

CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

120209-WS

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

OF

Utilities, Inc. of Florida

Exact Legal Name of Utility
Docket No.: 120209-WS

**VOLUME III (a)
(Orange County)**



FOR THE

Test Year Ended: December 31, 2011

DOCUMENT NUMBER-DATE

01534 MAR 29 2012

FPSC-COMMISSION CLERK

DETAILED MAP

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2011

NONE

CHEMICALS USED

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2011

CHEMICAL
ANALYSIS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2011

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

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

System Name: Utilities, Inc. DAVIS SHORES PWS I.D.#:

3	4	8	0	2	7	2
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System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: OAK

City: ORLANDO ZIP Code: 321786

Phone #: 407-869-1919 Fax #: 407-869-6961 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A1205872001 Sample Date: 07/17/2012 Sample Time: 08:20

AM

 PM (circle one)

Sample Location (be specific): 1-73 Oak Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.0 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance *
- Composite of Multiple Sites **
- Other: _____
- Replacement (of Invalidated Sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, COREY SUDOL, OPERATOR, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Signature] Date: 8-1-12

Certified Operator #: B14271 Phone #: 321 388 7030 Sampler's Fax #: 407 682-5713

Sampler's E-Mail: csudol@oiwater.com

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab -- Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E53076 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE *

Address: 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, FL Phone #: (407)937-1594

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82535, E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED *

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 3480272 Sample Number (From Page 1): A1205872001 Lab Assigned Report # or Job A1205872

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

- | | | | | | |
|---|--|---|--|--|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All Except Asbestos
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Chlorite
<input type="checkbox"/> Bromate | <p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|---|--|---|--|--|---|

LAB CERTIFICATION

I, Brandon O'Hara, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Brandon O'Hara Date: 7/31/12

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

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1205872001

Disinfectant Residual (mg/L) _____

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
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Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	07/30/2012	23:29	E84589
2451	Dichloroacetic Acid	N/A	ug/L	12.22		EPA 552.2	0.81	1	07/30/2012	23:29	E84589
2452	Trichloroacetic Acid	N/A	ug/L	15.74		EPA 552.2	0.91	1	07/30/2012	23:29	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	07/30/2012	23:29	E84589
2454	Dibromoacetic Acid	N/A	ug/L	0.71	I	EPA 552.2	0.54	1	07/30/2012	23:29	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	28.67		EPA 552.2	0.20	—	07/30/2012	23:29	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	70.37		EPA 524.2	0.21	1	07/26/2012	22:39	E82535
2942	Bromoform	N/A	ug/L	0.22	U	EPA 524.2	0.22	1	07/26/2012	22:39	E82535
2943	Bromodichloromethane	N/A	ug/L	28.65		EPA 524.2	0.29	1	07/26/2012	22:39	E82535
2944	Dibromochloromethane	N/A	ug/L	12.27		EPA 524.2	0.39	1	07/26/2012	22:39	E82535
2950	Total Trihalomethanes	80	ug/L	111.29		EPA 524.2	0.21	—	07/26/2012	22:39	E82535

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.



Advanced Environmental Laboratories, Inc.

- Altamonte Springs: 528 S. Northlake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- Gainesville: 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- Jacksonville: 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- Tallahassee: 1288 Cedar Center Drive, Tallahassee, FL 32301 • 850.219.6274 • Fax 850.219.6275
- Tampa: 9610 Princess Palm Ave. • Tampa, FL 33819 • 813.630.9816 • Fax 813.630.4327

Client Name: UTILITIES IN		Project Name: DAVIS SITES		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	A1205872					LABORATORY I.D. NUMBER
Address: 200 WEATHER FIELD		P.O. Number/Project Number:									
Phone: 407 682 5651		Project Location:									
FAX: 407 682 5713		REMARKS/SPECIAL INSTRUCTIONS: Wekiva									
Contact: NATE EARLER											
Sampled By: CS											
Turn Around Time: <input type="checkbox"/> STANDARD <input type="checkbox"/> RUSH											
Page 1 of 1											
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	MHA	TAM	CL	RESIDUAL
1	73 OAK DALE ST	G	7-17-12	0820	DW	3	X				2.0
2	73 OAK DALE ST	G	7-17-12	0820	DW	3	X				

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)

Received on Ice Yes No Temp taken from sample Temp from blank Where required, pH checked Temperature when received **3** (in degrees celsius)

Form revised 08/15/2010 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 1A

Retrieved by:	Date	Time	Received by:	Date	Time
<i>[Signature]</i>	7-17-12	1340	<i>[Signature]</i>	7-17-12	1340

FOR DRINKING WATER USE:

(When PWS Information not otherwise supplied) PWS ID: _____

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site Address: _____

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORM

162-562 730 Reporting Format Effective 01/1/95, Revised 02/20/01

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, FL 32807
DOH# E83294

Lab Receipt Date & Time: 1-10-12 0900
Analysis Date & Time: 1-10-12 0930
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice _____ °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 120710 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Crescent Heights PWS I.D. 3480255

PWS Address: Amelia City: Orlando

PWS or PWS Owner's Phone #: 407-859-1919 Fax #: 407-859-6951

Collector: Pedro Figueroa Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 1-9-2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9772BMP</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
C 1	6233 ROBINSON	0905	D	0.9			A			1
C 2	6031 RIDGEWOOD	0910	D	0.7			A			2

Average of disinfectant residuals for distribution routine & repeat samples.² Free chlorine or Total chlorine (circle one): 0.8

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# C-17160)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____
Lab Signature: [Signature]
Title: _____

Nate Carver
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹ See Sample Types and Instructions section 2.1.5.
² For Analysis Methods see Instructions section 2.1.6.
³ Please circle appropriate selection.
⁴ To Grant in Florida Addressed to the Code Book of 2004, Table 1.
⁵ Compare for information & use numbers corresponding to water serving population up to and including 1,000. Do not include raw or pump samples in 0.2 average.

600.620.3.2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-050 732 Reporting Format Effective 01/1/95, Revised 02/23/01)

Tri-Tech Analytical Laboratories, Inc.
4403 Vineland Road Suite B-12
Orlando, FL 32811
DOH# E83294



Lab Receipt Date & Time: 3-13-12 0510
Analysis Date & Time: 3-12-12 0715
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice _____ °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 12-03-233 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Crescent Heights PWS I.D. 3480255

PWS Address: Amelia City: Orlando

PWS or PWS Owner's Phone #: 407-869-1919 Fax #: 407-869-6961

Collector: Pedro Figueroa - COREY SCOLL Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 3-12-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9722 B&F</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ³	Lab Sample #
1	519 JOHN STREET	0820	D	1.3		A				1
2	515 PAUL STREET	0830	D	0.9		A				2

Average of disinfectant residuals for distribution routine & repeat samples. * Free chlorine or Total chlorine (circle one): 1.1

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (# 0-17150-31427)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: [Signature]

Title: _____

Nate Carver
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

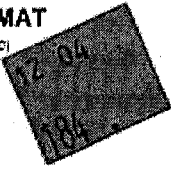
¹ or Sample Type and Instructions on 3.1.6.
² For Additional Methods see Section 3.1.6.11.6
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62.001, Table 1
⁵ Compliance for consistency of data methods (non-community systems serving populations up to and including 1,000). Do not include raw or plant samples in the average.

