for the Month Year of:</b>   |  |   |   | <b>Oct-08</b>                        |
| <b>A. Public Water System (PWS) Information</b>        |  |   |   |                                      |
| PWS Name:  | Lighthouse Utilities Co., Inc.                       |   | PWS Identification Number                             | 1230848                              |
| PWS Type:  | <input checked="" type="checkbox"/> Community        | <input type="checkbox"/> Non-Transient    | <input type="checkbox"/> Transient Non-Community      | <input type="checkbox"/> 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.                       |   |   |                                      |
| 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@qlcom.net                                       |   |   |                                      |
| <b>B. Water Treatment Plant Information</b>            |  |   |   |                                      |
| 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 by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |   | <input type="checkbox"/> 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.): C |                                      |
|  | Mr. Larry McArdle                                    | 589                                       | A   | 27                                   |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |
|  |  |   |   |                                      |

**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.

Larry McArdle 11-13-08  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number



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

PWS Identification Number: 1230848

Plant Name: LUCI # 1 - 6" Well

III. Daily Data for the Month Year of

October 2008

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|                                     |    |     |
|-------------------------------------|----|-----|
| <input checked="" type="checkbox"/> | 24 | 94  |
| <input checked="" type="checkbox"/> | 24 | 105 |
| <input checked="" type="checkbox"/> | 24 | 132 |
| <input checked="" type="checkbox"/> | 24 | 132 |
| <input checked="" type="checkbox"/> | 24 | 125 |
| <input checked="" type="checkbox"/> | 24 | 80  |
| <input checked="" type="checkbox"/> | 24 | 7   |
| <input checked="" type="checkbox"/> | 24 | 23  |
| <input checked="" type="checkbox"/> | 24 | 61  |
| <input checked="" type="checkbox"/> | 24 | 35  |
| <input checked="" type="checkbox"/> | 24 | 35  |
| <input checked="" type="checkbox"/> | 24 | 0   |
| <input checked="" type="checkbox"/> | 24 | 20  |
| <input checked="" type="checkbox"/> | 24 | 100 |
| <input checked="" type="checkbox"/> | 24 | 110 |
| <input checked="" type="checkbox"/> | 24 | 3   |
| <input checked="" type="checkbox"/> | 24 | 6   |
| <input checked="" type="checkbox"/> | 24 | 6   |
| <input checked="" type="checkbox"/> | 24 | 19  |
| <input checked="" type="checkbox"/> | 24 | 14  |
| <input checked="" type="checkbox"/> | 24 | 5   |
| <input checked="" type="checkbox"/> | 24 | 7   |
| <input checked="" type="checkbox"/> | 24 | 3   |
| <input checked="" type="checkbox"/> | 24 | 4   |
| <input checked="" type="checkbox"/> | 24 | 4   |
| <input checked="" type="checkbox"/> | 24 | 23  |
| <input checked="" type="checkbox"/> | 24 | 16  |
| <input checked="" type="checkbox"/> | 24 | 7   |
| <input checked="" type="checkbox"/> | 24 | 14  |
| <input checked="" type="checkbox"/> | 24 | 0   |
| <input checked="" type="checkbox"/> | 24 | 6   |

all usage in thousands of gals

|                   |
|-------------------|
| 0.60              |
| 1.00              |
| 0.60              |
| 0.90              |
| 0.50              |
| submitted samples |

|       |
|-------|
| 1,196 |
| 39    |
| 132   |

LOWEST RESIDUAL 0.5  
 DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
 days checked by operator 27

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month/Year of: **October 2008**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

| Day | Residual | Usage (Thousands of Gals) | Notes                          |
|-----|----------|---------------------------|--------------------------------|
| x   | 24       | 290                       |                                |
| x   | 24       | 0                         | all usage in thousands of gals |
| x   | 24       | 356                       | 0.60                           |
| x   | 24       | 356                       |                                |
| x   | 24       | 230                       |                                |
| x   | 24       | 225                       |                                |
| x   | 24       | 295                       |                                |
| x   | 24       | 265                       | 1.00                           |
| x   | 24       | 240                       |                                |
| x   | 24       | 237                       |                                |
| x   | 24       | 237                       |                                |
| x   | 24       | 235                       |                                |
| x   | 24       | 560                       |                                |
| x   | 24       | 220                       |                                |
| x   | 24       | 225                       |                                |
| x   | 24       | 235                       | 0.80                           |
| x   | 24       | 285                       |                                |
| x   | 24       | 285                       |                                |
| x   | 24       | 300                       |                                |
| x   | 24       | 245                       |                                |
| x   | 24       | 235                       |                                |
| x   | 24       | 235                       | 0.90                           |
| x   | 24       | 230                       |                                |
| x   | 24       | 242                       |                                |
| x   | 24       | 242                       |                                |
| x   | 24       | 215                       |                                |
| x   | 24       | 225                       |                                |
| x   | 24       | 225                       |                                |
| x   | 24       | 225                       | 0.50 submitted samples         |
| x   | 24       | 235                       |                                |
| x   | 24       | 235                       |                                |
|     |          | 7,865                     |                                |
|     |          | 254                       |                                |
|     |          | 560                       |                                |

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator: 31

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

Daily Finished-Water Production for the Month Year of:

October 2008

Community Water System (CWS) Name: Lighthouse Utilities Co., Inc.

Public Water System (PWS) Identification 1230848

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |           |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-----------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000 |
| 94                 | 290                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 384       |
| 105                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 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       | 0       | 0       | 0       | 0       | 0       | 0   | 355       |
| 80                 | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305       |
| 7                  | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 302       |
| 23                 | 265                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 288       |
| 61                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 301       |
| 35                 | 237                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 272       |
| 35                 | 237                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 272       |
| 0                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235       |
| 20                 | 560                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 560       |
| 100                | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320       |
| 110                | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 335       |
| 3                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 238       |
| 6                  | 285                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 291       |
| 6                  | 285                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 291       |
| 19                 | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 319       |
| 14                 | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 259       |
| 5                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240       |
| 7                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 242       |
| 3                  | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 233       |
| 4                  | 242                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 246       |
| 4                  | 242                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 246       |
| 23                 | 215                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 238       |
| 16                 | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 241       |
| 7                  | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 232       |
| 14                 | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 239       |
| 0                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235       |
| 6                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 241       |
| 1,196              | 7,865               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 9,061     |
| 39                 | 254                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 292       |
| 132                | 560                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 580       |

0.5

0.5

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

<-LOWEST CI



**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:** **Nov-08**

**A. Public Water System (PWS) Information**

|  |   |  |  |                                      |         |
|--|---|--|--|--------------------------------------|---------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |  |  | PWS Identification Number            | 1230848 |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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@gtcom.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: Florida                                      | Zip Code: 32456              |  |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |                   | <input type="checkbox"/> 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.): | C                            |  |
|  | Mr. Larry McArdle                                    | 589               | A   | 25                           |  |
|  |  |                   |   |                              |  |
|  |  |                   |   |                              |  |
|  |  |                   |   |                              |  |
|  |  |                   |   |                              |  |
|  |  |                   |   |                              |  |
|  |  |                   |   |                              |  |
|  |  |                   |   |                              |  |

**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.

|                               |                       |                |
|-------------------------------|-----------------------|----------------|
| <u>Larry McArdle 12-16-08</u> | <u>Larry McArdle</u>  | <u>589 - A</u> |
| Signature and Date            | Printed or Typed Name | License Number |

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

PWS Identification Number: 1230848

Plant Name: LUCI # 1 - 6" Well

III. Daily Data for the Month Year of: **November 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |     |
|---|----|-----|
|   | 24 | 3   |
| x | 24 | 5   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 14  |
| x | 24 | 0   |
| x | 24 | 3   |
|   | 24 | 3   |
| x | 24 | 3   |
| x | 24 | 0   |
| x | 24 | 3   |
| x | 24 | 0   |
| x | 24 | 3   |
| x | 24 | 0   |
| x | 24 | 3   |
| x | 24 | 85  |
|   | 24 | 85  |
| x | 24 | 10  |
| x | 24 | 83  |
| x | 24 | 26  |
| x | 24 | 99  |
| x | 24 | 135 |
| x | 24 | 222 |
|   | 24 | 222 |
| x | 24 | 93  |
| x | 24 | 8   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 20  |
| x | 24 | 13  |
|   | 24 | 13  |
| x | 24 | 0   |

|      |  |                                |
|------|--|--------------------------------|
|      |  | all usage in thousands of gals |
|      |  |                                |
| 0.80 |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
| 0.50 |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
|      |  |                                |
| 1.00 |  |                                |
|      |  |                                |
|      |  |                                |
| 0.60 |  | submitted samples              |
|      |  |                                |
|      |  |                                |
|      |  |                                |

1,151

LOWEST RESIDUAL: 0.5

days checked by operator 25

DAYS IN MONTH 30

38

222

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



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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month Year of: **November 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual | Usage (thousands of gals) | Notes |
|-----|----------|---------------------------|-------|
|     | 24       | 235                       |       |
| x   | 24       | 245                       |       |
| x   | 24       | 305                       |       |
| x   | 24       | 0                         |       |
| x   | 24       | 405                       |       |
| x   | 24       | 220                       |       |
| x   | 24       | 227                       |       |
|     | 24       | 227                       |       |
| x   | 24       | 230                       |       |
| x   | 24       | 225                       |       |
| x   | 24       | 220                       |       |
| x   | 24       | 220                       |       |
| x   | 24       | 225                       |       |
| x   | 24       | *238                      |       |
|     | 24       | *238                      |       |
| x   | 24       | *238                      |       |
| x   | 24       | 205                       |       |
| x   | 24       | 205                       |       |
| x   | 24       | *238                      |       |
| x   | 24       | *238                      |       |
| x   | 24       | *238                      |       |
|     | 24       | *238                      |       |
| x   | 24       | 235                       |       |
| x   | 24       | 240                       |       |
| x   | 24       | 260                       |       |
| x   | 24       | 265                       |       |
| x   | 24       | 255                       |       |
| x   | 24       | 307                       |       |
|     | 24       | 307                       |       |
| x   | 24       | 200                       |       |
|     |          | 5,463                     |       |
|     |          | 238                       |       |
|     |          | 405                       |       |

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 30

days checked by operator: 25

estimate flow meter broken

\* 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

Daily Finished-Water Production for the Month/Year of: **November 2008**  
 Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000    |
| 3                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 238          |
| 5                  | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250          |
| 0                  | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305          |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 14                 | 405                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 419          |
| 0                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220          |
| 3                  | 227                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 230          |
| 3                  | 227                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 230          |
| 3                  | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 233          |
| 0                  | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225          |
| 3                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 223          |
| 0                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220          |
| 3                  | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 228          |
| 85                 | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 85           |
| 85                 | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 85           |
| 10                 | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 10           |
| 83                 | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 288          |
| 26                 | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 231          |
| 99                 | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 99           |
| 135                | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 135          |
| 222                | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 222          |
| 222                | *238                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 222          |
| 93                 | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 328          |
| 8                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 248          |
| 0                  | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260          |
| 0                  | 265                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 265          |
| 20                 | 255                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275          |
| 13                 | 307                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320          |
| 13                 | 307                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320          |
| 0                  | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200          |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 1,151              | 5,463               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 6,614        |
| 38                 | 238                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 228          |
| 222                | 405                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 419          |
| 0.5                | 0.5                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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:** Dec-08

**A. Public Water System (PWS) Information**

PWS Name: Lighthouse Utilities Co., Inc. PWS Identification Number: 1230848

PWS Type:  Community  Non-Transient  Transient Non-Community  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: ljci@gtcom.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: Florida Zip Code: 32456

Type of Water Treated by Plant:  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.): C

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 27 |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle 1-29-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number



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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 - 6" Well**

III. Daily Data for the Month Year of: **December 2008**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |     |
|---|----|-----|
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
|   | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
|   | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
|   | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 21  |
| x | 24 | 225 |
| x | 24 | 56  |
| x | 24 | 56  |
|   | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
| x | 24 | 0   |
|   |    | 358 |
|   |    | 12  |
|   |    | 225 |

|      |                                |
|------|--------------------------------|
|      | all usage in thousands of gals |
|      |                                |
|      |                                |
|      |                                |
| 1.40 |                                |
|      |                                |
|      |                                |
|      |                                |
|      |                                |
|      |                                |
|      |                                |
| 0.80 |                                |
|      |                                |
|      |                                |
|      |                                |
|      |                                |
| 0.50 | submitted samples              |
|      |                                |
|      |                                |
|      |                                |
| 0.60 |                                |
|      |                                |
|      |                                |
|      |                                |
|      |                                |
| 1.00 |                                |

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator 27

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

PWS Identification Number: 1230848

Plant Name: LUCI # 2 - 16" Well

III. Daily Data for the Month Year of: December 2008

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual (mg/L) | Usage (thousands of gals) |
|-----|-----------------|---------------------------|
| x   | 24              | 260                       |
| x   | 24              | 290                       |
| x   | 24              | 245                       |
| x   | 24              | 220                       |
| x   | 24              | 275                       |
|     | 24              | 275                       |
| x   | 24              | 240                       |
| x   | 24              | 385                       |
| x   | 24              | 0                         |
| x   | 24              | 430                       |
| x   | 24              | 260                       |
| x   | 24              | 280                       |
|     | 24              | 260                       |
| x   | 24              | 220                       |
| x   | 24              | 210                       |
| x   | 24              | 190                       |
| x   | 24              | 190                       |
| x   | 24              | 205                       |
| x   | 24              | 125                       |
| x   | 24              | 257                       |
|     | 24              | 257                       |
| x   | 24              | 145                       |
| x   | 24              | 260                       |
| x   | 24              | 0                         |
| x   | 24              | 0                         |
| x   | 24              | 180                       |
|     | 24              | 180                       |
| x   | 24              | 280                       |
| x   | 24              | 330                       |
| x   | 24              | 170                       |
| x   | 24              | 350                       |
|     |                 | 6,929                     |
|     |                 | 224                       |
|     |                 | 430                       |

all usage in thousands of gals

1.40

0.80

0.50

submitted samples

0.60

1.00

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

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

days checked by operator: 27

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

Daily Finished-Water Production for the Month Year of: **December 2008**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |           |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-----------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | L,332,000 |
| 0                  | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260       |
| 0                  | 290                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 290       |
| 0                  | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 245       |
| 0                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220       |
| 0                  | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275       |
| 0                  | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275       |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240       |
| 0                  | 385                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 385       |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0         |
| 0                  | 430                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 430       |
| 0                  | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260       |
| 0                  | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 280       |
| 0                  | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260       |
| 0                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220       |
| 0                  | 210                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 210       |
| 0                  | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190       |
| 0                  | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190       |
| 0                  | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 205       |
| 0                  | 125                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 125       |
| 0                  | 257                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 257       |
| 0                  | 257                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 257       |
| 0                  | 145                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 145       |
| 21                 | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 281       |
| 225                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225       |
| 56                 | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 56        |
| 56                 | 180                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 236       |
| 0                  | 180                 | 0       | 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       | 0       | 0       | 0       | 0   | 170       |
| 0                  | 350                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 350       |
| 358                | 6,929               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 7,287     |
| 12                 | 224                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 243       |
| 225                | 430                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 430       |

0.5      0.5      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      <-LOWEST CI



**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: Jan-09**

**A. Public Water System (PWS) Information**

|  |   |   |  |                                      |
|--|---|---|--|--------------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |   | PWS Identification Number                        | 1230848                              |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient    | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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@otcom.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: Florida                                    | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |   | <input type="checkbox"/> 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.): | C   |                 |
|  | Mr. Larry McArdle                                    | 589   | A   | 27              |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |

**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.

Signature and Date: Larry McArdle 02-11-09  
 Printed or Typed Name: Larry McArdle  
 License Number: 589 - A