620.3.2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-652,753 Reporting Format Effective 01/19/04, Revised 05/20/10)

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, FL 32807
DOH# E83294



Lab Receipt Date & Time: 4-9-12 1525
Analysis Date & Time: 4-9-12 1600
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice _____ °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 1204154 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Crescent Heights PWS I.D. 3480255

PWS Address: Amelia City: Orlando

PWS or PWS Owner's Phone #: 407-869-1919 Fax #: 407-869-6961

Collector: Padre-Figueroa Collector's Phone #: 407-448-5347

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 4-09-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9200bmf</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ¹	Data Qualifier ²	Lab Sample #
1	6120 AMELIA	1025	D	1.5	7.8		A			1
2	6226 HARWOOD	1016	D	1.8	7.8		A			2

Average of disinfectant residuals for distribution routine & repeat samples.³ (Free chlorine or Total chlorine (circle one)) 1.65

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 117619 W.S.D. / J.S.D.)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____
Lab Signature: [Signature]
Title: _____

Nate Carver
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

For Sample Types see Instructions on Form 118.
For Analysis Methods see Instructions on Form 119.
Florida certified laboratory number.
Department of Florida Administrative Code, Rule 62-110, F.A.C. 6.
*Complete for compliance & non-compliance with state drinking water regulations and including 4.0%. Do not include raw or post-sample in this category.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-550) 700 Reporting Format Effective 01/1988, Revised 02/2015

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, Fl. 32807
DOH# E83294



Lab Receipt Date & Time: 5-7-12 15:40
 Analysis Date & Time: 5-7-12 16:00
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number 12-05-136 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage MPC Other: _____

Public Water System (PWS) Name: CRESCENT HEIGHTS PWS I.D. 3490255

PWS Address: AMELIA City: ORLANDO

PWS or PWS Owner's Phone #: 407-869-1919 Fax #: 407-869-6961

Collector: _____ Collector's Phone #: (407) 652-5657

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 5-7-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² 9222B MF				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	6233 ROBINSON	0820	D	1.1	--		A			1
2	6031 RINGWOOD	0805	D	0.6	--		A			2
					--					

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one) 0.85

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (C - 13756 324271)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: _____

Scott Gosnell
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions on Form 13A.
² For Analysis Methods see Instructions on Form 13A.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62.120, Table 1.
⁵ Compares to appropriate A. If not measured, but calculated, always using population up to and including 1,000. Do not include raw or pump samples in the average.

600.620.3.2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(02-052) TSD Reporting Format Effective 01/19/95, Revised 02/27/01

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, FL 32807
DOH# E83294

12-06
1006

Lab Receipt Date & Time: 6-6-12 8:00
Analysis Date & Time: 6-6-12 08:15
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice _____ °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 2-06-085 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: CRESCENT HEIGHTS PWS I.D. 34802.55

PWS Address: AMELIA City: ORLANDO

PWS or PWS Owner's Phone #: 407-869-1919 Fax #: 407-869-6961

Collector: Corey Swal Collector's Phone #: 321 388 7030

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 6-5-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9222B</u>				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	<u>419 NOWELL</u>	<u>0800</u>	<u>D</u>	<u>1.6</u>	<u>-</u>		<u>A</u>			<u>1</u>
	<u>419 JOHN ST</u>	<u>0810</u>	<u>D</u>	<u>1.5</u>	<u>-</u>		<u>A</u>			<u>2</u>

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one). 1.55

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

A certified operator (6-13756-1314271 Corey Swal)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: [Signature]

Title: _____

Scott Gosnell
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

For Sample Types see Instructions on p. 14
For Analysis Methods see Instructions on p. 15
PLEASE PRINT appropriate information
Defined in Florida Administrative Code Rule 62-160, Table 1
* Sample for coliforms. A non-transient and continuous water service population is not existing in 1991. Do not include size or place sample in the orange.
Page 1 of 1

600 620.3.2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(32-550 730 Reporting Format Effective 01/19/95, Revised 02/01/01)

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, Fl. 32807
DOH# E83294

12-01
209

Lab Receipt Date & Time: 1-10-12 11:00
Analysis Date & Time: 1-10-12 09:30
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice _____ °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 12-01-209 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Davis Shores PWS I.D. 3480272

PWS Address: OAK City: Orlando

PWS or PWS Owner's Phone #: 407-869-1919 Fax #: 407-869-6961

Collector: Pedro Figueroa Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 1-9-2012

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9222BMF</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	2 OAKDALE	0625	D	1.4		A				1
2	19 MAIN STREET	0835	D	1.3		A				2

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one). 1.4

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# C-17160)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____
Lab Signature: [Signature]
Title: _____

Nate Carver
200 Weathersfield Ave.
Altamonte Springs, Fl. 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions on Form 113.
² For Analysis Methods see Instructions on Form 114.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62A-69, Table 1.
⁵ Criteria for community & non-transient non-community systems serving people are up to and including 4.00. Do not include raw or pilot samples in this average.

600-621-3-2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

102-030-737 Reporting Format Effective 01/15/05, Revised 02/20/10

Tri-Tech Analytical Laboratories, Inc.
1403 Vineland Road Suite B-12
Orlando, FL 32811
DOH# E83294

2-03
131

Lab Receipt Date & Time: 3-13-12 05:00
Analysis Date & Time: 3-13-12 07:15
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 12-03-231 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Davis Shores PWS I.D. 3480272

PWS Address: OAK City: Orlando

PWS or PWS Owner's Phone #: 407-869-1919 Fax #: 407-869-6961

Collector: Pedro Figueroa COREY SUDOL Collector's Phone #: 407-448-5347

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 3-12-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9770 BWF</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ²	Data Qualifier ³	Lab Sample #
D-1	9 OAKDALE	0720	D	1.3		A				1
D-2	115 DOWN COURT	0730	D	1.7		A				2

Average of disinfectant residuals for distribution routine & repeat samples. (Free chlorine or Total chlorine (circle one)) 1.5

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# C-12160-814721)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date and time PWS notified by lab of positive results: _____
Date and time DEP/DOH notified by lab of positive results: _____
Date Report issued: _____
Lab Signature: [Signature]
Title: _____

Nate Carver
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions Item 1.0.
² For Analysis Methods see Instructions Item 2.4.
³ Please indicate appropriate qualifier.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1
⁵ Samples for community & non-transient non-community systems, including production up to and including 4,000. Do not include raw or plant samples or the average.

621-3.2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

162-682 732 Reporting Format Effective 01/1995, Revised 02/2010

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, FL 32807
DOH# E83294



Lab Receipt Date & Time: 4-5-12 1545
 Analysis Date & Time: 4-5-12 1600
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 1204155 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Davis Shores **PWS I.D.** 3480272

PWS Address: OAK **City:** Orlando

PWS or PWS Owner's Phone #: 407-859-1919 **Fax #:** 407-859-5961

Collector: Pedro Figueroa **Collector's Phone #:** 407-448-5347

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 4-09-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9772BMP</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage*	Data Qualifier*	Lab Sample #
1	76 OAKDALE	0920	D	1.6	7.9		A			1
2	71 MAIN STREET	0940	D	1.4	7.9		A			2

Average of disinfectant residuals for distribution routine & repeat samples: Free chlorine or Total chlorine (circle one). 1.50

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# 6-17160) A. J. ...
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____
Lab Signature: [Signature]
Title: _____

Nate Carver
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

For Sample Types see Instructions and 1.0a
 For Analysis Methods see Instructions section 1.0
 Please circle appropriate selection.
 *Default in Florida Administrative Code Rule 62.001, Table 1
 *Complete for community & non-transient non-community systems serving populations up to and including 1,000. Do not include raw or plain samples in this category.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(32-550.730 Reporting Format Effective 01/1/86, Revised 02/2010)

Tri-Tech Analytical Laboratories, Inc.
240 Old Cheney Highway
Orlando, FL 32807
DOH# E83294

12-05
35

Lab Receipt Date & Time: 5-7-12 1546
 Analysis Date & Time: 5-7-12 16:00
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 12-05-135 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: Davis Shores **PWS I.D.** 3480272

PWS Address: OAK **City:** Orlando

PWS or PWS Owner's Phone #: 407-869-1919 **Fax #:** 407-869-6961

Collector: Wesley Stone **Collector's Phone #:** 407-448-5347

Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 5-7-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9772Bm F</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
1	2 OAKDALE	0915	D	1.0			A			1
2	18 MAIN STREET	0735	D	1.4			A			2

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one). 1.2

Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# B14271)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report issued: _____
Lab Signature: _____
Title: _____

Note Carver
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

For Sample 21 see see instructions section 1 (A).
 For Residuals Methods see instructions section 2 (A).
¹ Please circle appropriate selection.
 Defined in Florida Administrative Code Rule 62-100, Title 6.
 Computed by instrument. ² Non-transient non-community systems with log reported once up to and including 4.000. Do not include sex or plus symbols in the range.
 Page 1 of 1

600.621-3.2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550 730 Reporting Format Effective 01/1/05, Revised 03/20/11)

Tri-Tech Analytical Laboratories, Inc.
7240 Old Cheney Highway
Orlando, FL 32807
DOH# E83294



Lab Receipt Date & Time: 6-6-12 8:00
 Analysis Date & Time: 6-11-12 0815
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: 12-06-086 Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: DAVIS SHORES

PWS I.D. 3480272

PWS Address: OAK

City: ORLANDO

PWS or PWS Owner's Phone #: 407-869-1919

Fax #: 407-869-6961

Collector: CAREY SWAN

Collector's Phone #: 321 388 7030

Type of Supply: (check only one)

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

Reason for Sampling: (check all that apply)

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: 6-5-12

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² 9222B <u>MF</u>				
						Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
	<u>73 OAK DALE</u>	<u>0700</u>	<u>D</u>	<u>2.0</u>	<u>--</u>		<u>A</u>			<u>1</u>
	<u>106 DOWN CT</u>	<u>0715</u>	<u>D</u>	<u>2.4</u>	<u>--</u>		<u>A</u>			<u>2</u>

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one).

2.2

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Disinfectant Residual Analysis Method:

DPD Colorimetric Other: _____

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

- A certified operator (6-19758-131271 CAREY SWAN)
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report issued: _____

Lab Signature: _____

Title: _____

Scott Gosnell
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

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

¹For Sample Types see Instructions on Item 1 in
²For Analysis Methods see Federal and State 11.5
³Follow only appropriate selection
⁴Defined in Florida Administrative Code Rule 62.160, Table 1
⁵Exclude for communities & not included for community water supply populations up to and including 1,000. Do not include low or zero samples at the average.

600.621.3.2

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

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

System Name: Utilities, Inc. - CRESCENT HEIGHTS PWS I.D.#:

3	4	8	0	2	5	5
---	---	---	---	---	---	---

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

Address: AMELIA

City: ORLANDO ZIP Code: 32805

Phone #: 407-869-1919 Fax #: 407 869-6961 E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A1205873001 Sample Date: 07/17/2012 Sample Time: 07:30 AM PM (circle one)

Sample Location (be specific): 1-6003 Melbourne Location Code (if known) : _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: _____

Sample Type (Check Only One)

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

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

- Routine Compliance with 62-550 Replacement (of invalidated Sample)
- Confirmation of MCL Exceedance * Special (not for compliance with 62-550)
- Composite of Multiple Sites ** Clearance (permitting)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
And 62-550.512(3) for nitrate or nitrite exceedances.

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

SAMPLER CERTIFICATION

I, COREY SUDOL, OPERATOR, do HEREBY CERTIFY
(Print Name) (Print Title)

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

Signature: [Signature] Date: 8-1-12

Certified Operator #: B141271 Phone #: 321 388-7030 Sampler's Fax #: 407 682-5713

Sampler's E-Mail: csudol@viwater.com

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – Please type or print legibly)

Lab Name: Advanced Environmental Laboratories, Inc Florida DOH Certification #: E53076 Certification Expiration Date: 06/30/2013

ATTACH CURRENT DOH ANALYTE

Address: 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, FL Phone #: (407)937-1594

Were any analyses subcontracted? Yes No If yes, please provide DOH certification numbers: E82535, E84589

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 07/17/2012

PWS ID (From Page 1): 3480255 Sample Number (From Page 1): A1205873001 Lab Assigned Report # or Job A1205873

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

- | | | | | | |
|--|--|----------------------------------|--|--|----------------------------------|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> | <u>Radionuclides</u> | <u>Secondaries</u> |
| <input type="checkbox"/> All Except Asbestos | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes | <input type="checkbox"/> Single Sample | <input type="checkbox"/> All 14 |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Chlorite | | |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | | <input type="checkbox"/> Bromate | | |
| <input type="checkbox"/> Asbestos Only | | | | | |

LAB CERTIFICATION

I, Brandon O'Hara, Project Manager, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference

Signature: Brandon O'Hara Date: 7/17/12

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

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No Replacement Sample or Report Requested: Yes No (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

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

DISINFECTION BYPRODUCTS
62-550.310(3)

Report Number / Job ID: A1205873001

Disinfectant Residual (mg/L) _____

PWS ID (From Page 1): _____

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
-----------	-------------	-----	-------	-----------------	------------	-------------------	---------	------------------	---------------	---------------	-------------------------

2450	Monochloroacetic Acid	N/A	ug/L	0.20	U	EPA 552.2	0.20	2	07/30/2012	23:56	E84589
2451	Dichloroacetic Acid	N/A	ug/L	5.57		EPA 552.2	0.81	1	07/30/2012	23:56	E84589
2452	Trichloroacetic Acid	N/A	ug/L	2.45		EPA 552.2	0.91	1	07/30/2012	23:56	E84589
2453	Bromoacetic Acid	N/A	ug/L	0.54	U	EPA 552.2	0.54	1	07/30/2012	23:56	E84589
2454	Dibromoacetic Acid	N/A	ug/L	1.27		EPA 552.2	0.54	1	07/30/2012	23:56	E84589
2456	Total Haloacetic Acids (HAA5)	60	ug/L	9.29		EPA 552.2	0.20	—	07/30/2012	23:56	E84589

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	ug/L	18.16		EPA 524.2	0.21	1	07/26/2012	23:08	E82535
2942	Bromoform	N/A	ug/L	0.22	U	EPA 524.2	0.22	1	07/26/2012	23:08	E82535
2943	Bromodichloromethane	N/A	ug/L	17.88		EPA 524.2	0.29	1	07/26/2012	23:08	E82535
2944	Dibromochloromethane	N/A	ug/L	20.14		EPA 524.2	0.39	1	07/26/2012	23:08	E82535
2950	Total Trihalomethanes	80	ug/L	56.18		EPA 524.2	0.21	—	07/26/2012	23:08	E82535

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv).

*** Applicable to monitoring as prescribed in 40 CFR 141.132.(b)(2)(i)(B) and (b)(2)(ii).

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

OPERATIONS
REPORTS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2011

2010

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: January 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: January 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.10	
3			19		
4			20		
5	0.90	Collected Bac - T samples	21	1.10	
6			22		
7			23		
8	1.20		24		
9			25	1.00	
10			26		
11			27		
12	1.10	Collected December's replacement Bac-T for 6120 Amelia	28		
13			29	1.20	
14	1.00		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Alan Finch 2-4-10
 Signature and Date

Alan Finch
 Printed or Typed Name

C-7806
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

FILE COPY

See page 2 for instructions.

I. General Information for the Month Year of: February 2010	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month Year of: February 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.10		17		
2			18	1.00	
3			19		
4			20		
5	0.90		21		
6			22	1.30	
7			23		
8	1.10	Collected Bac-T	24		
9			25	1.00	
10			26		
11			27		
12	0.80		28		
13			29		
14			30		
15	0.90		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa 3-8-2010
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: March 2010	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month Year of: March 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.00	Collected Hac-T samples	17		
2			18		
3			19	1.40	
4			20		
5	1.40		21		
6			22	1.40	
7			23		
8			24		
9	1.10		25		
10			26	0.80	
11	1.40		27		
12			28		
13			29	1.10	
14			30		
15			31		
16	1.50				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 4-5-10

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160

FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: APRIL 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: APRIL 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.10		17		
2			18		
3			19		
4			20	1.50	
5	1.00	Collected Bac-T samples	21		
6			22		
7			23	1.30	
8	1.20		24		
9			25		
10			26		
11			27	1.10	
12	1.20		28		
13			29	1.00	
14			30		
15	1.50		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 5.6.10

Printed or Typed Name: Pedro Figueroa License Number or Title: 17160

FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: May 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: May 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.20	
3	1.50	Collected Hact's Samples	19		
4			20	1.30	
5			21		
6	1.10		22		
7			23		
8			24		
9			25	1.20	
10			26		
11	0.90		27	1.10	
12			28		
13	1.00		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 6-8-10 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: JUNE 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: JUNE 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.10	
2	1.20		18		
3			19		
4	1.10	Collected Bact's Samples	20		
5			21		
6			22	1.30	
7			23		
8	1.10		24	0.80	
9			25		
10	0.90		26		
11			27		
12			28		
13			29	1.30	
14			30		
15	1.00		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa 7-6-10
 Signature and Date