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

PWS Identification Number: **1230848**

Plant Name: **LUCI #1 - 6" Well**

III. Daily Data for the Month Year of: **January 2009**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 0     |
| x | 24 | 0     |
|   | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 159   |
| x | 24 | 224   |
|   | 24 | 224   |
| x | 24 | 202   |
| x | 24 | 194   |
| x | 24 | 177   |
| x | 24 | 184   |
| x | 24 | 238   |
| x | 24 | 233   |
| x | 24 | 232   |
|   | 24 | 232   |
| x | 24 | 250   |
| x | 24 | 222   |
| x | 24 | 233   |
| x | 24 | 231   |
| x | 24 | 251   |
|   | 24 | 251   |
| x | 24 | 217   |
| x | 24 | 209   |
| x | 24 | 300   |
| x | 24 | 197   |
| x | 24 | 94    |
| x | 24 | 0     |
| x | 24 | 202   |
|   |    | 4,956 |
|   |    | 160   |
|   |    | 300   |

all usage in thousands of gals

0.50

0.80

1.00

0.60

submitted samples

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator 27

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month/Year of: **January 2009**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

|   |    |       |  |  |  |      | all usage in thousands of gals                 |
|---|----|-------|--|--|--|------|--|
| x | 24 | 375   |  |  |  |      |  |
| x | 24 | 275   |  |  |  |      |  |
|   | 24 | 275   |  |  |  |      |  |
| x | 24 | 240   |  |  |  |      |  |
| x | 24 | 305   |  |  |  |      |  |
| x | 24 | 0     |  |  |  |      |  |
| x | 24 | 200   |  |  |  | 0.50 |  |
| x | 0  | 0     |  |  |  |      | well pump failed had to be pulled and re-built |
| x | 0  | 0     |  |  |  |      |  |
|   | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  | 0.80 |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
|   | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  | 1.00 |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
|   | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  | 0.60 | submitted samples                              |
| x | 0  | 0     |  |  |  |      |  |
| x | 0  | 0     |  |  |  |      |  |
|   |    | 1,670 |  |  |  |      |  |
|   |    | 54    |  |  |  |      |  |
|   |    | 375   |  |  |  |      |  |

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

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

days checked by operator: 27



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

Daily Finished-Water Production for the Month Year of: **January 2009**

Community Water System (CWS) Name: **Lighthouse Utilties Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000   |
| 0                  | 375                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 375         |
| 0                  | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 0                  | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                  | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305         |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 0                  | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200         |
| 159                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 159         |
| 224                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 224         |
| 224                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 224         |
| 202                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 202         |
| 194                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 194         |
| 177                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 177         |
| 184                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 184         |
| 238                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 238         |
| 233                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 233         |
| 232                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 232         |
| 232                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 232         |
| 250                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250         |
| 222                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 222         |
| 233                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 233         |
| 231                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 231         |
| 251                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 251         |
| 251                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 251         |
| 217                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 217         |
| 209                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 209         |
| 300                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 300         |
| 197                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 197         |
| 94                 | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 94          |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 202                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 202         |
| 4,956              | 1,670               | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 6,626       |
| 160                | 54                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 228         |
| 300                | 375                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 375         |
| 0.5                | 0.5                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |

**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: **Feb-09**

|   |  |  |  |
|---|--|--|--|
| <b>A. Public Water System (PWS) Information</b> |  |  |  |
| PWS Name:                                       | <b>Lighthouse Utilities Co., Inc.</b>  | PWS Identification Number                        | <b>1230848</b>                               |
| PWS Type:                                       | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive         |
| Number of Service Connections at End of Month:  | <b>1,352</b>   | Total Population Served at End of Month:         | <b>4,732 est.</b>                            |
| PWS Owner:                                      | <b>Lighthouse Utilities Co., Inc.</b>  |  |  |
| Contact Person:                                 | <b>James R. Simmons</b>  | Contact Manager                                  |  |
| Contact Person's Mailing Address:               | <b>P.O. Box # 428</b>  | City: <b>Port St Joe</b>                         | State: <b>Florida</b> Zip Code: <b>32457</b> |
| Contact Person's Telephone Number:              | <b>850.227.7427</b>  | Contact Person's Fax Number: <b>850.227.9699</b> |  |
| Contact Person's E-Mail Address:                | <b>lucl@qtcom.net</b>  |  |  |

|  |  |   |  |
|--|--|---|--|
| <b>B. Water Treatment Plant Information</b>            |  |   |  |
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>   |   | Plant Telephone <b>850.227.3401</b>          |
| Plant Address:   | <b>7521 County Rd C-30</b>   | City: <b>Port St Joe</b>                            | State: <b>Florida</b> Zip Code: <b>32458</b> |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water |   |  |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |   |  |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <b>G</b>                                     |
|  | <b>Mr. Larry McArdle</b>   | <b>589</b>  | <b>A</b>                                     |
|  |  |   | <b>24</b>                                    |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |

**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.

Larry McArdle 3-11-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number



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

PWS Identification Number: **1230848** Plant Name: **UCI #1 - 6 Well**

III. Daily Data for the Month Year of: **February 2009**  
 Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:  
 Type of Disinfectant Residual Maintained in Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

|   |    |     | all usage in thousands of gals |
|---|----|-----|--------------------------------|
|   | 24 | 203 |                                |
| x | 24 | 259 |                                |
| x | 24 | 204 |                                |
| x | 24 | 228 | 0.80                           |
| x | 24 | 240 |                                |
| x | 24 | 258 |                                |
|   | 24 | 257 |                                |
| x | 24 | 212 |                                |
| x | 24 | 209 |                                |
| x | 24 | 7   |                                |
| x | 24 | 22  |                                |
| x | 24 | 8   | 0.80                           |
| x | 24 | 7   |                                |
| x | 24 | 11  |                                |
|   | 24 | 11  |                                |
| x | 24 | 3   |                                |
| x | 24 | 6   |                                |
| x | 24 | 3   |                                |
| x | 24 | 7   | 1.00                           |
| x | 24 | 6   |                                |
|   | 24 | 6   |                                |
| x | 24 | 3   |                                |
| x | 24 | 6   |                                |
| x | 24 | 0   |                                |
| x | 24 | 0   | 0.40 submitted samples         |
| x | 24 | 0   |                                |
| x | 24 | 0   |                                |
| x | 24 | 6   |                                |

2,182  
**78**  
**259**

LOWEST RESIDUAL 0.4 days checked by operator 24  
 DAYS IN MONTH 28

\* 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

Daily Finished-Water Production for the Month Year of: **February 2009**  
 Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000    |
| 203                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 203          |
| 258                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 258          |
| 204                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 204          |
| 228                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 228          |
| 240                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240          |
| 256                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 256          |
| 257                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 257          |
| 212                | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 212          |
| 209                | 274                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 483          |
| 7                  | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 257          |
| 22                 | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 272          |
| 8                  | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 258          |
| 7                  | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 267          |
| 11                 | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 241          |
| 11                 | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 241          |
| 3                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 223          |
| 6                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 226          |
| 3                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 243          |
| 7                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 247          |
| 6                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 226          |
| 6                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 226          |
| 3                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 243          |
| 6                  | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 236          |
| 0                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235          |
| 0                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235          |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240          |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240          |
| 6                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 246          |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 0                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 2,182              | 4,764               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 6,946        |
| 78                 | 170                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 248          |
| 259                | 274                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 483          |
| 0.4                | 0.4                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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:** **Mar-09**

**A. Public Water System (PWS) Information**

PWS Name: **Lighthouse Utilities Co., Inc.** PWS Identification Number: **1230848**

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

Number of Service Connections at End of Month: **1,359** Total Population Served at End of Month: **4,757**

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@qtcom.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: **Florida** Zip Code: **32456**

Type of Water Treated by Plant:  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.): **C**

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 26 |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle      4-10-09  
 Signature and Date

Larry McArdle  
 Printed or Typed Name

589 - A  
 License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 - 6" Well**

III. Daily Data for the Month Year of: **March 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |     |     |  |  | all usage in thousands of gals |
|---|-----|-----|--|--|--------------------------------|
|   | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
| x | 24  | 3   |  |  |                                |
| x | 24  | 0   |  |  | 0.80                           |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
|   | 24  | 3   |  |  |                                |
| x | 24  | 87  |  |  |                                |
| x | 24  | 46  |  |  |                                |
| x | 24  | 26  |  |  | 1.00                           |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
|   | 24  | 108 |  |  |                                |
| x | 24  | 108 |  |  |                                |
| x | 24  | 142 |  |  |                                |
| x | 24  | 0   |  |  |                                |
| x | 24  | 38  |  |  | 0.40                           |
| x | 24  | 167 |  |  |                                |
| x | 24  | 39  |  |  |                                |
| x | 24  | 14  |  |  |                                |
|   | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  | 0.60                           |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  |                                |
|   | 24  | 0   |  |  |                                |
| x | 24  | 0   |  |  | 0.70                           |
| x | 24  | 0   |  |  | submitted samples              |
|   | 791 |     |  |  |                                |
|   | 26  |     |  |  |                                |
|   | 167 |     |  |  |                                |

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

LOWEST RESIDUAL 0.4 days checked by operator 26  
 DAYS IN MONTH 31

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 - 16" Well**

III. Daily Data for the Month Year of: **March 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Free Chlorine (mg/L) | Combined Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Combined Chlorine (mg/L) | Ultraviolet Radiation | Other | Flow (MGD) | Notes                          |
|-----|----------------------|--------------------------|-------------------------|--------------|--------------------------|-----------------------|-------|------------|--------------------------------|
|     |                      |                          |                         |              |                          |                       |       |            | all usage in thousands of gals |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       | 0.80       |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
|     | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       | 1.00       |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
|     | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 240                      |                         |              |                          |                       |       | 0.40       |                                |
| x   | 24                   | 235                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 370                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 377                      |                         |              |                          |                       |       |            |                                |
|     | 24                   | 377                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 250                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 295                      |                         |              |                          |                       |       | 0.60       |                                |
| x   | 24                   | 285                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 255                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 300                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 247                      |                         |              |                          |                       |       |            |                                |
|     | 24                   | 247                      |                         |              |                          |                       |       |            |                                |
| x   | 24                   | 295                      |                         |              |                          |                       |       | 0.70       | submitted samples              |
| x   | 24                   | 310                      |                         |              |                          |                       |       |            |                                |
|     |                      | 8,163                    |                         |              |                          |                       |       |            |                                |
|     |                      | 263                      |                         |              |                          |                       |       |            |                                |
|     |                      | 377                      |                         |              |                          |                       |       |            |                                |

LOWEST RESIDUAL 0.4  
 DAYS IN MONTH 31

days checked by operator: 26

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

\* 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

Daily Finished-Water Production For the Month/Year of: **March 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1 - 6" Well | LUCI # 2 - 16" Well | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|--------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000            | 900,000             |         |         |         |         |         |         |         |     | 1,332,000   |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 3                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 243         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 3                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 243         |
| 97                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 337         |
| 48                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 286         |
| 26                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 266         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 108                | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 348         |
| 108                | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 348         |
| 142                | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 382         |
| 0                  | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 38                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 278         |
| 167                | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 402         |
| 39                 | 370                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 409         |
| 14                 | 377                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 391         |
| 0                  | 377                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 377         |
| 0                  | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250         |
| 0                  | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295         |
| 0                  | 285                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 285         |
| 0                  | 255                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 255         |
| 0                  | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 300         |
| 0                  | 247                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 247         |
| 0                  | 247                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 247         |
| 0                  | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295         |
| 0                  | 310                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 310         |
| 791                | 8,163               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 8,954       |
| 26                 | 263                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 289         |
| 167                | 377                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 409         |
| 0.4                | 0.4                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |



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

PWS Identification Number: 1230848

Plant Name: LUCl # 1 - 6" Well - FLUWID #AAG9116

III. Daily Data for the Month/Year of: **April 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |    |  |  |      | all usage in thousands of gals |
|---|----|----|--|--|------|--------------------------------|
| x | 24 | 24 |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
|   | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  | 0.60 |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 12 |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
|   | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  | 0.80 |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
|   | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  | 0.40 |                                |
| x | 24 | 7  |  |  |      |                                |
| x | 24 | 9  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
|   | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  | 0.70 | submitted samples              |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
| x | 24 | 0  |  |  |      |                                |
|   |    | 52 |  |  |      |                                |
|   |    | 2  |  |  |      |                                |
|   |    | 24 |  |  |      |                                |

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 30

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator 26



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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 #AAA7521**

III. Daily Data for the Month Year of: **April 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|                                     |    |       |
|-------------------------------------|----|-------|
| <input checked="" type="checkbox"/> | 24 | 350   |
| <input checked="" type="checkbox"/> | 24 | 265   |
| <input checked="" type="checkbox"/> | 24 | 285   |
| <input checked="" type="checkbox"/> | 24 | 335   |
| <input checked="" type="checkbox"/> | 24 | 335   |
| <input checked="" type="checkbox"/> | 24 | 520   |
| <input checked="" type="checkbox"/> | 24 | 295   |
| <input checked="" type="checkbox"/> | 24 | 380   |
| <input checked="" type="checkbox"/> | 24 | 420   |
| <input checked="" type="checkbox"/> | 24 | 422   |
| <input checked="" type="checkbox"/> | 24 | 422   |
| <input checked="" type="checkbox"/> | 24 | 245   |
| <input checked="" type="checkbox"/> | 24 | 320   |
| <input checked="" type="checkbox"/> | 24 | 215   |
| <input checked="" type="checkbox"/> | 24 | 220   |
| <input checked="" type="checkbox"/> | 24 | 330   |
| <input checked="" type="checkbox"/> | 24 | 225   |
| <input checked="" type="checkbox"/> | 24 | 295   |
| <input checked="" type="checkbox"/> | 24 | 295   |
| <input checked="" type="checkbox"/> | 24 | 235   |
| <input checked="" type="checkbox"/> | 24 | 300   |
| <input checked="" type="checkbox"/> | 24 | 220   |
| <input checked="" type="checkbox"/> | 24 | 285   |
| <input checked="" type="checkbox"/> | 24 | 345   |
| <input checked="" type="checkbox"/> | 24 | 325   |
| <input checked="" type="checkbox"/> | 24 | 325   |
| <input checked="" type="checkbox"/> | 24 | 0     |
| <input checked="" type="checkbox"/> | 24 | 480   |
| <input checked="" type="checkbox"/> | 24 | 380   |
| <input checked="" type="checkbox"/> | 24 | 320   |
|                                     |    |       |
|                                     |    | 9,389 |
|                                     |    | 313   |
|                                     |    | 520   |

all usage in thousands of gals

LOWEST RESIDUAL 0.0  
DAYS IN MONTH 30

days checked by operator: 26

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

\* 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**

Daily Finished-Water Production for the Month Year of: **April 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1<br>#AAG9116 | LUCI # 2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |            |
|----------------------|----------------------|---------|---------|---------|---------|---------|---------|---------|-----|------------|
| 432,000              | 900,000              |         |         |         |         |         |         |         |     | 1,332,000  |
| 24                   | 350                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 374        |
| 0                    | 265                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 265        |
| 0                    | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 285        |
| 0                    | 335                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 335        |
| 0                    | 335                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 335        |
| 0                    | 520                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 520        |
| 0                    | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295        |
| 0                    | 380                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 380        |
| 12                   | 420                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 432        |
| 0                    | 422                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 422        |
| 0                    | 422                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 422        |
| 0                    | 245                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 245        |
| 0                    | 320                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320        |
| 0                    | 215                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 215        |
| 0                    | 220                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220        |
| 0                    | 330                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 330        |
| 0                    | 225                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225        |
| 0                    | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295        |
| 0                    | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295        |
| 0                    | 235                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235        |
| 0                    | 300                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 300        |
| 7                    | 220                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 227        |
| 9                    | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 294        |
| 0                    | 345                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 345        |
| 0                    | 325                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 325        |
| 0                    | 325                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 325        |
| 0                    | 0                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0          |
| 0                    | 480                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 480        |
| 0                    | 380                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 380        |
| 0                    | 320                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320        |
| 0                    | 0                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0          |
| 52                   | 9,389                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 9,441      |
| 2                    | 313                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 326        |
| 24                   | 520                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 520        |
| 0.4                  | 0.0                  | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | ←LOWEST CI |



**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: May-09**

**A. Public Water System (PWS) Information**

|  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| PWS Name                                       | Lighthouse Utilities Co., Inc.                |  | PWS Identification Number                        | 1230848                              |
| PWS Type                                       | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| Number of Service Connections at End of Month: | 1,359   |  | Total Population Served at End of Month:         | 4,757                                |
| 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@ctcom.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: Florida  | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |                   | <input type="checkbox"/> 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.): C |                 |
|  | Mr. Larry McArdle                                    | 589               | A   | 26              |
|  |  |                   |   |                 |
|  |  |                   |   |                 |
|  |  |                   |   |                 |
|  |  |                   |   |                 |
|  |  |                   |   |                 |
|  |  |                   |   |                 |
|  |  |                   |   |                 |

**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 62-553.320(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 6-9-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI #1 WAAG9116**