Pedro Figueroa
 Printed or Typed Name

C-17160
 License Number or Title

FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: July 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: July 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.00		17		
2			18		
3			19	0.90	
4			20		
5	1.00		21		
6			22	1.20	
7			23		
8			24		
9	1.30	Collected Bact's Samples	25		
10			26	1.30	
11			27		
12			28		
13	1.50		29	1.20	
14			30		
15	1.00		31		
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date 8-4-10	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: August 2010	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month/Year of: August 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.00	
2			18		
3	1.00		19		
4			20	1.00	
5			21		
6	1.00	Collected Bact's Samples	22		
7			23		
8			24	1.10	
9			25		
10	1.10		26	0.80	
11			27		
12			28		
13	1.00		29		
14			30		
15			31	1.10	
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date <u>9/6/10</u>	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: September 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: September 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.10	
2	1.00	Collected Bact's Samples	18		
3			19		
4			20		
5			21	1.00	
6	1.10		22		
7			23	1.00	
8			24		
9	1.10		25		
10			26		
11			27	0.50	
12			28		
13			29		
14			30	0.80	
15	1.00		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 10.5.10

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: October 2010			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: October 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.10	
3			19		
4			20		
5	0.80	Collected Bact's Samples	21	1.30	
6			22		
7			23		
8	1.00		24		
9			25	1.00	
10			26		
11	1.10		27		
12			28	1.00	
13			29		
14	1.00		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 11-2-10

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: November 2010	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6061
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month/Year of: November 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.10		17		
2			18		
3			19	1.20	
4	1.00	Collected Hact's Samples	20		
5			21		
6			22		
7			23	1.10	
8			24		
9	1.10		25		
10			26	1.10	
11	1.20		27		
12			28		
13			29	1.00	
14			30		
15			31		
16	1.10				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 12-2-10

Pedro Figueroa
Printed or Typed Name

C-17160
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: December 2010	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month Year of: December 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.10	
2			18		
3	1.00		19		
4			20	1.00	
5			21		
6			22		
7	1.10	Collected Bact's Samples	23	1.00	
8			24		
9	1.00		25		
10			26		
11			27		
12			28	1.20	
13			29		
14	1.00		30	1.20	
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa 1/5/2011
 Signature and Date

Pedro Figueroa
 Printed or Typed Name

C-17160
 License Number or Title

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: January 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: January 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.30	
3			19		
4			20		
5	1.20	Collected Bac - T samples	21	1.20	
6			22		
7			23		
8	0.90		24		
9			25	1.20	
10			26		
11			27		
12	1.20		28		
13			29	1.10	
14	1.20		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Alan Finch 2-4-10
 Signature and Date

Alan Finch
 Printed or Typed Name

C-7806
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: February 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: February 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.00		17		
2			18	1.20	
3			19		
4			20		
5	1.00		21		
6			22	1.20	
7			23		
8	1.20	Collected Bac-T samples	24		
9			25	1.80	
10			26		
11			27		
12	1.20		28		
13			29		
14			30		
15	1.10		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 3-8-2010

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: March 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: J480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: March 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.60	Collected Bac-T samples	17		
2			18		
3			19	1.80	
4			20		
5	1.80		21		
6			22	1.50	
7			23		
8			24		
9	1.40		25		
10			26	1.40	
11	1.80		27		
12			28		
13			29	1.10	
14			30		
15			31		
16	1.60				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa 4-5-10
 Signature and Date

Pedro Figueroa
 Printed or Typed Name

C-17160
 License Number or Title

FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: APRIL 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: APRIL 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.80		17		
2			18		
3			19		
4			20	1.60	
5	1.20	Collected Bac-T samples	21		
6			22		
7			23	1.80	
8	1.10		24		
9			25		
10			26		
11			27	1.20	
12	1.40		28		
13			29	1.30	
14			30		
15	1.50		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 5-6-10

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160

FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: May 2010	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month/Year of: May 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.90	
3	1.60	Collected Bact's Samples	19		
4			20	1.90	
5			21		
6	1.20		22		
7			23		
8			24		
9			25	1.30	
10			26		
11	1.70		27	1.30	
12			28		
13	1.50		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 6-8-10

Pedro Figueroa
Printed or Typed Name

C-17160
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: JUNE 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: JUNE 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.20	
2	1.40		18		
3			19		
4	1.60	Collected Bact's Samples	20		
5			21		
6			22	0.70	
7			23		
8	1.30		24	0.90	
9			25		
10	1.60		26		
11			27		
12			28		
13			29	1.20	
14			30		
15	1.00		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa C-7-6-10
 Signature and Date

Pedro Figueroa
 Printed or Typed Name

C-17160
 License Number or Title

FILE COPY



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: July 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: July 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.50		17		
2			18		
3			19	1.40	
4			20		
5	1.50		21		
6			22	1.30	
7			23		
8			24		
9	1.20	Collected Hact's Samples	25		
10			26	1.40	
11			27		
12			28		
13	1.10		29	1.50	
14			30		
15	1.30		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 8-4-10

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: August 2010	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month/Year of: August 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.50	
2			18		
3	1.30		19		
4			20	2.30	
5			21		
6	1.00	Collected Hact's Samples	22		
7			23		
8			24	1.30	
9			25		
10	1.40		26	1.30	
11			27		
12			28		
13	1.50		29		
14			30		
15			31	1.60	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 9/6/10

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: September 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: September 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.10	
2	1.20	Collected Bact's Samples	18		
3			19		
4			20		
5			21	0.80	
6	1.20		22		
7			23	1.20	
8			24		
9	1.10		25		
10			26		
11			27	1.50	
12			28		
13			29		
14			30	1.40	
15	1.40		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 10-5-10 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: October 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: October 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.40	
3			19		
4			20		
5	1.20	Collected Bact's Samples	21	1.30	
6			22		
7			23		
8	1.00		24		
9			25	1.00	
10			26		
11	1.20		27		
12			28	1.40	
13			29		
14	1.60		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa 11-2-10*

Printed or Typed Name: Pedro Figueroa

License Number or Title: C-17160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: November 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: November 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.40		17		
2			18		
3			19	1.5	
4	0.90	Collected Bact's Samples	20		
5			21		
6			22		
7			23	1.30	
8			24		
9	1.10		25		
10			26	0.80	
11	1.50		27		
12			28		
13			29	1.60	
14			30		
15			31		
16	1.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 12-2-10 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: December 2010			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: December 2010					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.40	
2			18		
3	1.00		19		
4			20	1.60	
5			21		
6			22		
7	1.70	Collected Bact's Samples	23	1.70	
8			24		
9	1.50		25		
10			26		
11			27		
12			28	1.50	
13			29		
14	1.40		30	1.20	
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 1/5/2011 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: January 2011	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month/Year of: January 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.20	
2			18		
3			19		
4			20	1.10	
5	1.30	Collected Bacte Samples	21		
6			22		
7	1.20		23		
8			24	1.10	
9			25		
10	1.00		26		
11			27	1.20	
12			28		
13	1.10		29		
14			30		
15			31	1.10	
16					

III. Certification by Authorized Representative
 I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 2-4-2011 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: February 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: February 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.00	
3			19		
4	1.20		20		
5			21	1.20	
6			22		
7			23		
8	1.20	Collected Bacte Samples	24		
9			25	0.90	
10			26		
11	0.80		27		
12			28	0.90	
13			29		
14	1.00		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 3-4-2011 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: March 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: March 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.80	
2			18		
3	1.00		19		
4			20		
5			21	0.70	
6			22		
7	0.90	Collected Bacte Samples	23		
8			24		
9			25	1.00	
10	1.10		26		
11			27		
12			28		
13			29	1.00	
14	1.20		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month-Year of: April 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month-Year of: April 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.20		17		
2			18		
3			19	1.00	
4			20		
5	1.10	Collected Hacte Samples	21	0.90	
6			22		
7	1.20		23		
8			24		
9			25	1.00	
10			26		
11			27		
12	1.00		28	1.2	
13			29		
14			30		
15	1.10		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 5-6-11 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: May 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: May 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.10	
2	0.80		18		
3			19	1.00	
4			20		
5			21		
6	1.00		22		
7			23		
8			24	1.20	
9			25		
10	1.00	Collected Hacc Samples	26		
11			27	1.30	
12			28		
13	0.90	Collected Asbestos Sample @ 6120 Amelia Dr.	29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> Signature and Date	6/7/11 Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: June 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: June 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.70	Collected Bacte Samples	17	1.20	
2			18		
3	1.10		19		
4			20	1.10	
5			21		
6			22		
7	1.30		23	1.00	
8			24		
9			25		
10	1.10		26		
11			27	1.30	
12			28		
13			29		
14	1.40		30	0.80	
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 7-8-11 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: July 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: July 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.20	
3			19		
4	1.20		20		
5			21	1.20	
6			22		
7	1.20		23		
8			24		
9			25	1.10	
10			26		
11	1.10	Collected Bacte Samples	27		
12			28	1.20	
13			29		
14	1.00		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

8-5-11 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: August 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: August 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.20		17		
2			18	1.30	
3			19		
4	1.40		20		
5			21		
6			22	1.00	
7			23		
8	1.10	Collected Hacte Samples	24		
9			25	1.00	
10			26		
11	1.20		27		
12			28		
13			29	1.10	
14			30		
15	1.20		31		Completed Lead & Copper Sampling
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa 9/6/2011
 Signature and Date

 Pedro Figueroa
 Printed or Typed Name

 C-17160
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: September 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: September 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.70		18		
3			19		
4			20	1.00	
5			21		
6	1.30		22	1.30	
7			23		
8	1.20		24		
9			25		
10			26	1.10	
11			27		
12	1.20	Collected Bacte Samples	28		
13			29	1.00	
14			30		
15	1.00		31		
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
Signature and Date <u>10/3/11</u>	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: October 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: October 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.30	
2			18		
3	1.20	Collected Bacta Samples	19		
4			20	1.30	
5			21		
6	1.30		22		
7			23		
8			24	0.90	
9			25		
10	1.10		26		
11			27	1.10	
12			28		
13	1.20		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 11-7-11 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: November 2011			
Consecutive System Name: Crescent Heights		PWS Identification Number: 3480255	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 283		Total Population Served at End of Month: 991	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: peflynn@uiwater.com			

II. Daily Data for the Month Year of: November 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.00	Collected Bacte Samples	17	0.80	
2			18		
3	0.80		19		
4			20		
5			21	1.00	
6			22		
7	0.90		23		
8			24	1.20	
9			25		
10	1.30		26		
11			27		
12			28	1.20	
13			29		
14			30		
15	0.70		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Corey Sudol Printed or Typed Name	B-14271 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: December 2011	
Consecutive System Name: Crescent Heights	PWS Identification Number: 3480255
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 283	Total Population Served at End of Month: 991
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month Year of: December 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18		
3			19	1.00	
4			20		
5	1.50		21		
6			22	0.90	
7			23		
8	1.20	Collected Bacte Samples	24		
9			25		
10			26		
11			27	0.70	
12	1.00		28		
13			29	1.00	
14			30		
15	1.10		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Pedro Figueroa* 1/2/2012

Pedro Figueroa
Printed or Typed Name

C-17160
License Number or Title

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: January 2011	
Consecutive System Name: Davis Shores	PWS Identification Number: 3480272
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 44	Total Population Served at End of Month: 154
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com	

II. Daily Data for the Month/Year of: January 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.00	
2			18		
3			19		
4			20	1.30	
5	1.20	Collected Bacta Samples	21		
6			22		
7	1.60		23		
8			24	1.40	
9			25		
10	1.60		26		
11			27	1.50	
12			28		
13	1.50		29		
14			30		
15			31	1.60	
16					

III. Certification by Authorized Representative		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.		
<i>Pedro Figueroa</i> Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: February 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: February 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	1.70	
3			19		
4	1.40		20		
5			21	1.30	
6			22		
7			23		
8	2.00	Collected Bacte Samples	24		
9			25	1.50	
10			26		
11	1.80		27		
12			28	1.40	
13			29		
14	1.70		30		
15			31		
16					

III. Certification by Authorized Representative
 I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

3-4-2011
 Signature and Date

 Pedro Figueroa
 Printed or Typed Name

 C-17160
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: March 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: March 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.20	
2			18		
3	1.30		19		
4			20		
5			21	1.30	
6			22		
7	1.20	Collected Bacte Samples	23		
8			24		
9			25	1.80	
10	1.40		26		
11			27		
12			28		
13			29	1.80	
14	1.50		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 4-511 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: April 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: peflynn@uiwater.com			

II. Daily Data for the Month Year of: April 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.40		17		
2			18		
3			19	1.40	
4			20		
5	1.50	Collected Dacte Samples	21	1.50	
6			22		
7	1.50		23		
8			24		
9			25	1.10	
10			26		
11			27		
12	1.50		28	1.2	
13			29		
14			30		
15	1.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month/Year of: May 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month/Year of: May 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.20	
2	1.30		18		
3			19	1.20	
4			20		
5			21		
6	1.40		22		
7			23		
8			24	1.40	
9			25		
10	1.20	Collected Bacte Samples	26		
11			27	1.20	
12			28		
13	1.00		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
Signature and Date		



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: June 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: June 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.40	Collected Bacte Samples	17	1.10	
2			18		
3	1.00		19		
4			20	1.30	
5			21		
6			22		
7	1.30		23	0.80	
8			24		
9			25		
10	1.10		26		
11			27	1.40	
12			28		
13			29		
14	1.40		30	1.00	
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

7-5-11 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: July 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: July 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine			<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	0.90	
3			19		
4	1.20		20		
5			21	1.20	
6			22		
7	1.60		23		
8			24		
9			25	1.60	
10			26		
11	1.20	Collected Bacte Samples	27		
12			28	1.40	
13			29		
14	1.00		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 8-5-11 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: August 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: August 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.40		17		
2			18	1.20	
3			19		
4	1.40		20		
5			21		
6			22	1.10	
7			23		
8	1.30	Collected Bacte Samples	24		
9			25	1.10	
10			26		
11	1.40		27		
12			28		
13			29	1.20	
14			30		
15	1.30		31		Completed Lead & Copper Sampling
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 8/6/2011 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: September 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: September 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.20		18		
3			19		
4			20	1.50	
5			21		
6	1.30		22	1.20	
7			23		
8	1.40		24		
9			25		
10			26	1.10	
11			27		
12	0.80	Collected Bacte Samples	28		
13			29	1.00	
14			30		
15	0.80		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Pedro Figueroa 10/7/11
Signature and Date

Pedro Figueroa
Printed or Typed Name

C-17160
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: October 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: October 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.80	
2			18		
3	1.10	Collected Bacte Samples	19		
4			20	1.60	
5			21		
6	1.20		22		
7			23		
8			24	1.00	
9			25		
10	1.10		26		
11			27	1.20	
12			28		
13	1.20		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date *Pedro Figueroa* 11-7-11

Pedro Figueroa
Printed or Typed Name

C-17160
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: November 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: peflynn@uiwater.com			

II. Daily Data for the Month Year of: November 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.00	Collected Bacte Samples	17	1.00	
2			18		
3	1.30		19		
4			20		
5			21	1.30	
6			22		
7	1.10		23		
8			24	2.00	
9			25		
10	1.50		26		
11			27		
12			28	0.80	
13			29		
14			30		
15	1.50		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Corey Sudol 12-6-11
Signature and Date

Corey Sudol
Printed or Typed Name

B-14271
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

I. General Information for the Month Year of: December 2011			
Consecutive System Name: Davis Shores		PWS Identification Number: 3480272	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 44		Total Population Served at End of Month: 154	
Consecutive System Owner: Utilities, Inc. Of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

II. Daily Data for the Month Year of: December 2011					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine			<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18		
3			19	1.00	
4			20		
5	1.50		21		
6			22	1.30	
7			23		
8	1.00	Collected Bact Samples	24		
9			25		
10			26		
11			27	1.70	
12	1.60		28		
13			29	1.40	
14			30		
15	1.30		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

<i>Pedro Figueroa</i> 1/5/2012 Signature and Date	Pedro Figueroa Printed or Typed Name	C-17160 License Number or Title
--	---	------------------------------------

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (5)
INSPECTION REPORTS

Test Year Ended December 31, 2011

State of Florida
Department of Environmental Protection
Central District

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

System Name CRESCENT HEIGHTS S/D (CONSEC) County Orange PWS ID # 3480255
System Location Amelia Street, Orlando, FL 32814 Phone 407/869-1919
Owner Name Utilities Inc. of Florida, Attn: Patrick Flynn Phone 407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick C. Flynn Title Regional Director Phone 407/869-1919
This Survey Date 8/6/10 Last Survey Date 8/1/07 Last C.I. Date 4/21/99

PWS TYPE & CATEGORY/CLASS

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

PWS STATUS

- Approved system with approval number & date
 Accepted
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections 277
Population Served: 969 Basis: _____ Operator _____
Flow Measuring Device Master Meter (purchased)
Chlorine Residual 1.40/0.54
Backflow Prevention Devices: Yes No
Cross-connections None observed, RPZ last tested
11/11/09.
Written Cross-connection Control Program: Yes
Bacteriological Monitoring Monthly
Coliform Sampling Plan: Yes No N/A
Lead and Copper Sampling Sampled in 2008
Comments _____

PURCHASED WATER SOURCE

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

AUXILIARY POWER SOURCE

Yes None Not Required
Source _____ Purchased _____

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number:
Pedro Figueroa C-17160
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Comments _____

DEFICIENCIES:

See the next page...