III. Daily Data for the Month Year of: **May 2009**

Means of Achieving Four-Log Virus:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 0     |
|   | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 5     |
| x | 24 | 139   |
| x | 24 | 0     |
| x | 24 | 0     |
|   | 24 | 3     |
| x | 24 | 0     |
| x | 24 | 165   |
| x | 24 | 125   |
| x | 24 | 0     |
| x | 24 | 0     |
| x | 24 | 2     |
|   | 24 | 2     |
| x | 24 | 4     |
| x | 24 | 222   |
| x | 24 | 65    |
| x | 24 | 15    |
| x | 24 | 216   |
| x | 24 | 69    |
| x | 24 | 95    |
|   | 24 | 95    |
| x | 24 | 125   |
| x | 24 | 226   |
| x | 24 | 3     |
| x | 24 | 0     |
| x | 24 | 0     |
|   | 24 | 0     |
| x | 24 | 46    |
|   |    | 1,622 |
|   |    | 52    |
|   |    | 226   |

all usage in thousands of gals

0.50

0.80

1.00

0.60

submitted samples

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

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

days checked by operator 26

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 #AAA7521**

III. Daily Data for the Month of: **May 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 320   |
|   | 24 | 320   |
| x | 24 | 330   |
| x | 24 | 340   |
| x | 24 | 290   |
| x | 24 | 235   |
| x | 24 | 320   |
| x | 24 | 350   |
|   | 24 | 350   |
| x | 24 | 325   |
| x | 24 | 315   |
| x | 24 | 265   |
| x | 24 | 200   |
| x | 24 | 290   |
| x | 24 | 380   |
|   | 24 | 380   |
| x | 24 | 300   |
| x | 24 | 305   |
| x | 24 | 0     |
| x | 24 | 395   |
| x | 24 | 195   |
| x | 24 | 195   |
| x | 24 | 249   |
|   | 24 | 249   |
| x | 24 | 324   |
| x | 24 | 262   |
| x | 24 | 245   |
| x | 24 | 305   |
| x | 24 | 352   |
|   | 24 | 352   |
| x | 24 | 475   |
|   |    | 9,213 |
|   |    | 297   |
|   |    | 475   |

all usage in thousands of gals

0.50

0.80

1.00

0.60

submitted samples

LOWEST RESIDUAL 0.5  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator: 26

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

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

Daily Finished-Water Production for the Month Year of:

**May 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI# 1<br>#AAG9116 | LUCI# 2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|---------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000             | 900,000             |         |         |         |         |         |         |         |     | 1,332,000   |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320         |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320         |
| 0                   | 330                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 330         |
| 0                   | 340                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 340         |
| 5                   | 290                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295         |
| 139                 | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 374         |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320         |
| 0                   | 350                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 350         |
| 3                   | 350                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 353         |
| 0                   | 325                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 325         |
| 165                 | 315                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 480         |
| 125                 | 265                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 390         |
| 0                   | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200         |
| 0                   | 290                 | 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                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 304         |
| 222                 | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 527         |
| 65                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 65          |
| 15                  | 395                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 410         |
| 216                 | 195                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 411         |
| 69                  | 195                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 264         |
| 95                  | 249                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 344         |
| 95                  | 249                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 344         |
| 125                 | 324                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 449         |
| 228                 | 262                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 488         |
| 3                   | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 248         |
| 0                   | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305         |
| 0                   | 362                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 352         |
| 0                   | 362                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 352         |
| 46                  | 475                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 521         |
| 1,622               | 9,213               | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 10,835      |
| 52                  | 297                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 350         |
| 226                 | 475                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       |     | 527         |
| 0.5                 | 0.5                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |





**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:** **Jun-09**

|   |  |  |  |
|---|--|--|--|
| <b>A. Public Water System (PWS) Information</b> |  |  |  |
| PWS Name:                                       | <b>Lighthouse Utilities Co., Inc.</b>  | PWS Identification Number                        | <b>1230848</b>                               |
| PWS Type:                                       | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive         |
| Number of Service Connections at End of Month:  | <b>1,353</b>   | Total Population Served at End of Month:         | <b>4,735</b>                                 |
| PWS Owner:                                      | <b>Lighthouse Utilities Co., Inc.</b>  |  |  |
| Contact Person:                                 | <b>James R. Simmons</b>  | Contact Manager                                  |  |
| Contact Person's Mailing Address:               | <b>P.O. Box # 428</b>  | City: <b>Port St Joe</b>                         | State: <b>Florida</b> Zip Code: <b>32457</b> |
| Contact Person's Telephone Number:              | <b>850.227.7427</b>  | Contact Person's Fax Number: <b>850.227.9699</b> |  |
| Contact Person's E-Mail Address:                | <b>lucl@gtoom.net</b>  |  |  |

|  |  |   |   |
|--|--|---|---|
| <b>B. Water Treatment Plant Information</b>            |  |   |   |
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>         |   | Plant Telephone <b>850.227.3401</b>               |
| Plant Address:   | <b>7521 County Rd C-30</b>                           | City: <b>Port St Joe</b>                            | State: <b>Florida</b> Zip Code: <b>32456</b>      |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |   | <input type="checkbox"/> Purchased Finished Water |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |   |   |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <b>C</b>  |
|  | <b>Mr. Larry McArdle</b>                             | <b>589</b>  | <b>A</b>  |
|  |  |   | <b>26</b>   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |

**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.

|                              |                       |                |
|------------------------------|-----------------------|----------------|
| <u>Larry McArdle</u> 7-10-09 | Larry McArdle         | 589 - A        |
| Signature and Date           | Printed or Typed Name | License Number |

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

PWS Identification Number: 1230848

Plant Name: LUCI# 1 #AAG9116

III. Daily Data for the Month Year of: June 2009

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 215   |
| x | 24 | 193   |
| x | 24 | 124   |
| x | 24 | 0     |
| x | 24 | 204   |
|   | 24 | 204   |
| x | 24 | 137   |
| x | 24 | 223   |
| x | 24 | 140   |
| x | 24 | 240   |
| x | 24 | 236   |
| x | 24 | 248   |
|   | 24 | 248   |
| x | 24 | 133   |
| x | 24 | 293   |
| x | 24 | 234   |
| x | 24 | 272   |
| x | 24 | 92    |
| x | 24 | 238   |
|   | 24 | 238   |
| x | 24 | 233   |
| x | 24 | 253   |
| x | 24 | 238   |
| x | 24 | 219   |
| x | 24 | 228   |
| x | 24 | 238   |
|   | 24 | 238   |
| x | 24 | 259   |
| x | 24 | 200   |
| x | 24 | 113   |
|   |    | 6,131 |
|   |    | 204   |
|   |    | 293   |

|                                |                   |
|--------------------------------|-------------------|
| all usage in thousands of gals |                   |
| 0.80                           |                   |
| 1.20                           |                   |
| 0.50                           |                   |
| 0.60                           | submitted samples |

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

LOWEST RESIDUAL 0.5 days checked by operator 26  
 DAYS IN MONTH 30



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

Daily Finished Water Production for the Month Year of **June 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1<br>#AAG9116 | LUCI # 2<br>#AAA7321 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|----------------------|----------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000              | 900,000              |         |         |         |         |         |         |         |     | 1,332,000    |
| 215                  | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 500          |
| 183                  | 0                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 193          |
| 124                  | 365                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 489          |
| 0                    | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 370          |
| 204                  | 222                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 426          |
| 204                  | 222                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 426          |
| 137                  | 305                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 442          |
| 223                  | 190                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 413          |
| 140                  | 195                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 335          |
| 240                  | 275                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 515          |
| 236                  | 255                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 491          |
| 248                  | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 533          |
| 248                  | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 533          |
| 133                  | 170                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 303          |
| 293                  | 310                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 603          |
| 234                  | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 529          |
| 272                  | 340                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 612          |
| 92                   | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 377          |
| 238                  | 272                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 510          |
| 238                  | 272                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 510          |
| 233                  | 330                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 563          |
| 253                  | 240                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 493          |
| 238                  | 300                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 538          |
| 219                  | 250                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 469          |
| 228                  | 235                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 463          |
| 238                  | 292                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 530          |
| 238                  | 292                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 530          |
| 259                  | 270                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 529          |
| 200                  | 275                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 475          |
| 113                  | 330                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 443          |
| 0                    | 0                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0            |
| 6,131                | 8,012                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 14,143       |
| 204                  | 267                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 471          |
| 293                  | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 612          |
| 0.5                  | 0.5                  | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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: **Jul-09**

A. Public Water System (PWS) Information

|  |   |  |  |                                      |                |
|--|---|--|--|--------------------------------------|----------------|
| PWS Name:                                      | <b>Lighthouse Utilities Co., Inc.</b>         |  |  | PWS Identification Number            | <b>1230848</b> |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |                |
| Number of Service Connections at End of Month: | <b>1,353</b>                                  |  | Total Population Served at End of Month:         | <b>4,735</b>                         |                |
| PWS Owner:                                     | <b>Lighthouse Utilities Co., Inc.</b>         |  |  |                                      |                |
| Contact Person:                                | <b>James R. Simmons</b>                       |  | Contact Manager                                  |                                      |                |
| Contact Person's Mailing Address:              | <b>P.O. Box # 428</b>                         | City:                                  | <b>Port St Joe</b>                               | State:                               | <b>Florida</b> |
|  |   |  |  | Zip Code:                            | <b>32457</b>   |
| Contact Person's Telephone Number:             | <b>850.227.7427</b>                           |  | Contact Person's Fax Number: <b>850.227.9699</b> |                                      |                |
| Contact Person's E-Mail Address:               | <b>juci@qtcom.net</b>                         |  |  |                                      |                |

B. Water Treatment Plant Information

|  |  |  |   |                    |                       |
|--|--|--|---|--------------------|-----------------------|
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>         |  |   | Plant Telephone    | <b>850.227.3401</b>   |
| Plant Address:   | <b>7521 County Rd C-30</b>                           |  | City:   | <b>Port St Joe</b> | State: <b>Florida</b> |
|  |  |  |   | Zip Code:          | <b>32456</b>          |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |  | <input type="checkbox"/> Purchased Finished Water   |                    |                       |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |  |   |                    |                       |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  |  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <b>C</b>           |                       |

| Name              | License No. | License Class | Days Present |
|-------------------|-------------|---------------|--------------|
| Mr. Larry McArdle | 589         | A             | 27           |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |
|                   |             |               |              |

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.

Larry McArdle 8-10-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 #AAG9116**

**III. Daily Data for the Month/Year of: July 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 250   |
| x | 24 | 218   |
| x | 24 | 237   |
|   | 24 | 237   |
| x | 24 | 287   |
| x | 24 | 195   |
| x | 24 | 215   |
| x | 24 | 205   |
| x | 24 | 0     |
| x | 24 | 238   |
|   | 24 | 238   |
| x | 24 | 231   |
| x | 24 | 221   |
| x | 24 | 231   |
| x | 24 | 152   |
| x | 24 | 265   |
| x | 24 | 244   |
|   | 24 | 245   |
| x | 24 | 158   |
| x | 24 | 185   |
| x | 24 | 221   |
| x | 24 | 215   |
| x | 24 | 237   |
| x | 24 | 183   |
| x | 24 | 207   |
|   | 24 | 207   |
| x | 24 | 112   |
| x | 24 | 230   |
| x | 24 | 220   |
| x | 24 | 160   |
| x | 24 | 228   |
|   |    | 6,432 |
|   |    | 207   |
|   |    | 267   |

all usage in thousands of gals

0.70

1.00

0.80

0.60

submitted samples

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

LOWEST RESIDUAL 0.6  
DAYS IN MONTH 31

days checked by operator 27

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 #AAA7521**

III. Daily Data for the Month Year of: **July 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual (mg/L) | Usage (thousands of gals) | Notes                  |
|-----|-----------------|---------------------------|------------------------|
| x   | 24              | 285                       |                        |
| x   | 24              | 310                       |                        |
| x   | 24              | 370                       |                        |
| x   | 24              | 370                       |                        |
| x   | 24              | 285                       |                        |
| x   | 24              | 325                       | 0.70                   |
| x   | 24              | 0                         |                        |
| x   | 24              | 370                       |                        |
| x   | 24              | 370                       |                        |
| x   | 24              | 292                       |                        |
| x   | 24              | 292                       |                        |
| x   | 24              | 300                       |                        |
| x   | 24              | 230                       |                        |
| x   | 24              | 205                       | 1.00                   |
| x   | 24              | 200                       |                        |
| x   | 24              | 295                       |                        |
| x   | 24              | 272                       |                        |
| x   | 24              | 272                       |                        |
| x   | 24              | 210                       |                        |
| x   | 24              | 195                       |                        |
| x   | 24              | 295                       |                        |
| x   | 24              | 215                       | 0.80                   |
| x   | 24              | 225                       |                        |
| x   | 24              | 300                       |                        |
| x   | 24              | 252                       |                        |
| x   | 24              | 252                       |                        |
| x   | 24              | 265                       |                        |
| x   | 24              | 220                       | 0.60 submitted samples |
| x   | 24              | 280                       |                        |
| x   | 24              | 295                       |                        |
| x   | 24              | 260                       |                        |
|     |                 | 8,307                     |                        |
|     |                 | 268                       |                        |
|     |                 | 370                       |                        |

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

LOWEST RESIDUAL 0.6  
DAYS IN MONTH 31

days checked by operator: 31

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

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

Daily Finished Water Production for the Month/Year of:

July 2009

Community Water System (CWS) Name: Lighthouse Utilities Co., Inc.

Public Water System (PWS) Identification 1230848

| LUCI # 1<br>#AAG9116 | LUCI # 2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|----------------------|----------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000              | 900,000              |         |         |         |         |         |         |         |     | 1,332,000    |
| 250                  | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 535          |
| 218                  | 310                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 528          |
| 237                  | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 607          |
| 237                  | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 607          |
| 267                  | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 552          |
| 195                  | 325                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 520          |
| 215                  | 0                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 215          |
| 205                  | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 575          |
| 0                    | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 370          |
| 238                  | 282                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 530          |
| 238                  | 292                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 530          |
| 231                  | 300                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 531          |
| 221                  | 230                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 451          |
| 231                  | 205                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 436          |
| 152                  | 200                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 352          |
| 265                  | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 560          |
| 244                  | 272                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 516          |
| 245                  | 272                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 517          |
| 158                  | 210                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 368          |
| 165                  | 195                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360          |
| 221                  | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 516          |
| 215                  | 215                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 430          |
| 237                  | 225                  | 0       | 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       | 0       | 0   | 459          |
| 207                  | 252                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 459          |
| 112                  | 265                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 377          |
| 230                  | 220                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 450          |
| 220                  | 280                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 500          |
| 160                  | 296                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 455          |
| 228                  | 260                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 488          |
| 6,432                | 8,307                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 14,739       |
| 207                  | 298                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 475          |
| 267                  | 370                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 607          |
| 0.6                  | 0.6                  | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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:** **Aug-09**

**A. Public Water System (PWS) Information**

|  |   |   |  |                                      |
|--|---|---|--|--------------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |   | PWS Identification Number                        | 1230848                              |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient    | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| Number of Service Connections 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                              |   | 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@qtcom.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: Florida               | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water | <input type="checkbox"/> 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.): | C                            |                 |

|                   |     |   |    |
|-------------------|-----|---|----|
| Mr. Larry McArdle | 589 | A | 26 |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |
|                   |     |   |    |

**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.

Larry McArdle 9-14-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: 1230848

Plant Name: LUCI # 1 #AAG9116

III. Daily Data for the Month Year of: August 2009

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Residual | Usage | Notes                  |
|-----|----------|-------|------------------------|
|     | 24       | 228   |                        |
| x   | 24       | 199   |                        |
| x   | 24       | 182   |                        |
| x   | 24       | 214   |                        |
| x   | 24       | 210   |                        |
| x   | 24       | 228   | 0.70                   |
| x   | 24       | 207   |                        |
| x   | 24       | 171   |                        |
|     | 24       | 171   |                        |
| x   | 24       | 3     |                        |
| x   | 24       | 22    |                        |
| x   | 24       | 209   |                        |
| x   | 24       | 243   |                        |
| x   | 24       | 0     | 0.80                   |
|     | 24       | 0     |                        |
| x   | 24       | 176   |                        |
| x   | 24       | 111   |                        |
| x   | 24       | 0     |                        |
| x   | 24       | 143   |                        |
| x   | 24       | 84    | 0.40                   |
| x   | 24       | 60    |                        |
| x   | 24       | 64    |                        |
|     | 24       | 64    |                        |
| x   | 24       | 32    |                        |
| x   | 24       | 38    | 0.50 submitted samples |
| x   | 24       | 71    |                        |
| x   | 24       | 140   |                        |
| x   | 24       | 120   |                        |
|     | 24       | 120   |                        |
| x   | 24       | 89    |                        |
| x   | 24       | 31    |                        |
|     |          | 3,640 |                        |
|     |          | 117   |                        |
|     |          | 243   |                        |

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 31

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator 26



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

PWS Identification Number: 1230848

Plant Name: UCI # 2 #AAA7521

III. Daily Data for the Month-Year of: **August 2009**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other

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

| Day | Residual | Usage (thousands of gals) | Notes                  |
|-----|----------|---------------------------|------------------------|
| x   | 24       | 260                       |                        |
| x   | 24       | 195                       |                        |
| x   | 24       | 190                       |                        |
| x   | 24       | 230                       |                        |
| x   | 24       | 290                       | 0.70                   |
| x   | 24       | 155                       |                        |
| x   | 24       | 255                       |                        |
| x   | 24       | 220                       |                        |
|     | 24       | 220                       |                        |
| x   | 24       | 275                       |                        |
| x   | 24       | 345                       |                        |
| x   | 24       | 0                         |                        |
| x   | 24       | 345                       | 0.60                   |
| x   | 24       | 235                       |                        |
|     | 24       | 235                       |                        |
| x   | 24       | 250                       |                        |
| x   | 24       | 185                       |                        |
| x   | 24       | 310                       |                        |
| x   | 24       | 190                       |                        |
| x   | 24       | 190                       |                        |
| x   | 24       | 270                       |                        |
| x   | 24       | 212                       |                        |
|     | 24       | 212                       |                        |
| x   | 24       | 235                       |                        |
| x   | 24       | 260                       | 0.50 submitted samples |
| x   | 24       | 200                       |                        |
| x   | 24       | 190                       |                        |
| x   | 24       | 240                       |                        |
|     | 24       | 240                       |                        |
| x   | 24       | 195                       |                        |
| x   | 24       | 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.  
days checked by operator: 26  
\*Readings are estimates-flow meter broken-shipped for repair



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

Daily Finished-Water Production for the Month Year of: **August 2009**  
 Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUCI #1<br>#AAG9116 | LUCI #2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |              |
|---------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|--------------|
| 432,000             | 900,000             |         |         |         |         |         |         |         |     | 1,332,000    |
| 228                 | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 488          |
| 199                 | 195                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 394          |
| 182                 | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 372          |
| 214                 | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 444          |
| 210                 | 290                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 500          |
| 228                 | 155                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 383          |
| 207                 | 255                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 462          |
| 171                 | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 391          |
| 171                 | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 391          |
| 3                   | 275                 | 0       | 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                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 588          |
| 0                   | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235          |
| 0                   | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235          |
| 178                 | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 426          |
| 111                 | 185                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 296          |
| 0                   | 310                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 310          |
| 143                 | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 333          |
| 84                  | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 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       | 0       | 0       | 0   | 276          |
| 32                  | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 267          |
| 38                  | 260                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 298          |
| 71                  | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 271          |
| 140                 | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 330          |
| 120                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360          |
| 120                 | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 360          |
| 99                  | 195                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 294          |
| 31                  | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 231          |
| 3,640               | 7,029               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 10,669       |
| 117                 | 227                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 344          |
| 243                 | 345                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 588          |
| 0.4                 | 0.5                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <--LOWEST CI |



**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:** Sep-09

**A. Public Water System (PWS) Information**

|  |  |  |  |
|--|--|--|--|
| PWS Name:                                      | <u>Lighthouse Utilities Co., Inc.</u>  | PWS Identification Number                | <u>1230848</u>                               |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive |  |  |
| Number of Service Connections at End of Month: | <u>1,364</u>   | Total Population Served at End of Month: | <u>4,774 Est.</u>                            |
| PWS Owner:                                     | <u>Lighthouse Utilities Co., Inc.</u>  |  |  |
| Contact Person:                                | <u>James R. Simmons</u>  | Contact Manager                          |  |
| Contact Person's Mailing Address:              | <u>P.O. Box # 428</u>  | City: <u>Port St Joe</u>                 | State: <u>Florida</u> Zip Code: <u>32457</u> |
| Contact Person's Telephone Number:             | <u>850.227.7427</u>  | Contact Person's Fax Number:             | <u>850.227.9699</u>                          |
| Contact Person's E-Mail Address:               | <u>luci@otcom.net</u>  |  |  |

**B. Water Treatment Plant Information**

|  |  |   |                       |                        |
|--|--|---|-----------------------|------------------------|
| Plant Name:  | <u>Plant names as noted on enclosed MORs</u>   |   | Plant Telephone       | <u>850.227.3401</u>    |
| Plant Address:   | <u>7521 County Rd C-30</u>   | City: <u>Port St Joe</u>                            | State: <u>Florida</u> | Zip Code: <u>32456</u> |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water |   |                       |                        |
| Permitted Maximum Day Operating Capacity of Plant:     | <u>1,322</u>   |   |                       |                        |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <u>IV</u>  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <u>C</u>              |                        |

|                          |            |          |           |
|--------------------------|------------|----------|-----------|
| <u>Mr. Larry McArdle</u> | <u>589</u> | <u>A</u> | <u>26</u> |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |
|                          |            |          |           |

**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.

Larry McArdle 10-13-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: 1230848

Plant Name: LUCI # 1 #AAG9116

III. Daily Data for the Month/Year of: **September 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       | all usage in thousands of gals |                   |
|---|----|-------|--------------------------------|-------------------|
| x | 24 | 91    |                                |                   |
| x | 24 | 108   |                                |                   |
| x | 24 | 40    | 0.50                           |                   |
| x | 24 | 187   |                                |                   |
|   | 24 | 187   |                                |                   |
| x | 24 | 251   |                                |                   |
| x | 24 | 190   |                                |                   |
| x | 24 | 82    |                                |                   |
| x | 24 | 0     | 1.00                           |                   |
| x | 24 | 49    |                                |                   |
| x | 24 | 120   |                                |                   |
|   | 24 | 120   |                                |                   |
| x | 24 | 72    |                                |                   |
| x | 24 | 248   |                                |                   |
| x | 24 | 114   |                                |                   |
| x | 24 | 9     | 0.60                           |                   |
| x | 24 | 3     |                                |                   |
| x | 24 | 3     |                                |                   |
| x | 24 | 3     |                                |                   |
|   | 24 | 3     |                                |                   |
| x | 24 | 6     |                                |                   |
| x | 24 | 9     |                                |                   |
| x | 24 | 0     |                                |                   |
| x | 24 | 3     | 0.40                           | submitted samples |
| x | 24 | 5     |                                |                   |
|   | 24 | 5     |                                |                   |
| x | 24 | 6     |                                |                   |
| x | 24 | 6     |                                |                   |
| x | 24 | 3     |                                |                   |
| x | 24 | 6     | 0.60                           |                   |
|   |    | 1,929 |                                |                   |
|   |    | 64    |                                |                   |
|   |    | 251   |                                |                   |

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

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 30

days checked by operator 26

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

PWS Identification Number: **1230848**

Plant Name: **LUCI# 2 #AAA7521**

III. Daily Data for the Month Year of:

**September 2009**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

| Day | Residual (mg/L) | Flow (MGD) | all usage in thousands of gals |
|-----|-----------------|------------|--------------------------------|
| x   | 24              | 270        |                                |
| x   | 24              | 230        |                                |
| x   | 24              | 220        | 0.50                           |
| x   | 24              | 200        |                                |
|     | 24              | 200        |                                |
| x   | 24              | 290        |                                |
| x   | 24              | 300        |                                |
| x   | 24              | 0          |                                |
| x   | 24              | 405        | 1.00                           |
| x   | 24              | 305        |                                |
| x   | 24              | 192        |                                |
|     | 24              | 192        |                                |
| x   | 24              | 190        |                                |
| x   | 24              | 350        |                                |
| x   | 24              | 215        |                                |
| x   | 24              | 275        | 0.60                           |
| x   | 24              | 210        |                                |
| x   | 24              | 300        |                                |
| x   | 24              | 250        |                                |
| x   | 24              | 250        |                                |
|     | 24              | 215        |                                |
| x   | 24              | 305        |                                |
| x   | 24              | 260        |                                |
| x   | 24              | 325        | 0.40                           |
| x   | 24              | 270        |                                |
|     | 24              | 270        |                                |
| x   | 24              | 225        |                                |
| x   | 24              | 300        |                                |
| x   | 24              | 225        |                                |
| x   | 24              | 230        | 0.60                           |
|     |                 | 7,459      |                                |
|     |                 | 249        |                                |
|     |                 | 405        |                                |

LOWEST RESIDUAL 0.4  
DAYS IN MONTH 30

\* Refer to the instructions for this report to determine which plants must provide this information.  
days checked by operator: 26  
\*Readings are estimates-flow meter broken-shipped for repair

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

Daily Finished-Water Production for the Month Year of: **September 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI #1<br>#AAG9116 | LUCI #2<br>#AAA752J | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|---------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000             | 900,000             |         |         |         |         |         |         |         |     | 1,332,000   |
| 91                  | 270                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 361         |
| 108                 | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 338         |
| 40                  | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260         |
| 187                 | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 387         |
| 187                 | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 387         |
| 251                 | 290                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 541         |
| 190                 | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 490         |
| 82                  | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 82          |
| 0                   | 405                 | 0       | 0       | 0       | 0       | 0       | 0       | 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       | 0       | 0       | 0       | 0       | 0   | 329         |
| 9                   | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 284         |
| 3                   | 210                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 213         |
| 3                   | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 303         |
| 3                   | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 253         |
| 3                   | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 253         |
| 6                   | 215                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 221         |
| 9                   | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 314         |
| 0                   | 250                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250         |
| 3                   | 325                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 328         |
| 5                   | 270                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 5                   | 270                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 6                   | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 231         |
| 6                   | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 306         |
| 3                   | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 228         |
| 6                   | 230                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 236         |
| 0                   | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 1,929               | 7,459               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 9,388       |
| 64                  | 249                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 313         |
| 251                 | 405                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 598         |
| 0.4                 | 0.4                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |



**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-09**

**A. Public Water System (PWS) Information**

|  |  |  |  |
|--|--|--|--|
| PWS Name:                                      | <b>Lighthouse Utilities Co., Inc.</b>  | PWS Identification Number                | <b>1230848</b>                               |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive |  |  |
| Number of Service Connections at End of Month: | <b>1,351</b>   | Total Population Served at End of Month: | <b>4,728 Est</b>                             |
| PWS Owner:                                     | <b>Lighthouse Utilities Co., Inc.</b>  |  |  |
| Contact Person:                                | <b>James R. Simmons</b>  | Contact Manager                          |  |
| Contact Person's Mailing Address:              | <b>P.O. Box # 428</b>  | City: <b>Port St Joe</b>                 | State: <b>Florida</b> Zip Code: <b>32457</b> |
| Contact Person's Telephone Number:             | <b>850.227.7427</b>  | Contact Person's Fax Number:             | <b>850.227.9699</b>                          |
| Contact Person's E-Mail Address:               | <b>luci@gtcom.net</b>  |  |  |

**B. Water Treatment Plant Information**

|  |  |   |                       |                        |
|--|--|---|-----------------------|------------------------|
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>   |   | Plant Telephone       | <b>850.227.3401</b>    |
| Plant Address:   | <b>7521 County Rd C-30</b>   | City: <b>Port St Joe</b>                            | State: <b>Florida</b> | Zip Code: <b>32456</b> |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water |   |                       |                        |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |   |                       |                        |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  | Plant Class (per subsection 62-699.310(4), F.A.C.): | <b>C</b>              |                        |
|  | <b>Mr. Larry McArdle</b>   | <b>589</b>  | <b>A</b>              | <b>27</b>              |
|  |  |   |                       |                        |
|  |  |   |                       |                        |
|  |  |   |                       |                        |
|  |  |   |                       |                        |
|  |  |   |                       |                        |
|  |  |   |                       |                        |

**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.

Larry McArdle 12-6-09  
 Signature and Date

Larry McArdle  
 Printed or Typed Name

589 - A  
 License Number



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

PWS Identification Number: 1230848

Plant Name: LUGI # 1 #AAG9116

III. Daily Data for the Month Year of: **October 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other

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

| Day | Free Chlorine (mg/L) | Combined Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Other (mg/L) | all usage in thousands of gals | submitted samples |
|-----|----------------------|--------------------------|-------------------------|--------------|--------------------------------|-------------------|
| x   | 24                   | 1                        |                         |              |                                |                   |
| x   | 24                   | 1                        |                         |              |                                |                   |
|     | 24                   | 1                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 1                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              | 1.00                           |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
|     | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              | 0.80                           |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
|     | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              | 0.50                           |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
|     | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              | 0.60                           | submitted samples |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
| x   | 24                   | 0                        |                         |              |                                |                   |
|     |                      | 4                        |                         |              |                                |                   |
|     |                      | 0                        |                         |              |                                |                   |
|     |                      | 1                        |                         |              |                                |                   |

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

LOWEST RESIDUAL 0.5 days checked by operator 27  
 DAYS IN MONTH 31

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 #AAA7521**

III. Daily Data for the Month Year of: **October 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 300   |
| x | 24 | 220   |
|   | 24 | 220   |
| x | 24 | 305   |
| x | 24 | 220   |
| x | 24 | 235   |
| x | 24 | 220   |
| x | 24 | 315   |
| x | 24 | 275   |
|   | 24 | 275   |
| x | 24 | 280   |
| x | 24 | 320   |
| x | 24 | 0     |
| x | 24 | 375   |
| x | 24 | 245   |
| x | 24 | 320   |
|   | 24 | 320   |
| x | 24 | 210   |
| x | 24 | 310   |
| x | 24 | 215   |
| x | 24 | 335   |
| x | 24 | 190   |
| x | 24 | 287   |
|   | 24 | 287   |
| x | 24 | 225   |
| x | 24 | 200   |
| x | 24 | 190   |
| x | 24 | 305   |
| x | 24 | 225   |
| x | 24 | 205   |
| x | 24 | 320   |
|   |    | 7,949 |
|   |    | 256   |
|   |    | 375   |

all usage in thousands of gals

1.00

0.80

0.50

0.80

submitted samples

LOWEST RESIDUAL - 0.5

days checked by operator: 27

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**

Daily Finished Water Production for the Month/Year of: **October 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.** Public Water System (PWS) Identification **1230848**

| LUC1# 1<br>#AAG9116 | LUC1# 2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |           |
|---------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-----------|
| 432,000             | 900,000             |         |         |         |         |         |         |         |     | 1,332,000 |
| 1                   | 300                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 301       |
| 1                   | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 221       |
| 1                   | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 221       |
| 0                   | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305       |
| 1                   | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 221       |
| 0                   | 235                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235       |
| 0                   | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220       |
| 0                   | 315                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 315       |
| 0                   | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275       |
| 0                   | 275                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275       |
| 0                   | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 280       |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320       |
| 0                   | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0         |
| 0                   | 375                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 375       |
| 0                   | 245                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 245       |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320       |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320       |
| 0                   | 210                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 210       |
| 0                   | 310                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 310       |
| 0                   | 215                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 215       |
| 0                   | 335                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 335       |
| 0                   | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190       |
| 0                   | 287                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 287       |
| 0                   | 287                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 287       |
| 0                   | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225       |
| 0                   | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200       |
| 0                   | 190                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190       |
| 0                   | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305       |
| 0                   | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225       |
| 0                   | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 205       |
| 0                   | 320                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320       |
| 4                   | 7,949               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 7,953     |
| 0                   | 256                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 256       |
| 1                   | 375                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 375       |

0.5      0.5      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      0.0      <--LOWEST CI



**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: **Nov-09**

**A. Public Water System (PWS) Information**

|  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| PWS Name:                                      | <b>Lighthouse Utilities Co., Inc.</b>         |  | PWS Identification Number                        | <b>1230848</b>                       |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> Consecutive |
| Number of Service Connections at End of Month: | <b>1,351</b>                                  |  | Total Population Served at End of Month:         | <b>4,728 Est</b>                     |
| PWS Owner:                                     | <b>Lighthouse Utilities Co., Inc.</b>         |  |  |                                      |
| Contact Person:                                | <b>James R. Simmons</b>                       |  | Contact Manager                                  |                                      |
| Contact Person's Mailing Address:              | <b>P.O. Box # 428</b>                         | City: <b>Port St Joe</b>               | State: <b>Florida</b>                            | Zip Code: <b>32457</b>               |
| Contact Person's Telephone Number:             | <b>850.227.7427</b>                           |  | Contact Person's Fax Number: <b>850.227.9699</b> |                                      |
| Contact Person's E-Mail Address:               | <b>luci@gtcom.net</b>                         |  |  |                                      |