DEFICIENCIES:

1. **Failure to keep records documenting that dead-end water mains are being flushed.** Flushing is not being done in accordance with the written flushing plan.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

2. **Failure to keep records documenting that isolation valves are being exercised.** Valve exercising is not being done in accordance with the written valve exercise plan.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

COMMENTS:

- **Provide the following cross-connection control program information for the Crescent West S/D distribution area.**
 - Total number of devices and assemblies
 - Total number of assemblies tested in 2009

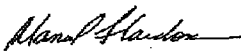
It is essential that the program administrator of a cross-connection control program keep adequate records of all transactions. In addition to keeping records of all correspondence, particular emphasis must be placed on developing a record system that accommodates monitoring of the following:

- Installation date of assemblies,
- Location of backflow-prevention assemblies,
- Inspection and testing of backflow-prevention assemblies,
- The performance of backflow-prevention assemblies, and
- The performance of licensed testers.

[*Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14 2ND Edition, Section 2.6, as incorporated into Rule 62-555.360(2), F.A.C.]

REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at <http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm>.

Inspector  Title Environmental Specialist III Date 8/24/10

Approved by  Title Environmental Supervisor II Date 8/24/10

State of Florida
Department of Environmental Protection
Central District

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

System Name DAVIS SHORES (CONSECUTIVE) County Orange PWS ID # 3480272
System Location Main Street, Windermere, FL 34786 Phone 407/869-1919
Owner Name Utilities Inc. of Florida, Attn: Patrick Flynn Phone 407/869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Patrick C. Flynn Title Regional Director Phone 407/869-1919
This Survey Date 8/6/10 Last Survey Date 8/1/07 Last C.I. Date 4/27/99

PWS TYPE & CATEGORY/CLASS

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

PWS STATUS

Approved system with approval number & date

- Accepted
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections 42

Population Served: 143 Basis: Office

Flow Measuring Device Master Meter (purchased)

Chlorine Residual 1.2/0.93

Backflow Prevention Devices: Yes No

Cross-connections None observed, RPZ last tested
on 9/10/09.

Written Cross-connection Control Program: Yes

Bacteriological Monitoring Monthly

Coliform Sampling Plan: Yes No N/A

Lead and Copper Sampling Sampled in 2008

Comments _____

PURCHASED WATER SOURCE

PWS Name OCUD/Western Regional Water System

PWS ID # 3481546

Source Design Capacity 42,452,000 gpd

Treatment: Disinfection, aeration, fluoridation, and
corrosion control.

AUXILIARY POWER SOURCE

Yes None Not Required
Source Purchased

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required

Operator(s) & Certification Class-Number:

Pedro Figueroa C-17160

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Comments _____

DEFICIENCIES:

See the next page...

DEFICIENCIES:

1. **Failure to keep records documenting that dead-end water mains are being flushed.** Flushing is not being done in accordance with the written flushing plan.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

2. **Failure to keep records documenting that isolation valves are being exercised.** Valve exercising is not being done in accordance with the written valve exercise plan.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

COMMENTS:

- **Provide the following cross-connection control program information for the Davis Shores distribution area:**
 - Total number of devices and assemblies
 - Total number of assemblies tested in 2009

It is essential that the program administrator of a cross-connection control program keep adequate records of all transactions. In addition to keeping records of all correspondence, particular emphasis must be placed on developing a record system that accommodates monitoring of the following:


- installation date of assemblies,
- location of backflow-prevention assemblies,
- inspection and testing of backflow-prevention assemblies,
- the performance of backflow-prevention assemblies, and
- the performance of licensed testers.

[*Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14 2ND Edition, Section 2.6, as incorporated into Rule 62-555.360(2), F.A.C.]

REMINDERS:

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at <http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm>.

Inspector  Title Environmental Specialist III Date 8/24/10

Approved by  Title Environmental Supervisor II Date 8/24/10



September 20, 2010

Mr. Reggie Phillips
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: Davis Shores
PWS ID Number 3480272
Sanitary Survey Deficiency Response

Dear Mr. Phillips:

The Utility has received the Department's correspondence dated August 24, 2010 regarding the above referenced subject and offers the following information in response to the deficiencies identified therein. For your reference the Department's comments have been reiterated in italics followed by the Utility's response.

1. Failure to keep records documenting the dead-end water mains are being flushed

Please find the enclosed PM plan that includes flushing records.

2. Failure to keep records documenting that isolation valves are being exercised.

Please find the enclosed PM plan that includes valve exercising records.

3. Provide the following cross-connection control program information for the Crescent Heights S/D distribution area.

Please find the enclosed Cross Connection Control Summary.

We hope the information provided herein adequately addresses the Department's concerns. Should you require additional information, please contact me directly at 1.800.272.1919, extension 1360.

Sincerely,
UTILITIES INCORPORATED OF FLORIDA

Bryan K. Gongre
Regional Manager

Enclosures

Ec: Patrick Flynn, Regional Director
Scotty Haws, Regional Compliance & Safety Manager
Scott Gosnell, Area Manager

PERMITS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (6)
PERMITS

Test Year Ended December 31, 2011

ORANGE COUNTY

NONE

NOTICES

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (7)
NOTICES

Test Year Ended December 31, 2011

NONE

FIELD EMPLOYEES

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (8)
FIELD EMPLOYEES

Test Year Ended December 31, 2011

State of Florida

**Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500**

DONNA RUTH BROWN

**28250 BILTMORE ST
SORRENTO, FL 32776**

State of Florida

Department of Environmental Protection

**LICENSE NO.: 0019511 DATE ISSUED: 4/11/2011
CLASS 3 DISTRIBUTION SYSTEM OPERATOR
DONNA RUTH BROWN
IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES
VALID UNTIL: 4/30/2013**

State of Florida

Department of Environmental Protection

ISSUED: 4/11/2011

LICENSE NO.: 0019511

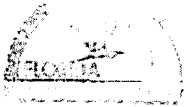
**THE CLASS 3 DISTRIBUTION SYSTEM OPERATOR NAMED BELOW IS LICENSED UNDER
THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

VALID UNTIL: 4/30/2013

DONNA RUTH BROWN

RICK SCOTT

HERSCHEL T. VINYARD, JR



State of Florida

Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

MATTHEW J. MORRELL

143 SUNSET DRIVE
LONGWOOD, FL 32750

State of Florida

Department of Environmental Protection

LICENSE NO.: 0018792 DATE ISSUED: 10/12/2010

LEVEL 3 DISTRIBUTION SYSTEM OPERATOR

MATTHEW J. MORRELL

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2013

State of Florida

Department of Environmental Protection

ISSUED: 10/12/2010

LICENSE NO.: 0018792

THE LEVEL 3 DISTRIBUTION SYSTEM OPERATOR NAMED BELOW IS LICENSED UNDER
THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2013

MATTHEW J. MORRELL

CHARLIE CRIST

MIMI A. DREW

GOVERNOR

DISPLAY IS REQUIRED BY LAW



State of Florida

Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2500
(850)245-7500

MICHAEL A. OVERTON

26250 BILTMORE STREET
SORRENTO, FL 32776

State of Florida
Department of Environmental Protection

LICENSE NO.: 0018793 DATE ISSUED: 10/12/2010

LEVEL 3 DISTRIBUTION SYSTEM OPERATOR

MICHAEL A. OVERTON

ISSUED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2013

State of Florida
Department of Environmental Protection

ISSUED: 10/12/2010

LICENSE NO.: 0018793

THE LEVEL 3 DISTRIBUTION SYSTEM OPERATOR NAMED BELOW IS LICENSED UNDER
THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2013