**B. Water Treatment Plant Information**

|  |  |                          |  |                        |
|--|--|--------------------------|--|------------------------|
| Plant Name:  | <b>Plant names as noted on enclosed MORs</b>         |                          | Plant Telephone <b>850.227.3401</b>                          |                        |
| Plant Address:   | <b>7521 County Rd C-30</b>                           | City: <b>Port St Joe</b> | State: <b>Florida</b>  | Zip Code: <b>32456</b> |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |                          | <input type="checkbox"/> Purchased Finished Water            |                        |
| Permitted Maximum Day Operating Capacity of Plant:     | <b>1,322</b>   |                          |  |                        |
| Plant Category (per subsection 62-699.310(4), F.A.C.): | <b>IV</b>  |                          | Plant Class (per subsection 62-699.310(4), F.A.C.): <b>C</b> |                        |

|  |                          |            |          |           |
|--|--------------------------|------------|----------|-----------|
|  | <b>Mr. Larry McArdle</b> | <b>589</b> | <b>A</b> | <b>26</b> |
|  |                          |            |          |           |
|  |                          |            |          |           |
|  |                          |            |          |           |
|  |                          |            |          |           |
|  |                          |            |          |           |
|  |                          |            |          |           |
|  |                          |            |          |           |

**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.

Larry McArdle 12-6-09  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 1 #AAG9116**

III. Daily Data for the Month/Year of: **November 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |   | all usage in thousands of gals |                   |
|---|----|---|--------------------------------|-------------------|
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 | 0.80                           |                   |
| x | 24 | 0 |                                |                   |
|   | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 | 1.30                           |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
|   | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 | 0.90                           |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 | 0.60                           | submitted samples |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
|   | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
| x | 24 | 0 |                                |                   |
|   | 24 | 0 |                                |                   |
|   |    | 0 |                                |                   |
|   |    | 0 |                                |                   |
|   |    | 0 |                                |                   |

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

LOWEST RESIDUAL 0.6  
DAYS IN MONTH 30

days checked by operator 26

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

PWS Identification Number: **1230848**

Plant Name: **LUCI # 2 #AAA7521**

Report Daily Data for the Month-Year of: **November 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

|   |    |       |  |  | all usage in thousands of gals |
|---|----|-------|--|--|--------------------------------|
| x | 24 | 225   |  |  |                                |
| x | 24 | 285   |  |  |                                |
| x | 24 | 195   |  |  |                                |
| x | 24 | 205   |  |  |                                |
| x | 24 | 380   |  |  | 0.80                           |
| x | 24 | 267   |  |  |                                |
|   | 24 | 267   |  |  |                                |
| x | 24 | 205   |  |  |                                |
| x | 24 | 205   |  |  |                                |
| x | 24 | 305   |  |  |                                |
| x | 24 | 0     |  |  | 1.30                           |
| x | 24 | 295   |  |  |                                |
| x | 24 | 227   |  |  |                                |
|   | 24 | 227   |  |  |                                |
| x | 24 | 200   |  |  |                                |
| x | 24 | 215   |  |  |                                |
| x | 24 | 245   |  |  |                                |
| x | 24 | 245   |  |  | 0.90                           |
| x | 24 | 185   |  |  |                                |
| x | 24 | 200   |  |  |                                |
| x | 24 | 240   |  |  |                                |
|   | 24 | 240   |  |  |                                |
| x | 24 | 215   |  |  |                                |
| x | 24 | 270   |  |  | 0.60                           |
| x | 24 | 280   |  |  | Submitted Samples              |
| x | 24 | 220   |  |  |                                |
| x | 24 | 282   |  |  |                                |
|   | 24 | 282   |  |  |                                |
| x | 24 | 280   |  |  |                                |
| x | 24 | 135   |  |  |                                |
|   |    | 7,022 |  |  |                                |
|   |    | 234   |  |  |                                |
|   |    | 380   |  |  |                                |

LOWEST RESIDUAL 0.6 days checked by operator: 26  
 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**

Daily Finished-Water Production for the Month Year of: **November 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI #1<br>#AAG9116 | LUCI #2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|---------------------|---------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000             | 900,000             |         |         |         |         |         |         |         |     | 1,332,000   |
| 0                   | 225                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225         |
| 0                   | 285                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 285         |
| 0                   | 195                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 195         |
| 0                   | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 205         |
| 0                   | 380                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 380         |
| 0                   | 267                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 267         |
| 0                   | 267                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 267         |
| 0                   | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 205         |
| 0                   | 205                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 205         |
| 0                   | 305                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 305         |
| 0                   | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 0                   | 295                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295         |
| 0                   | 227                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 227         |
| 0                   | 227                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 227         |
| 0                   | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200         |
| 0                   | 215                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 215         |
| 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       | 0       | 0       | 0   | 185         |
| 0                   | 200                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200         |
| 0                   | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                   | 240                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                   | 215                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 215         |
| 0                   | 270                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 270         |
| 0                   | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 280         |
| 0                   | 220                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 220         |
| 0                   | 282                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 282         |
| 0                   | 282                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 282         |
| 0                   | 280                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 280         |
| 0                   | 135                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 135         |
| 0                   | 0                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 0                   | 7,022               | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 7,022       |
| 0                   | 234                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 242         |
| 0                   | 380                 | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 380         |
| 0.6                 | 0.6                 | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |



**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:** **Dec-09**

**A. Public Water System (PWS) Information**

|  |   |   |  |                                      |
|--|---|---|--|--------------------------------------|
| PWS Name:                                      | Lighthouse Utilities Co., Inc.                |   | PWS Identification Number                        | 1230848                              |
| PWS Type:                                      | <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Non-Transient    | <input type="checkbox"/> Transient Non-Community | <input type="checkbox"/> 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.                |   |  |                                      |
| 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@gtcom.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: Florida                                    | Zip Code: 32456 |
| Type of Water Treated by Plant:                        | <input checked="" type="checkbox"/> Raw Ground Water |   | <input type="checkbox"/> 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.): C |   |                 |
|  | Mr. Larry McArdle                                    | 589   | A   | 27              |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |
|  |  |   |   |                 |

**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.

Larry McArdle 1-27-10  
Signature and Date

Larry McArdle  
Printed or Typed Name

589 - A  
License Number

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

PWS Identification Number: 1230848

Plant Name: LUCI #1 BAAG9116

III. Daily Data for the Month/Year of: **December 2009**

Means of Achieving Four-Log Virus  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  Ultraviolet Radiation  Other:

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

| Day | Free Chlorine (mg/L) | Chlorine Dioxide (mg/L) | Ozone (mg/L) | Combined Chlorine (mg/L) | Ultraviolet Radiation | Other | Notes                  |
|-----|----------------------|-------------------------|--------------|--------------------------|-----------------------|-------|------------------------|
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
|     | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 230                     |              |                          |                       |       | 0.60 submitted samples |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
|     | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
|     | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
|     | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
| x   | 24                   | 0                       |              |                          |                       |       |                        |
|     | 24                   | 0                       |              |                          |                       |       |                        |
|     | 230                  |                         |              |                          |                       |       |                        |
|     | 7                    |                         |              |                          |                       |       |                        |
|     | 230                  |                         |              |                          |                       |       |                        |

LOWEST RESIDUAL 0.6  
DAYS IN MONTH 31

days checked by operator 27

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



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

PWS Identification Number: 1230848

Plant Name: LUGI # 2 #AAA7521

III. Daily Data for the Month Year of: **December 2009**

Means of Achieving Four-Log Virus Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other:

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

|   |    |       |
|---|----|-------|
| x | 24 | 260   |
| x | 24 | 180   |
| x | 24 | 185   |
| x | 24 | 202   |
|   | 24 | 202   |
| x | 24 | 285   |
| x | 24 | 320   |
| x | 24 | 0     |
| x | 24 | 475   |
| x | 24 | 310   |
| x | 24 | 197   |
|   | 24 | 197   |
| x | 24 | 190   |
| x | 24 | 240   |
| x | 24 | 250   |
| x | 24 | 210   |
| x | 24 | 285   |
| x | 24 | 190   |
|   | 24 | 190   |
| x | 24 | 200   |
| x | 24 | 185   |
| x | 24 | 275   |
| x | 24 | 200   |
| x | 24 | 195   |
| x | 24 | 260   |
|   | 24 | 260   |
| x | 24 | 275   |
| x | 24 | 225   |
| x | 24 | 235   |
| x | 24 | 250   |
| x | 24 | 270   |
|   |    | 7,208 |
|   |    | 233   |
|   |    | 475   |

|      |                                |
|------|--------------------------------|
|      | all usage in thousands of gals |
| 0.70 |                                |
| 0.60 | Submitted Samples              |
| 1.00 |                                |
| 0.80 |                                |

LOWEST RESIDUAL 0.6 days checked by operator: 27  
 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**

Daily Finished-Water Production for the Month Year of: **December 2009**

Community Water System (CWS) Name: **Lighthouse Utilities Co., Inc.**

Public Water System (PWS) Identification **1230848**

| LUCI # 1<br>#AAG9116 | LUCI # 2<br>#AAA7521 | PLANT 3 | PLANT 4 | PLANT 5 | PLANT 6 | PLANT 7 | PLANT 8 | PLANT 9 | N/A |             |
|----------------------|----------------------|---------|---------|---------|---------|---------|---------|---------|-----|-------------|
| 432,000              | 900,000              |         |         |         |         |         |         |         |     | 1,332,000   |
| 0                    | 260                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260         |
| 0                    | 180                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 180         |
| 0                    | 185                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 185         |
| 0                    | 202                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 202         |
| 0                    | 202                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 202         |
| 0                    | 295                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 295         |
| 0                    | 320                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 320         |
| 0                    | 0                    | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 0           |
| 0                    | 475                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 475         |
| 230                  | 310                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 540         |
| 0                    | 197                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 197         |
| 0                    | 197                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 197         |
| 0                    | 190                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190         |
| 0                    | 240                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 0                    | 250                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250         |
| 0                    | 210                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 210         |
| 0                    | 285                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 285         |
| 0                    | 190                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190         |
| 0                    | 190                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 190         |
| 0                    | 200                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200         |
| 0                    | 185                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 185         |
| 0                    | 275                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 0                    | 200                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 200         |
| 0                    | 195                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 195         |
| 0                    | 260                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260         |
| 0                    | 260                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 260         |
| 0                    | 275                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 275         |
| 0                    | 225                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 225         |
| 0                    | 235                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 235         |
| 0                    | 250                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 250         |
| 0                    | 270                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 270         |
| 230                  | 7,208                | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 7,438       |
| 7                    | 233                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 240         |
| 230                  | 475                  | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0   | 540         |
| 0.6                  | 0.6                  | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0     | 0.0 | <-LOWEST CI |

**Lighthouse Utilities Company, Inc.**

**Docket No.: 100128-WU**

**Gulf County**

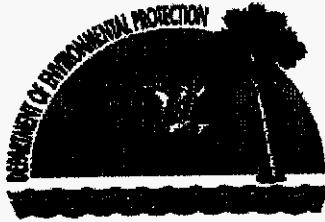
**25-30.440 (5)**

**SANITARY SURVEYS FOR WATER**

**INSPECTION REPORTS FOR WASTEWATER – NOT APPLICABLE**

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

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# 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 [haley.duncan@dep.state.fl.us](mailto:haley.duncan@dep.state.fl.us).

Sincerely,

Sally M. Cooley  
Panama City Branch Administrator

SMC/hd

Enclosure

c: Mr. Scott Grubbs, DEP NWD Pensacola ([scott.grubbs@dep.state.fl.us](mailto:scott.grubbs@dep.state.fl.us))  
Ms. Angela Chelette, NWFWMMD ([angela.chelette@nwfwmmd.state.fl.us](mailto:angela.chelette@nwfwmmd.state.fl.us))  
Ms. Josie Penton, DEP NWD Panama City ([josie.penton@dep.state.fl.us](mailto:josie.penton@dep.state.fl.us))  
Mr. Ricky Simmons, Utilities Manager ([luci@gtcom.net](mailto:luci@gtcom.net))

"More Protection, Less Process"  
[www.dep.state.fl.us](http://www.dep.state.fl.us)



**STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**SANITARY SURVEY REPORT**  
**GROUND WATER COMMUNITY SYSTEMS**

**SYSTEM AND OWNER INFORMATION**

System Lighthouse Utilities County Gulf PWS ID # 1230848  
 Address 2010 Highway 30A City Port St. Joe  
 Phone 850-227-7427 Fax 850-227-2115 E-mail luci@gtc.com.net  
 Owner Lighthouse Utilities; William J. Rish, Jr., President Phone 850-227-7427  
 Address Post Office Box 428, Port St. Joe, Florida 32456

**INSPECTION AND CONTACT INFORMATION**

Date of this survey March 24, 2010 Date of last survey February 27, 2007  
 DEP Representative(s) Haley Duncan, Patricia Lambdin  
 Person(s) Contacted Ricky Simmons  
 Emergency Number 850-227-5349 Cell \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_

**CERTIFIED OPERATORS AND CERTIFICATION NUMBER**

Larry Mcardle "A" 589

**DIRECTIONS TO PLANT OR OFFICE**

From Port St. Joe take Hwy 98 east, turn right onto Hwy 30, Office is located in Century 21, building (2010 Hwy 30C)

**SERVICE AREA**

Service Area Characteristics Residential & Commercial  
 Population Served 4,746 Basis 3.5 factor  
 Service Connections 1,356 % Metered 100%  
 Design Capacity (gallons) 1,224,000  
 Design Capacity without best well 576,000  
 Storage Capacity 564,000 Avg. Day 329,818  
 Max. Day (GPD) 612,000 % Design Capacity 50%  
 25% Max. Day 153,000 % Storage Capacity 27%

**PERMANENT SOURCES OF RAW WATER**

Ground How Many Wells 2  
 Purchased PWS #'s NA  
 Purchase Limit (GPD) NA  
 Avg Purchased (GPD) NA

**EMERGENCY MEDIA CONTACT NUMBERS**

|                    |              |
|--------------------|--------------|
| WMBB channel 13    | 850-763-6000 |
| WJHG channel 7     | 850-233-1977 |
| Magic Broadcasting | 850-230-5855 |
| Magic Broadcasting | 850-230-5855 |
| The Star           | 850-227-1278 |

**EMERGENCY PREPAREDNESS/STANDBY POWER**

Emergency Preparedness Plan On file:  Yes  No  Not Required  
 The plan includes the following:  
 Communication Chart  Written Agreements  Disaster Plan  
 Standby Power Info  Inventories  Other  
 Avg. Day Percentage of Auxiliary Supply 196%  
 Standby Equipment Operated at Least  Yes  No Monthly?  
 Any Interconnects  Yes  No  
 If yes, which systems: City of Port St. Joe  
 Comments: \_\_\_\_\_

**TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)**

Number of Plants 2  
 Aeration  E.D.  Iron Removal  pH Adjustment  Chlorination  
 Filtration  Lime Softening  T&O Control  Chlorination-Pre  Filtr. Hi-Rate  
 Recarbonation  Settling  Chlorination-Post  Fluoridation  Reverse Osmosis  
 Zeolite Softener  Coagulation  Orthophosphate  Aqua Mag  Other-Specify \_\_\_\_\_  
 Any additional treatment is needed? No For control of what deficiencies? \_\_\_\_\_

**OPERATOR STAFFING REQUIREMENTS**

Number of Licensed Operators 1 Plant Cat/Class IV/C Staffing compliant?  Yes  No Actual visits per week: 6

| SOURCE                                     |   |                 |              |         |
|--|---|-----------------|--------------|---------|
| Well Name or Source                        | 1 | 2               | 3            | Comment |
| Street name of well                        | A | LUCI #1         | LUCI #2      |         |
| Year Drilled                               | B | 2002            | 1985         |         |
| W Depth Drilled (feet)                     | A | 706             | 700          |         |
| E Drilling Method                          | N | Rotary          | Rotary       |         |
| L Length, Outside Casing (feet)            | D | 437             | 286          |         |
| I Diameter, Outside Casing (inches)        | O | 6               | 16           |         |
| Material, Outside Casing                   | N | Steel           | Steel        |         |
| D Type of Strainer                         | E | Unknown         | Galvanized   |         |
| A Depth to Top of Strainer                 | D | Unknown         | Unknown      |         |
| T Type of Grout                            | I | Cement          | Cement       |         |
| A Depth to Static Water Level (feet)       | N | 23              | 12           |         |
| Normal Suction Lift (working level-ft)     |   | Unknown         | 239          |         |
| P Pump Type                                | 2 | TURBINE         | SUBMERSIBLE  |         |
| U Horse Power                              | 0 | 40              | 40           |         |
| M Normal Yield (GPM/GPD if purchased)      | 0 | 450             | 400          |         |
| P Capacity(GPM / GPD if purchased)         | 3 | 450             | 400          |         |
| R Protection From Surface Water            |   | Yes             | Yes          |         |
| G Is Inundation of Well Possible?          |   | No              | No           |         |
| U Well Ever Been Contaminated?             |   | No              | No           |         |
| T Check Valve Present in Line?             |   | Yes             | Yes          |         |
| I Proper Venting?                          |   | Yes             | Yes          |         |
| K Meter Accuracy and Year of Test          |   | 102%/2009       | 90.17%/2009  |         |
| E Date of Last Servicing?                  |   | 2009            | 2009         |         |
| A Auxiliary Capability (if yes, list type) |   | Yes/right angle | No           |         |
| U Manual or Automatic?                     |   | Manual          | NA           |         |
| X Capacity (GPM)                           |   | 450             | NA           |         |
| G Florida Unique ID# (GPS well tag)        |   | AAA7521         | AAG9116      |         |
| F GPS latitude N (accuracy=1m)             |   | 29:41:12.7480   | 29:41:22.002 |         |
| S GPS longitude W (accuracy=1m)            |   | 85:16:45.9660   | 85:18:28.206 |         |
| Comments:                                  |   |                 |              |         |

| • CHLORINATOR   |  |  |         |         |
|---|--|--|---------|---------|
| PLANT NUMBER (OR NAME) →  | 1  | 2  | 3       | comment |
| Type of chlorination (if hypo list strength)  | <b>OUT<br/>OF<br/>SERVICE<br/>—<br/>REPLACED<br/>WITH<br/>PLANT<br/>#3</b> | Gas  | Gas     |         |
| Condition of Chlorination Equipment   |  | Good   | Good    |         |
| Capacity (PPD, GPD)   |  | 24 ppd   | 24 ppd  |         |
| Chlorine Feed Rate (PPD, GPD)   |  | 12 ppd   | 12 ppd  |         |
| Adequate Housing and Security?  |  | Yes  | Yes     |         |
| Associated Well(s) (if any)   |  | Well #2  | Well #3 |         |
| Auxiliary Power Capability?   |  | Yes  | Yes     |         |
| O & M Log/Manual Onsite?  |  | Yes  | Yes     |         |
| Chlorine Residual (mg/L) / pH   |  | 1.53/7.6   | .43/7.7 |         |
| <b>G</b> Chlorine Alarms Functional?  |  | No   | Yes     |         |
| <b>G</b> Auto Switchover  |  | No   | Yes     |         |
| <b>G</b> Dual System  |  | No   | Yes     |         |
| <b>G</b> Evidence of Leaks  |  | No   | No      |         |
| <b>A</b> Air-Pack Respirator Adequate?  |  | Air-pack respirators maintained at fire department...approximately ¼ mile away |         |         |
| <b>A</b> Ammonia Smells Fresh   | Yes  | Yes  |         |         |
| <b>A</b> Chained Cylinders  | Yes  | Yes  |         |         |
| <b>S</b> Fitted Wrench  | Yes  | Yes  |         |         |
| <b>S</b> Proper Ventilation   | Yes  | Yes  |         |         |
| <b>S</b> Scale Condition  | Good   | Good   |         |         |
| Spare Parts/Backups Operative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spare Parts Not Retained <span style="float: right;">More capacity needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> |  |  |         |         |
| Comments:   |  |  |         |         |

Lighthouse Utilities  
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PWS I.D. No. 1230848

**AERATOR**

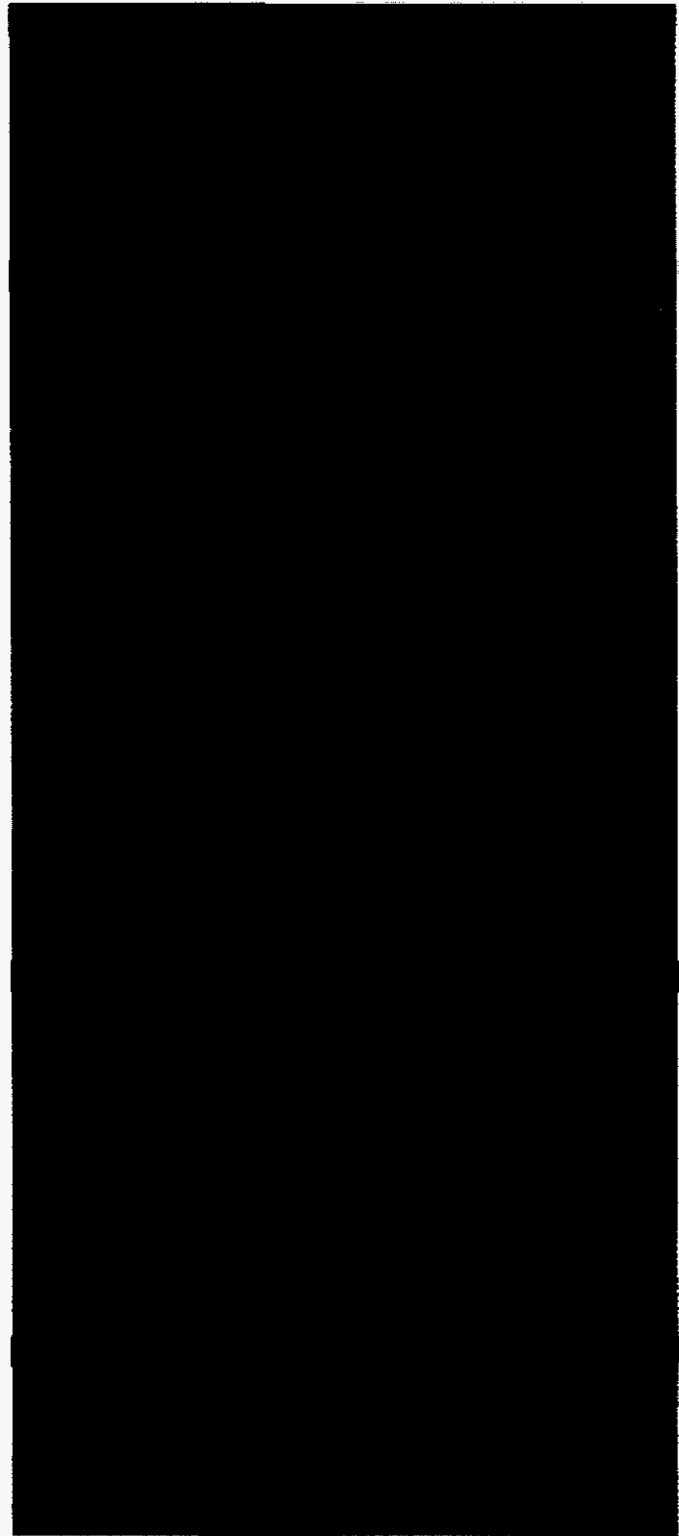
Type of Aerator Tray

Tray Area or Weir Length \_\_\_\_\_

Condition of Screens Good

Bloodworms \_\_\_\_\_ Condition of aerator Good

Adequate for Fe, H2S control Yes



Lighthouse Utilities  
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PWS I.D. No. 1230848

**PUMPS AND PUMP CONTROLS**

| PUMP CATEGORY       | High Service Pumps |           |  |  |  |  |
|---------------------|--------------------|-----------|--|--|--|--|
| PUMP NUMBER →       | Booster 1          | Booster 2 |  |  |  |  |
| PUMP TYPE           | Turbine            | Turbine   |  |  |  |  |
| MOTOR HP            | 40                 | 40        |  |  |  |  |
| DATE INSTALLED      | 2001               | 2001      |  |  |  |  |
| CAPACITY (GPM)      | 500                | 500       |  |  |  |  |
| AUXILIARY CAPACITY? | No                 | No        |  |  |  |  |
| PROPER SECURITY?    | Yes                | Yes       |  |  |  |  |
| CONDITION OF PUMP   | Good               | Good      |  |  |  |  |
| MAINT. SCHEDULE     | Daily              | Daily     |  |  |  |  |
| DATE LAST SERVICED  | Routine            | Routine   |  |  |  |  |

**STORAGE FACILITIES:**

| TANK NUMBER →  | LOCK 1 Tank #1   | LOCK 1 Tank #2 | LOCK 2 Tank #1 | LOCK 2 Tank #2 | Booster Tank #1 | Booster Tank #2 |
|--|--|----------------|----------------|----------------|-----------------|-----------------|
| TYPE (GROUND, ELEVATED, HYPO)  | Ground   | Ground         | Ground         | Hydro          | Ground          | Hydro           |
| YEAR OF CONSTRUCTION   | 1984   | 1984           | 2/27/2006      | 2001           | 2002            | 2002            |
| CAPACITY (GALLONS)   | 12,000   | 12,000         | 316,000        | 5,000          | 209,000         | 10,000          |
| MATERIAL   | Aluminum   | Aluminum       | Steel          | Steel          | Steel           | Steel           |
| GRAVITY DRAIN CAPACITY/DIAMETER  | Yes/2"   | Yes/2"         | Yes/6"         |                | Yes/6"          |                 |
| OVERFLOW STRUCTURES PROPER?  | Yes  | Yes            | Yes            | NA             | Yes             | NA              |
| BYPASS CAPACITY  | Yes  | Yes            | Yes            | Yes            | Yes             | Yes             |
| COVERED/SCREENED OPENINGS  | Yes  | Yes            | Yes            | NA             | Yes             | NA              |
| PRESSURE GAUGE   | No   | No             | No             | Yes            | No              | Yes             |
| ON/OFF PRESSURE (PSI)  | 50/70  | 50/70          | 50/70          | 50/70          | 50/70           | 50/70           |
| ALTITUDE VALVE UTILIZED?   | No   | No             | No             | No             | Yes             | No              |
| HGT. TO BOTTOM OF EL. TANK (FT)  | NA   | NA             | NA             | NA             | NA              | NA              |
| HGT. TO MAX. WTR. LEVEL (FT)   | NA   | NA             | 22             | NA             | 36              | NA              |
| DATE OF LAST ANNUAL INSPECTION   | Utility operators conduct visual inspections on an ongoing basis |                |                |                |                 |                 |
| YEAR OF LAST 5-YEAR INSPECTION   | 2009   | 2009           | 2009           | 2009           | 2009            | 2009            |
| YEAR OF LAST WASHOUT   | 2009   | 2009           | 2009           | 2009           | 2009            | 2009            |
| Does system provide fire protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Security Adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Low Level Alarm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                |                |                |                 |                 |
| Does current storage capacity comply with requirements in FAC 62-555? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |                |                |                 |                 |
| COMMENTS: All storage tanks were cleaned and inspected on 2/3/2009.  |  |                |                |                |                 |                 |



Lighthouse Utilities  
Page Six

PWS I.D. No. 1230848

**DISTRIBUTION SYSTEM**

Material of mains? PVC System looped? No How many hydrants? -75  
 Any fire hydrants < 6" lines?  Yes  No  Unknown Max. pipe diameter 12 Min. pipe diameter 2  
 General operation pressure 60 Lowest pressures 50 Location of low pressure Homestead  
 Number of dead ends ~150 How many without flush hydrants? None Flushing program? Yes  
 Number of line valves ~160 How often exercised As needed Property Mapped? Yes Property Marked? Yes  
 System Maps Adequate? Yes Any uncleared permits? Yes Any uncleared and in use? No  
 Percent water loss 38% Does the system have reuse? No Comments \_\_\_\_\_

**CROSS CONNECTION CONTROL**

Cross Connection Control Program Meet Requirements?  Yes  No Comment: All customers required to have BFP device  
 Testing Frequency? Annual Tracking:  Hard Copy  CPU # of BFDs: \_\_\_\_\_ Hydrant Meters  Lift Stations  WWTP   
 Date of Last Audit (commercial or residential): \_\_\_\_\_ Name of Certified BFD Tester: \_\_\_\_\_

| Chlorine & pH     | Remote 1 | Remote 2       | Remote 3 | Remote 4 |
|-------------------|----------|----------------|----------|----------|
| Chlorine Residual | .22      | 1.38           |          |          |
| pH                | 7.6      | 7.7            |          |          |
| Location          | Office   | BP convenience |          |          |

**COMPLIANCE MONITORING**

Compliance Schedule: The following parameters are due during the year shown.

|                 |      |               |      |             |      |          |      |
|-----------------|------|---------------|------|-------------|------|----------|------|
| Inorganics      | 2011 | SOCs          | 2011 | TTHMs/HAAs  | 2010 | Asbestos | 2011 |
| VOCs            | 2011 | Radiologicals | 2014 | Secondaries | 2011 | Pb & Cu  | 2011 |
| Nitrate/Nitrite | 2010 | UOCs          | susp |             |      |          |      |

System out of compliance with any of the above parameters? No  
 Testing Equipment & Reagents  Adequate  Inadequate Comment: \_\_\_\_\_  
 Bacteriological Sampling Plan:  Adequate  Inadequate Comment: \_\_\_\_\_  
 Disinfection Byproducts Plan:  Adequate  Inadequate Comment: \_\_\_\_\_

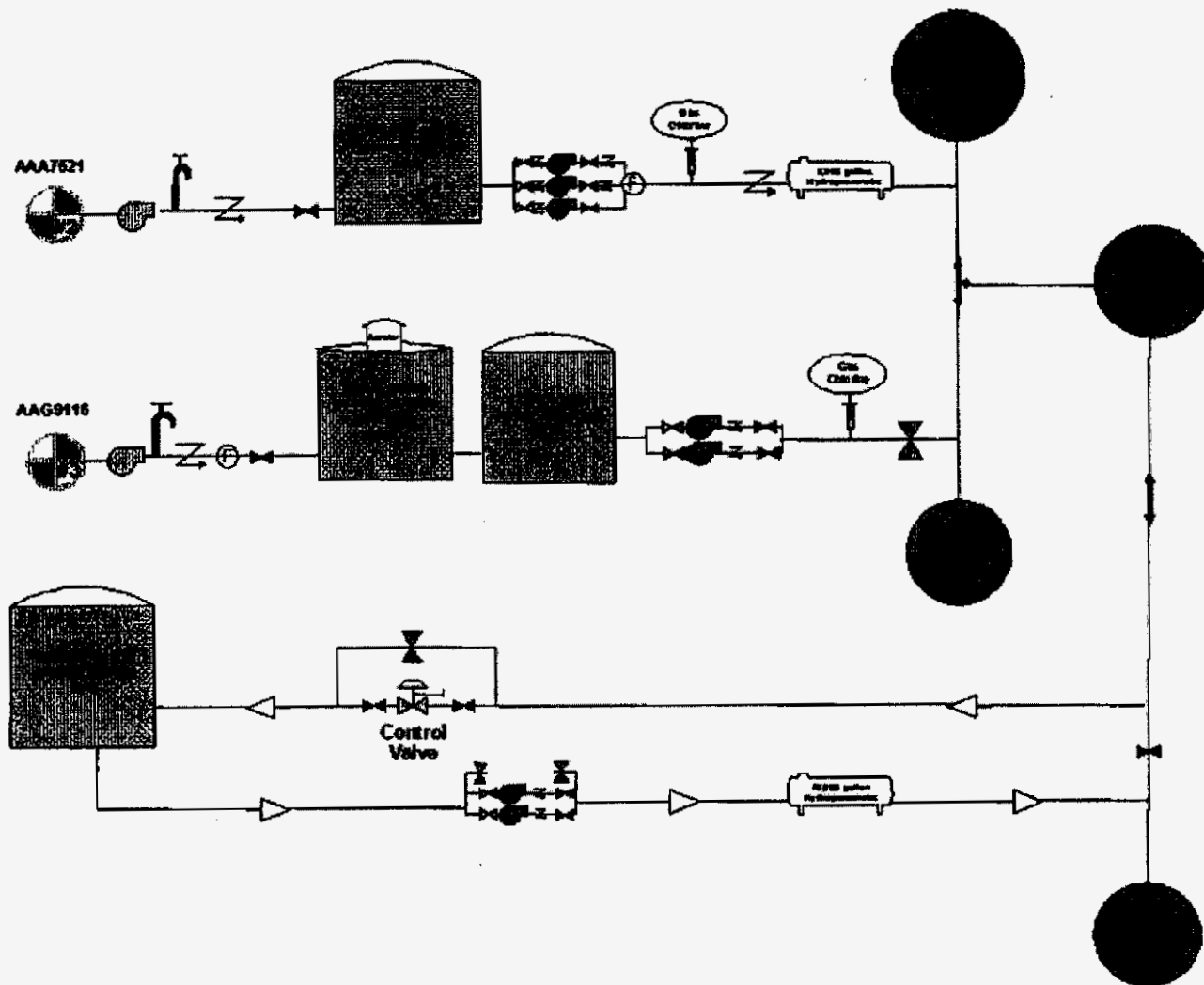
**MANAGERIAL/FINANCIAL**

How is the system structured?  Investor  Municipal  Private  Cooperative  Other Does the system follow a budget?  Yes  No  
 Preventative Maintenance Program in place?  Yes  No Is adequate training provided to water system personnel?  Yes  No  
 Comment: \_\_\_\_\_

Lighthouse Utilities  
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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

PWS I.D. No. 1230848

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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 7, 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 eFhDhIFDDeTuISP enW InRQGng exeUfIsng RI DuxiDy 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 -shDDEe SeURIP eG In DFRUCDhFe wIW We eTuISP enWP DhulDFWUeUs UFRP P enGDWRns RUIn DFRUCDhFe wIW 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.