MICHAEL A. OVERTON

RICK SCOTT

HERSCHEL T. VINYARD, JR

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY



State of Florida

Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, MS 3506
TALLAHASSEE, FLORIDA 32399-2100
(850)245 7500

RODEL R. HERMANO
524 N WINTER PARK DRIVE
CASSELBERRY, FL 32707

State of Florida

Department of Environmental Protection

LICENSE NO. 0020251 DATE ISSUED 9/20/11
CLASSIFICATION SYSTEM OPERATOR
RODEL R. HERMANO
IS LICENSED UNDER PROVISIONS OF CHAPTER 403, F.S.
VALID UNTIL 4/30/13

State of Florida

Department of Environmental Protection

ISSUED: 9/20/2011 LICENSE NO.: 0020251

THE CLASS 3 DISTRIBUTION SYSTEM OPERATOR NAMED BELOW IS LICENSED UNDER
THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2013

RODEL R. HERMANO

RICK SCOTT

HERSCHEL T. VINYARD, JR

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY



State of Florida
Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

SHAWN MICHAEL EBERT

P O BOX 917642
LONGWOOD, FL 32791

State of Florida

Department of Environmental Protection

LICENSE NO.: 0018776 DATE ISSUED: 10/12/2010

LEVEL 3 DISTRIBUTION SYSTEM OPERATOR

SHAWN MICHAEL EBERT

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2013

State of Florida

Department of Environmental Protection

ISSUED: 10/12/2010

LICENSE NO.: 0018776

THE LEVEL 3 DISTRIBUTION SYSTEM OPERATOR NAMED BELOW IS LICENSED UNDER
THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2013

SHAWN MICHAEL EBERT

CHARLIE CRIST

MIMI A. DREW

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

State of Florida
Department of Environmental Protection

ISSUED: 2/2/2011

LICENSE NO.: 0012749

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

VALID UNTIL: 4/30/2013

TERRY WAYNE SILLITOE

RICK SCOTT

HERSCHEL T. VINYARD, JR

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

State of Florida
Department of Environmental Protection

ISSUED: 2/2/2011

LICENSE NO.: 0007064

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

VALID UNTIL: 4/30/2013

TERRY WAYNE SILLITOE

RICK SCOTT

HERSCHEL T. VINYARD, JR

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

Field employees salaries are allocated based upon ERC's.



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



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



JOB TITLE	Cross Connection Specialist
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for protecting the public water supply from actual or potential contamination sources by ensuring appropriate backflow prevention devices are properly in use by residential, commercial and industrial customers.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Trains Cross Connection staff, if applicable to specific region. ▪ Maintains records/logs/schedules of backflow assembly inspections, tests, and repairs. Conducts mailing of reminders/questionnaires to maintain program integrity. ▪ Performs field inspections of residential, commercial and industrial accounts to identify actual or potential cross connections; assess degree of cross connection hazard; follows up with customer in writing of required backflow prevention device/assembly. ▪ Follows established procedure to notify customer of non-compliance prior to disconnection; immediately terminates customer's service if high degree of hazard is found without sufficient backflow prevention device/assembly. ▪ Disconnects service upon failure of the property owner to comply with the requirements of the company's Cross Connection Program. ▪ Schedules work based on priority. ▪ Responds to emergency situations as necessary. ▪ Enforces compliance with the company's Cross Connection Programs. ▪ Provides assistance to customers with questions regarding the Cross Connection Program. ▪ Speaks at Homeowner Associations as needed to communicate the Cross Connection Program. ▪ Researches applicable cross connection programs. ▪ Tracks local, state, and federal laws and regulations that might affect the company's policies/programs. ▪ Prepares compliance reports to present to management.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Helps with the development of programs related to cross connection control. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office products; ability to learn internal software programs Preferred: JD Edwards, CC&B



ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in cross connection control. ▪ Ability to follow verbal and written instructions.
EDUCATION	<p>Required: HS Diploma or G.E.D. Preferred: Associates or Bachelors Degree in a related field</p>
CERTIFICATIONS/LICENSES	<p>Required: State certified Backflow Prevention & Water licenses as appropriate; valid driver's license.</p>
EXPERIENCE	<p>Required: 2 – 4 years in the water and or wastewater utility business or related field, combined with a minimum 1 year of experience in cross connection control.</p>
PHYSICAL DEMANDS	<p>Light to moderate physical activity; requires normal hearing and vision.</p>
EQUIPMENT USED	<p>Backflow testing devices; PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.</p>
TRAVEL REQUIRED	<p>Frequent travel within assigned area is required.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

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 This description is a working draft, subject to revision.*



JOB TITLE	Cross Connection Technician
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for protecting the public water supply from actual or potential contamination sources by ensuring appropriate backflow prevention devices are properly in use by residential, commercial and industrial customers.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Communicates to Cross Connection Specialist any follow-up or enforcement letters needed to maintain program integrity. ▪ Performs field inspections of residential, commercial and industrial accounts to identify actual or potential cross connections; assess degree of cross connection hazard; follows up in writing with customer regarding required backflow prevention device/assembly. ▪ Follows established procedure to notify customer of non-compliance prior to disconnection; immediately terminates customer's service if high degree of hazard is found without sufficient backflow prevention device/assembly, with direction from the Cross Connection Specialist. ▪ Disconnects service upon failure of the property owner to comply with the requirements of the company's Cross Connection Program. ▪ Schedules work based on priority. ▪ Responds to emergency situations as necessary. ▪ Enforces compliance with the company's Cross Connection Programs. ▪ Provides assistance to customers with questions regarding the Cross Connection Program.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office products; ability to learn internal software programs Preferred: JD Edwards, CC&B
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in cross connection control. ▪ Ability to follow verbal and written instructions.
EDUCATION	Required: HS Diploma or G.E.D.



CERTIFICATIONS/LICENSES	Required: State certified Backflow Prevention & Water Licenses as appropriate or ability to obtain certification within one year of employment; valid driver's license.
EXPERIENCE	Required: 1 – 3 years in the water and/or wastewater utility business or related field.
PHYSICAL DEMANDS	Light to moderate physical activity; requires normal hearing and vision.
EQUIPMENT USED	Backflow testing devices; PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel within assigned area is required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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This description is a working draft, subject to revision.*



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



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

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to provide vision and leadership. ▪ Ability to objectively coach employees and managers through complex, difficult and emotional issues. ▪ Ability to define specific problems and offer variable solutions. ▪ Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. ▪ Ability to specify goals and effectively achieve them. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Must have ability to effectively communicate with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	<p>Required: Bachelor's degree in Business, Engineering, Environmental Science or similar field, or a combination of education and experience.</p> <p>Preferred: Completion of multiple utility industry related courses, seminars, management and/or supervisory training.</p>
CERTIFICATIONS/LICENSES	<p>Required: Must maintain a valid driver's license.</p> <p>Preferred: Ability to hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment.</p>
EXPERIENCE	<p>Requires a minimum of 7 years progressive experience working in utility management or the utility industry. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes. Experience in strategic planning and execution is strongly preferred.</p>
PHYSICAL DEMANDS	<p>Light to moderate physical activity; requires normal hearing and vision.</p>
EQUIPMENT USED	<p>PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.</p>
TRAVEL REQUIRED	<p>Within region.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



PHYSICAL DEMANDS	Requires the ability to lift and move heavy and/or bulky items and to push, pull, lift and/or carry up to 50 lbs; ability to climb ladders in order to stock supplies; ability to remain standing in an upright position for an extended period of time.
EQUIPMENT USED	Riding forklift, walk-behind electric and manual pallet jack, pivot davit (crane) with hoist; PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
SHIFT	This is a part-time position; Monday – Friday, 8am – 12pm with minor variations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.