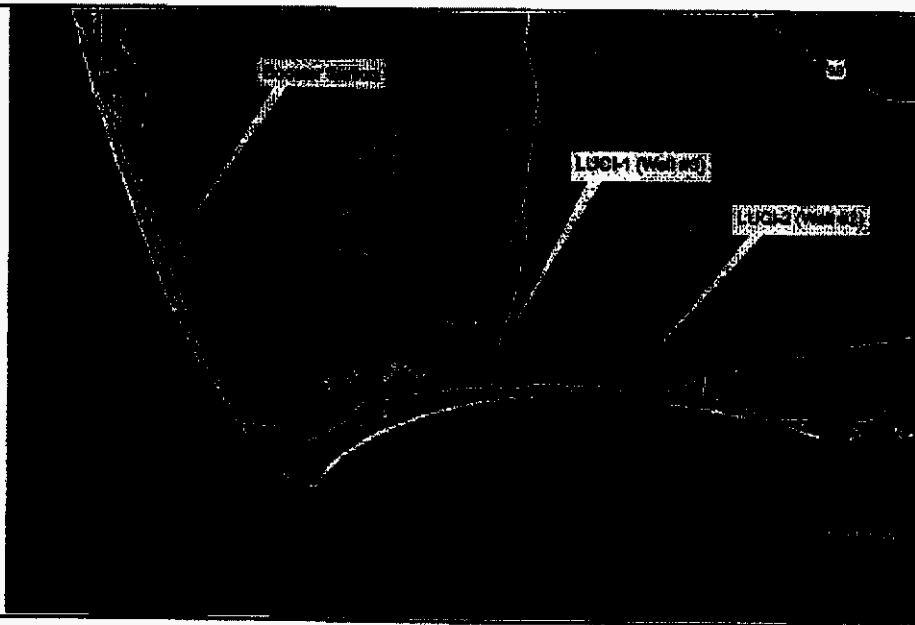
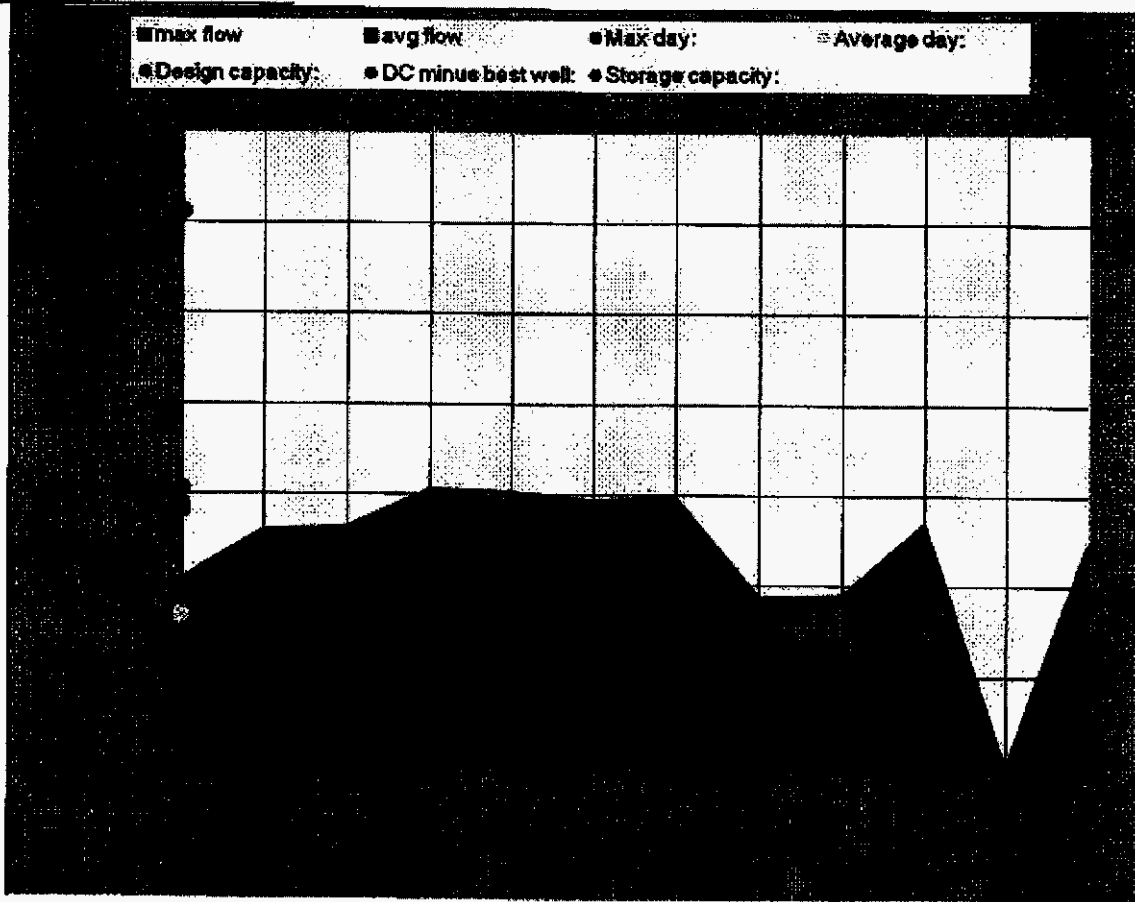
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The 'status' would fall into one of the following categories, A, B, C, D, or E:

- 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)

| Cleared | Date Issued        | Expiration         | Clear Date       | Partial Portion   | Date of COC      | PERMIT NO           | ProjectName                             |
|---------|--------------------|--------------------|------------------|---|------------------|---------------------|---|
| No      | May 2, 2005        | May 1, 2010        |                  |   |                  | 0208279-005-DSGP/01 | Lantana By The Sea                      |
| No      | August 22, 2005    | August 21, 2010    |                  |   |                  | 0252810-001-DSGP/01 | Lighthouse Walk                         |
| No      | September 22, 2005 | September 21, 2010 |                  |   |                  | 0252177-002-DSGP/01 | Pompano Cove Subdivision                |
| No      | September 13, 2006 | September 12, 2011 |                  |   |                  | 0251159-003-DSGP/01 | Summer Bay at Indian Pass               |
| No      | January 5, 2007    | January 4, 2012    |                  |   |                  | 0179913-001-DSGP/01 | Sabal Island Subdivision                |
| No      | February 6, 2007   | February 5, 2012   |                  |   |                  | 0268211-002-DSGP/01 | Windswept at Cape San Blas              |
| No      | February 25, 2008  | February 24, 2012  |                  |   |                  | 0285950-001-DSGP/01 | Myers Park Apartments                   |
| No      | October 2, 2007    | October 1, 2012    |                  |   |                  | 0277503-003-DSGP/01 | Myers Park                              |
| No      | October 29, 2007   | October 30, 2012   |                  |   |                  | 0080041-016-DS/C    | LUCI Ground Storage Tank                |
| No      | April 2, 2004      |                    |                  |   |                  | 0080041-011-WC/M1   | LUCI #3 Generator and LUCI #1 Generator |
| No      | June 14, 2004      |                    |                  |   |                  | 0232828-001-DSGP/01 | Maul Lane Watermain Extension           |
| No      | September 9, 2004  |                    |                  |   |                  | 0080041-012-DSGP/01 | Cape siew Subdivision                   |
| No      | July 9, 2004       |                    |                  |   |                  | 0233869-002-DSGP/01 | Oso Loco Subdivision                    |
| No      | August 25, 2004    |                    |                  |   |                  | 0234942-003-DSGP/01 | Stillwater South Subdivision            |
| partial | September 2, 2005  | September 1, 2010  |                  |   |                  | 0250751-002-DSGP/01 | San Dunes Phase II                      |
| partial | November 22, 2006  | November 21, 2011  | February 9, 2007 | 1050 LP water main, 1 fire hydrant, 1 flushing assembly, and 18 residential service connections | February 7, 2007 | 0269520-003-DSGP/01 | Eagle Landing and Eagle Perch           |

**FLOW & CAPACITY GRAPH**

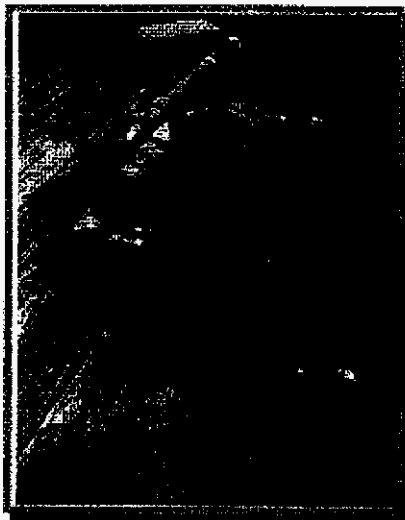


Page Eleven

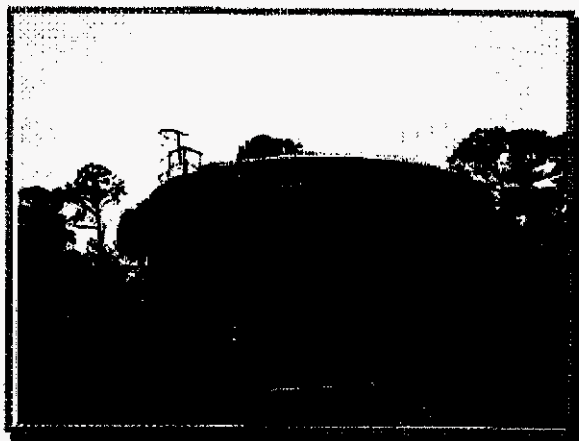
DIGITAL IMAGES



Storage Tanks at Plant #3  
(LUCI 2)



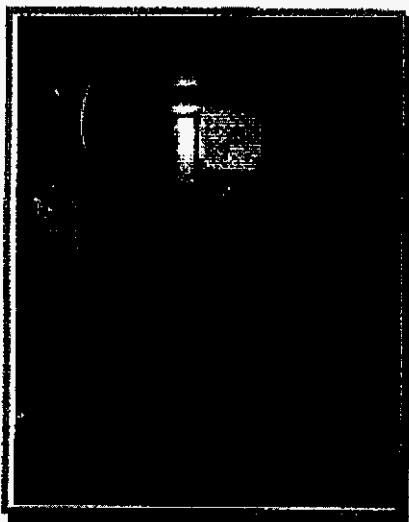
Well #3 (LUCI 2)



209,000 Gallon Ground Storage Tank  
(LUCI 1)



316,000 Gallon Ground Storage  
Tank at Booster Station



Well #2 (LUCI 1)

Lighthouse Utilities  
Page Twelve

PWS I.D. No. 1230848

INSPECTOR'S SIGNATURE Haley Durcan TITLE ES-I DATE: April 6, 2010

APPROVED BY Janie Penton TITLE EM DATE: March 28, 2007

END OF REPORT

**Lighthouse Utilities Company, Inc.**

**Docket No.: 100128-WU**

**Gulf County**

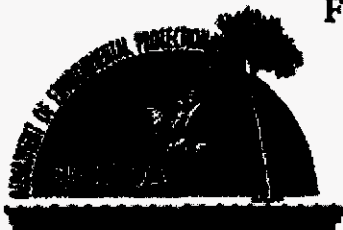
**25-30.440 (6)**

**HEALTH DEPARTMENT AND DEP  
CONSTRUCTION AND OPERATING PERMITS**

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

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**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**

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

INVOICE NO: 009061  
 DATE: 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 <http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf>. 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 Systems |        | Consecutive Community Public 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 |

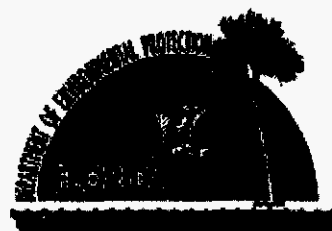
Enclosed please find an invoice for this second year of invoicing. If you own multiple PWS then you will receive multiple invoices. Payment is due by November 30, 2009, and covers the year from July 1, 2009 to June 30, 2010. Additional contact and payment information can be found on the enclosed invoice,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

Sincerely,

Van Hoofnagle, Administrator  
Florida Drinking Water Program

VH Enclosure

# Drinking Water Annual Operating License Fee Account Statement



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

Statement of Account as of 12/10/2009

**30 DAY NOTICE**

Page 1 of 1

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 <http://www.dep.state.fl.us/legal/Rules/shared/62-4/62-4.pdf>. 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.

| <i>PWS Number</i> | <i>System Name</i>          |  |            |
|-------------------|-----------------------------|--|------------|
| <b>1230848</b>    | <b>LIGHTHOUSE UTILITIES</b> |  |            |
| 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      |  | [REDACTED] |

Please detach this portion of the Statement and return to:

Florida Department of Environmental Protection  
Bureau of Finance & Accounting  
P.O.Box 3070  
Tallahassee, FL 32315-3070

PWS Number(s): 1230848  
Amount Due: \$0  
Remitted Amount: \$ \_\_\_\_\_

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

**Accounting Information**

Object Code : 002216  
Org code: 37 35 40 60 000  
Expansion Option: M7  
FLAIR Code: 3720252600137350200000020000





# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

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,

A handwritten signature in black ink that reads "Van R. Hoofnagle".

**Van Hoofnagle, Administrator  
Florida Drinking Water Program**

VH  
Enclosure

Florida DEP  
Date 10/27/2009 Type Bill  
Reference Inv# 009961

Original Amt.  
2,000.00

Balance Due 2,000.00  
11/20/2009 Discount  
Check Amount

Payment  
2,000.00  
2,000.00

# PAYMENT RECORD

CCB Operating 3500 Inv# 009961 July 2009-June 2010

2,000.00



**LIGHTHOUSE UTILITIES COMPANY**

P. O. BOX 428  
 PORT ST. JOE, FLORIDA 32457  
 PHONE: 850-337-7427

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" Well 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 18" 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,

A handwritten signature in black ink, appearing to read "J.R. Simmons".

James 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**

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**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 aerated 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 [www.dep.state.fl.us/swapp](http://www.dep.state.fl.us/swapp).*

*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 Contaminant 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 (µg/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.

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

**THHMs [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 Table                             |                             |                   |                        |  |      |                   |  |
|---|-----------------------------|-------------------|------------------------|--|------|-------------------|--|
| Contaminant and Unit of Measurement         | Dates of sampling (mo./yr.) | MCL Violation Y/N | Level Detected         | Range of Results                       | MCLG | MCL               | Likely Source of Contamination   |
| <b>Radiological Contaminants</b>            |                             |                   |                        |  |      |                   |  |
| 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 (pCi/L) | 12/2009                     | N                 | 1.2                    | 1.1 - 1.2                              | 0    | 5                 | Erosion of natural deposits  |
| Contaminant and Unit of Measurement         | Dates of sampling (mo./yr.) | AL Exceeded Y/N   | 90th Percentile Result | No. of sampling sites exceeding the AL | MCLG | AL (Action Level) | Likely Source of Contamination   |
| <b>Lead and Copper (Tap Water)</b>          |                             |                   |                        |  |      |                   |  |
| Copper (tap water) (ppm)                    | 06/2008-09/2008             | N                 | 0.21                   | 0 of 20                                | 1.3  | 1.3               | Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives |
| Lead (tap water) (ppb)                      | 06/2008-09/2008             | N                 | 4 ppb                  | 0 of 20                                | 0    | 15                | Corrosion of household plumbing systems; erosion of natural deposits                                   |

| Inorganic Contaminants                              |                             |                           |                |                  |               |             |  |
|---|-----------------------------|---------------------------|----------------|------------------|---------------|-------------|--|
| Contaminant and Unit of Measurement                 | Dates of sampling (mo./yr.) | MCL Violation Y/N         | Level Detected | Range of Results | MCLG          | MCL         | Likely Source of Contamination   |
| Barium (ppm)  | 06/2009                     | N                         | 0.031          | 0.025-0.031      | 2             | 2           | Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits   |
| Fluoride (ppm)                                      | 06/2009                     | N                         | 1.5            | 0.7 - 1.5        | 4             | 4.0         | Erosion of natural deposits; discharge from fertilizer and aluminum factories. Water additive which promotes strong teeth when at optimum levels between 0.7 and 1.3 ppm |
| Sodium (ppm)  | 6/2009                      | N                         | 20             | N/D - 20         | N/A           | 100         | Salt water intrusion, leaching from soil   |
| Nitrate (as Nitrogen) (ppm)                         | 06/2009                     | N                         | 0.21           | 0.1 - 0.21       | 10            | 10          | Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits  |
| Nitrite (as Nitrogen) (ppm)                         | 06/2009                     | N                         | 0.27           | ND-0.27          | 1             | 1           | Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits  |
| Stage 1 Disinfectants and Disinfection By-Products  |                             |                           |                |                  |               |             |  |
| Disinfectant or Contaminant and Unit of Measurement | Dates of sampling (mo./yr.) | MCL or MRDL Violation Y/N | Level Detected | Range of Results | MCLG or MRDLG | MCL or MRDL | Likely Source of Contamination   |
| Chlorine (ppm)                                      | 1-12/2009                   | N                         | 1.17           | 1.0-1.3          | MRDLG = 4     | MRDL = 4.0  | Water additive used to control microbes  |
| Halooxetic Acids (five) (HAAs) (ppb)                | 09/2009                     | N                         | 25.6           | 23.5-42.4        | NA            | MCL = 60    | By-product of drinking water disinfection  |
| THM (Total trihalomethanes) (ppb)                   | 09/2009                     | N                         | 75.55          | 41.1-89.5        | NA            | MCL = 80    | By-product of drinking water disinfection  |

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, 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 wildlife.
- (B) Inorganic contaminants, such as salts 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 runoff, and septic systems.
- (E) Radioactive contaminants, which can be naturally 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 EPA prescribes regulations, which limit 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 poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline 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 *Cryptosporidium* 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 pregnant 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 sitting 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 tested. 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@gtcom.net]  
**Sent:** Thursday, September 02, 2010 2:25 PM  
**To:** 'Michael McKenzie'  
**Cc:** 'Kayla Dailey'  
**Subject:** 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

| Lighthouse Utilities Company, Inc.<br>Salary Expense Allocation |                                 | Source of      |            | Water     |            | Transmission |            | Customer |         | Admin and | TOTAL  |
|---|---------------------------------|----------------|------------|-----------|------------|--------------|------------|----------|---------|-----------|--------|
|   |                                 | Supply and     | Supply and | Treatment | Treatment  | and          | and        | Accounts | General |           |        |
| 2009  | Expense                         | Exps-Ops       | Exps-Maint | Exps-Ops  | Exps-Maint | Exps-Ops     | Exps-Maint | Exp      |         |           |        |
|   |                                 | .10            | .20        | .30       | .40        | .50          | .60        | .70      | .80     |           |        |
| 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 |
|   | <b>Total Wages and Salaries</b> | <u>121,438</u> |            |           |            |              |            |          |         |           |        |

NOTE: Salary and wages are allocated among subcategories using a reasonable estimate of job responsibilities and duties.

1:36 PM  
09/17/10

**Lighthouse Utilities Co Inc**  
**Payroll Summary**  
January through December 2009

|   | <u>Dixon, Thomas W.</u> | <u>Kersey, Alice J</u> | <u>Rish Jr., William J.</u> | <u>Simmons, James R</u> | <u>TOTAL</u>      |
|---|-------------------------|------------------------|-----------------------------|-------------------------|-------------------|
| <b>Employee Wages, Taxes and Adjustments</b>  |                         |                        |                             |                         |                   |
| <b>Gross Pay</b>                              |                         |                        |                             |                         |                   |
| 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                | 4,963.55          |
| <b>Total Gross Pay</b>                        | <b>32,974.82</b>        | <b>9,335.67</b>        | <b>35,844.04</b>            | <b>43,283.90</b>        | <b>121,438.43</b> |
| <b>Deductions from Gross Pay</b>              |                         |                        |                             |                         |                   |
| 401(K) Employee Contribution                  | -1,692.00               | -750.00                | -13,346.24                  | -975.12                 | -16,763.36        |
| <b>Total Deductions from Gross Pay</b>        | <b>-1,692.00</b>        | <b>-750.00</b>         | <b>-13,346.24</b>           | <b>-975.12</b>          | <b>-16,763.36</b> |
| <b>Adjusted Gross Pay</b>                     | <b>31,282.82</b>        | <b>8,585.67</b>        | <b>22,497.80</b>            | <b>42,308.78</b>        | <b>104,675.07</b> |
| <b>Taxes Withheld</b>                         |                         |                        |                             |                         |                   |
| Federal Withholding                           | -1,863.00               | -605.00                | -2,419.00                   | -4,727.00               | -9,614.00         |
| Medicare Employee                             | -478.13                 | -135.37                | -519.74                     | -627.62                 | -1,760.86         |
| Social Security Employee                      | -2,044.44               | -578.81                | -2,222.33                   | -2,683.60               | -7,529.18         |
| <b>Total Taxes Withheld</b>                   | <b>-4,385.57</b>        | <b>-1,319.18</b>       | <b>-5,161.07</b>            | <b>-8,038.22</b>        | <b>-18,904.04</b> |
| <b>Net Pay</b>                                | <b>26,897.25</b>        | <b>7,266.49</b>        | <b>17,336.73</b>            | <b>34,270.56</b>        | <b>85,771.03</b>  |
| <b>Employer Taxes and Contributions</b>       |                         |                        |                             |                         |                   |
| Federal Unemployment                          | 56.00                   | 56.00                  | 56.00                       | 56.00                   | 224.00            |
| Medicare Company                              | 478.13                  | 135.37                 | 519.74                      | 627.62                  | 1,760.86          |
| Social Security Company                       | 2,044.44                | 578.81                 | 2,222.33                    | 2,683.60                | 7,529.18          |
| FL - Unemployment Company                     | 8.40                    | 8.40                   | 8.40                        | 8.40                    | 33.60             |
| 401(K) Company Contribution                   | 1,692.00                | 750.00                 | 13,346.24                   | 975.12                  | 16,763.36         |
| <b>Total Employer Taxes and Contributions</b> | <b>4,278.97</b>         | <b>1,528.58</b>        | <b>16,152.71</b>            | <b>4,350.74</b>         | <b>26,311.00</b>  |

**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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A02332

|   |                   |                     |       |                   |                         |                   |                                 |
|---|-------------------|---------------------|-------|-------------------|-------------------------|-------------------|---------------------------------|
| IDENTIFICATION NUMBER<br><b>1GCEC14X45Z181200</b> | YR<br><b>2005</b> | MAKE<br><b>CHEV</b> | MODEL | BODY<br><b>PK</b> | WT-L-BMP<br><b>4265</b> | VESSEL REGIS. NO. | TITLE NUMBER<br><b>93118884</b> |
|---|-------------------|---------------------|-------|-------------------|-------------------------|-------------------|---------------------------------|

REGISTERED OWNER

DATE OF ISSUE

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

05/18/2005

LIEN RELEASE

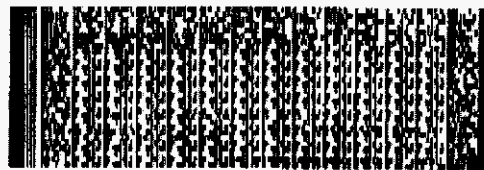
INTEREST IN THE ABOVE DESCRIBED VEHICLE IS  
HEREBY RELEASED

BY \_\_\_\_\_

MAIL TO:

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_



LIEN SATISFACTION

# CERTIFICATE OF TITLE

|  |                   |                     |                 |                   |                         |   |                                 |
|--|-------------------|---------------------|-----------------|-------------------|-------------------------|---|---------------------------------|
| IDENTIFICATION NUMBER<br><b>1GCEC14X45Z181200</b>                                    | YR<br><b>2005</b> | MAKE<br><b>CHEV</b> | MODEL           | BODY<br><b>PK</b> | WT-L-BMP<br><b>4265</b> | VESSEL REGIS. NO.   | TITLE NUMBER<br><b>93118884</b> |
| PREV. STATE  | COLOR             | PRIMARY BRAND       | SECONDARY BRAND | EXT. BRANDS       | USE                     | PREV. ISSUE DATE  |                                 |
| REGISTERED OWNER<br>LIGHTHOUSE UTILITIES INC.<br>PO BOX 428<br>PORT ST. JOE FL 32457 |                   |                     |                 |                   |                         | LIEN RELEASE<br>INTEREST IN THE ABOVE DESCRIBED VEHICLE IS<br>HEREBY RELEASED |                                 |
|  |                   |                     |                 |                   |                         | BY _____  |                                 |
|  |                   |                     |                 |                   |                         | TITTLE _____ DATE _____   |                                 |



DEPARTMENT OF HIGHWAY SAFETY  
AND MOTOR VEHICLES  
*[Signature]*  
DIRECTOR

STATE OF FLORIDA

STATE OF FLORIDA

VOID IF ALTERED

VOID IF ALTERED

**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**

|   |  |                               |                         |
|---|--|-------------------------------|-------------------------|
| <b>EXPIRES:</b> 06/30/09                    |  | <b>TAG NO:</b> 024LSJ (RGS)   | <b>CLASS:</b> 031       |
| <b>Amount to pay by mail:</b> \$ 46.30      |  | <b>TITLE NO:</b> 0076362006   | <b>WEIGHT:</b> 3951     |
| <b>Amount to pay in person:</b> \$ 45.60    |  | <b>VIN:</b> 1GCEC14W4WZ259418 | <b>DOB:</b> 06/30/XX    |
| <b>Add Penalty after:</b> 07/10/09 \$ 10.00 |  | <b>YR/MAKE:</b> 98/CHEV       | <b>PIN:</b> 00763620085 |

\*Visit [www.flhsmv.gov/ddd/DPPAInfo.html](http://www.flhsmv.gov/ddd/DPPAInfo.html) for Driver Privacy Protection Act information. \*TWO-YEAR RENEWALS ARE NOW AVAILABLE FOR MOST REGISTRATIONS; CONTACT YOUR TAX COLLECTOR FOR MORE INFORMATION. \*DRIVER'S LICENSE NUMBER OR FEID NUMBER REQUESTED FOR FLORIDA LICENSED OWNERS, PLEASE NOTE IN SPACE PROVIDED.

ARF 02



C 283 <A10> A

AUTO\*\*50GS\*32456

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

Owner FL DL#: \_\_\_\_\_  
(Business use Federal Employee Identification Number)  
Co-Owner FL DL#: \_\_\_\_\_

**1** 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**

|   |  |                               |                         |
|---|--|-------------------------------|-------------------------|
| <b>EXPIRES:</b> 06/30/09                    |  | <b>TAG NO:</b> C054MX (RGR)   | <b>CLASS:</b> 031       |
| <b>Amount to pay by mail:</b> \$ 46.30      |  | <b>TITLE NO:</b> 0093118884   | <b>WEIGHT:</b> 4285     |
| <b>Amount to pay in person:</b> \$ 45.60    |  | <b>VIN:</b> 1GCEC14X45Z181200 | <b>DOB:</b> 06/30/XX    |
| <b>Add Penalty after:</b> 07/10/09 \$ 10.00 |  | <b>YR/MAKE:</b> 05/CHEV       | <b>PIN:</b> 02262685420 |

\*Visit [www.flhsmv.gov/ddd/DPPAInfo.html](http://www.flhsmv.gov/ddd/DPPAInfo.html) for Driver Privacy Protection Act information. \*TWO-YEAR RENEWALS ARE NOW AVAILABLE FOR MOST REGISTRATIONS; CONTACT YOUR TAX COLLECTOR FOR MORE INFORMATION. \*DRIVER'S LICENSE NUMBER OR FEID NUMBER REQUESTED FOR FLORIDA LICENSED OWNERS, PLEASE NOTE IN SPACE PROVIDED.

ARF 08



C 283 <A10> B

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

Owner FL DL#: \_\_\_\_\_  
(Business use Federal Employee Identification Number)  
Co-Owner FL DL#: \_\_\_\_\_

**2** 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**

This panel intentionally left blank.



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**

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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.

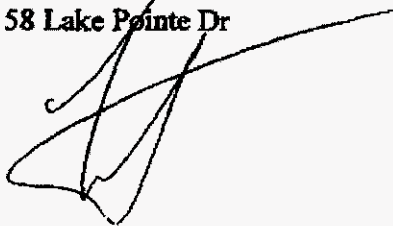
Please check your records as we are current with our account. Any further errors on your part showing we are past due when we are not would easily be considered harassment and possible fraud. At the very least we will have to start billing your firm for our time in researching past bills and checks.

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



\*062000019\*  
09/01/2009  
94058E00E6  
930035046

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

999901092090109029

6002/T0/60 94058E00E6  
94058E00E6  
6002/T0/60 661000002900

**L & M SEAFOOD INC.**  
174 WATERCOLOR HWY #280  
SEA GROVE BEACH, FL 32489  
(800) 807-6880

3107  
62-1011-632  
CHECK AMOUNT

1000 DOLLARS

| DATE    | TO THE ORDER OF  | CHECK NO | DESCRIPTION | AMOUNT   |
|---------|------------------|----------|-------------|----------|
| 8/21/09 | Lighthouse Light | 3109     | #736        | \$ 39.86 |

REGIONS BANK

#003107# 4:0632101120 0045789452#

#003107# 4:0632101120 0045789452# #0000003956#

Do not endorse or write below this line.

\*062000019\* 09/01/2009  
94058E00E6  
930035046

ENDORSE HERE

PAY TO THE ORDER OF  
COASTAL BANK  
PORT ST LUCIE, FL 34956

FOR DEPOSIT ONLY  
LIGHTNING & THUNDER  
DO NOT WRITE BELOW THIS LINE

94058E00E6  
6002/T0/60 \*661000002900\*

REGIONS BANK  
Bank A...  
City Coastal...  
Port St Lucie, FL 34956

**L & M SEAFOOD INC.**  
 174 WATERCOLOR WAY #280  
 SEA GROVE BEACH, FL 32459  
 (850) 837-6860

THIS CHECK IS IN PAYMENT OF THE FOLLOWING

---



---

3150

63-1011-632



CHECK  
 AMOUNT

PAY Twenty One <sup>78</sup>/<sub>100</sub> DOLLARS

| DATE     | TO THE ORDER OF     | CHECK NO. | DESCRIPTION | DISCOUNT |
|----------|---------------------|-----------|-------------|----------|
| 10/23/09 | Light House Utility | 350       | # 736       |          |

\$ 21.78

REGIONS BANK

⑈003150⑈ ⑈063210112⑈ 0045789452⑈

TEMP - RETURN  
 SERVICE REQUESTED

FIRST CLASS MAIL  
 U.S. POSTAGE PAID  
 Port St. Joe, FL 32456  
 PERMIT NO. 111

|   |                 |
|---|-----------------|
| ACCOUNT   | DUE DATE        |
| 1000000000  | 10/23/09        |
| <b>THIS BILL IS DUE<br/>         UPON RECEIPT</b> | PAY THIS AMOUNT |
| ⑈001123110⑈ ⑈000111001010⑈                        |                 |
| PLEASE RETURN THIS STUB WITH PAYMENT              |                 |

MARY DENTON  
 56 LORE POINT RD  
 SEASIDE BEACH, FL  
 32432-0000





**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:AS