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



	<ul style="list-style-type: none"> ▪ Ability to provide safe working conditions for fellow workers. ▪ Ability to effectively communicate and interact with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	<p>Required: Bachelor's Degree in Civil/Environmental Engineering or similar field.</p> <p>Preferred: MS or MBA</p>
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license
EXPERIENCE	Requires a minimum of 3 years engineering experience, preferably related to water and/or wastewater projects and design.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (50 lbs.), walking (2+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within the region; up to 25% for training, meetings, project management, etc.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

ERC COUNT 12/11
FLORIDA FIELD EMPLOYEES

ALBERIGI, DAVID J.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	W	67.0	0.42%
251101	Lake Saunders	W	43.0	0.27%
251102	LUSI South W	W	3,218.3	20.16%
251103	LUSI South S	S	3,144.8	19.70%
251104	LUSI South R	S	56.0	0.35%
251106	LUSI North	W	6,105.6	38.25%
252129	Golden Hills W	W	527.6	3.31%
252130	Golden Hills S	S	76.2	0.48%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	9.30%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	7.76%
			<u>15,962.5</u>	<u>100.00%</u>

ALDAY, CALEB

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	S	1,699.0	6.30%
252110	Weathersfield W	W	1,145.0	4.25%
252111	Weathersfield S	S	1,135.5	4.21%
252113	Oakland Shores	W	224.5	0.83%
252114	Little Wekiva	W	58.0	0.22%
252115	Park Ridge W	W	100.0	0.37%
252116	Phillips	W	79.0	0.29%
252117	Crystal Lake	W	176.0	0.65%
252118	Ravenna Park W	W	340.0	1.26%
252119	Ravenna Park S	S	240.0	0.89%
252121	Bear Lake Manor	W	219.5	0.81%
252122	Jansen	W	250.5	0.93%
252123	Crescent Heights	W	253.5	0.94%
252124	Davis Shores	W	45.0	0.17%
252136				
255100	Sanlando Utilities Corp W	W	11,760.8	43.64%
255101	Sanlando Utilities Corp S	S	9,170.6	34.03%
255102	Sanlando Utilities Corp R	S	55.0	0.20%
			<u>26,951.9</u>	<u>100.00%</u>

AUSTIN, ARTHUR C.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	W	67.0	0.42%
251101	Lake Saunders	W	43.0	0.27%
251102	LUSI South W	W	3,218.3	20.16%
251103	LUSI South S	S	3,144.8	19.70%
251104	LUSI South R	S	56.0	0.35%
251106	LUSI North	W	6,105.6	38.25%
252129	Golden Hills W	W	527.6	3.31%
252130	Golden Hills S	S	76.2	0.48%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	9.30%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	7.76%
			<u>15,962.5</u>	<u>100.00%</u>

BAILEY, ALAN R.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
255100	Sanlando Utilities Corp W	W	11,760.8	56.04%
255101	Sanlando Utilities Corp S	S	9,170.6	43.70%
255102	Sanlando Utilities Corp R	S	55.0	0.26%
			<u>20,986.4</u>	<u>100.00%</u>

BOERSMA, DAVID A.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
249100	Utilities Inc of Eagle Ridge	S	1,602.6	63.83%
249101	Cross Creek	S	908.0	36.17%
			<u>2,510.6</u>	<u>100.00%</u>

BONAGURA, JOHN F.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
102110	Ops Ldrship-SE/South/West Cost	OH OH		
			<u></u>	<u></u>

BROWN, DONNA R.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>100.00%</u>

BRUCE, GLENN R.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
242100 Lake Placid Utilities Inc W	W	120.7	3.10%
242101 Lake Placid Utilities Inc S	S	121.7	3.12%
249100 Utilities Inc of Eagle Ridge	S	1,602.6	41.13%
249101 Cross Creek	S	908.0	23.30%
256100 Util Inc of Sandalhaven	S	1,143.8	29.35%
		<u>3,896.8</u>	<u>1.00</u>

BUONO, ROBERT A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
248100 Cypress Lakes Utilities Inc W	W	1,252.4	31.95%
248101 Cypress Lakes Utilities Inc S	S	1,150.1	29.34%
259100 Labrador Utilities Inc W	W	764.9	19.52%
259101 Labrador Utilities Inc S	S	751.9	19.18%
		<u>3,919.3</u>	<u>1.00</u>

BYRD, LARRY I

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100 Four Lakes	W	67.0	0.53%
251101 Lake Saunders	W	43.0	0.34%
251102 LUSI South W	W	3,218.3	25.59%
251103 LUSI South S	S	3,144.8	25.00%
251106 LUSI North	W	6,105.6	48.54%
		<u>12,578.7</u>	<u>1.00</u>

CALLAHAN, ROBERT L.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

CARDINAL, ANTHONY A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
252106 Orangewood W	W	1,703.8	38.29%
252107 Orangewood S	S	158.0	3.55%
252125 Summertree W	W	1,179.2	26.50%
252126 Summertree S	S	979.0	22.00%
252128 Lake Tarpon W	W	430.1	9.66%
		<u>4,450.1</u>	<u>1.00</u>

CARVER, NATHANIEL Q.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

CHARD, RONALD

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
241100 Tierra Verde Utilities Inc	S	2,094.2	11.82%
242100 Lake Placid Utilities Inc W	W	120.7	0.68%
242101 Lake Placid Utilities Inc S	S	121.7	0.69%
248100 Cypress Lakes Utilities Inc W	W	1,252.4	7.07%
248101 Cypress Lakes Utilities Inc S	S	1,150.1	6.49%
249100 Utilities Inc of Eagle Ridge	S	1,602.6	9.05%
249101 Cross Creek	S	908.0	5.13%
250100 Mid-County Services Inc	S	3,355.0	18.94%
252106 Orangewood W	W	1,703.8	9.62%
252107 Orangewood S	S	158.0	0.89%
252125 Summertree W	W	1,179.2	6.66%
252126 Summertree S	S	979.0	5.53%
252128 Lake Tarpon W	W	430.1	2.43%
256100 Util Inc of Sandalhaven	S	1,143.8	6.46%
259100 Labrador Utilities Inc W	W	764.9	4.32%
259101 Labrador Utilities Inc S	S	751.9	4.24%
		<u>17,715.4</u>	<u>1.00</u>

COOKS, BARNER

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
255103 Sanlando Utilities Corp C	AD AD		

COOPER, ROBERT K.

246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

DURHAM, RICK J.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
120110			

EBERT, HAROLD

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>	
255100	Sanlando Utilities Corp W	W	11,760.8	99.53%
255102	Sanlando Utilities Corp R	S	55.0	0.47%
			<u>11,815.8</u>	<u>1.00</u>

EBERT, SHAWN M.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>	
246100	Utilities Inc of Longwood	S	1,699.0	6.30%
252110	Weathersfield W	W	1,145.0	4.25%
252111	Weathersfield S	S	1,135.5	4.21%
252113	Oakland Shores	W	224.5	0.83%
252114	Little Wekiva	W	58.0	0.22%
252115	Park Ridge W	W	100.0	0.37%
252116	Phillips	W	79.0	0.29%
252117	Crystal Lake	W	176.0	0.65%
252118	Ravenna Park W	W	340.0	1.26%
252119	Ravenna Park S	S	240.0	0.89%
252121	Bear Lake Manor	W	219.5	0.81%
252122	Jansen	W	250.5	0.93%
252123	Crescent Heights	W	253.5	0.94%
252124	Davis Shores	W	45.0	0.17%
252136				
252137				
255100	Sanlando Utilities Corp W	W	11,760.8	43.64%
255101	Sanlando Utilities Corp S	S	9,170.6	34.03%
255102	Sanlando Utilities Corp R	S	55.0	0.20%
			<u>26,951.9</u>	<u>1.00</u>

FINCH, ALLAN

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>	
246100	Utilities Inc of Longwood	S	1,699.0	6.30%
252110	Weathersfield W	W	1,145.0	4.25%
252111	Weathersfield S	S	1,135.5	4.21%
252113	Oakland Shores	W	224.5	0.83%
252114	Little Wekiva	W	58.0	0.22%
252115	Park Ridge W	W	100.0	0.37%
252116	Phillips	W	79.0	0.29%
252117	Crystal Lake	W	176.0	0.65%
252118	Ravenna Park W	W	340.0	1.26%
252119	Ravenna Park S	S	240.0	0.89%
252121	Bear Lake Manor	W	219.5	0.81%
252122	Jansen	W	250.5	0.93%
252123	Crescent Heights	W	253.5	0.94%
252124	Davis Shores	W	45.0	0.17%
252136				
252137				
255100	Sanlando Utilities Corp W	W	11,760.8	43.64%
255101	Sanlando Utilities Corp S	S	9,170.6	34.03%
255102	Sanlando Utilities Corp R	S	55.0	0.20%
			<u>26,951.9</u>	<u>1.00</u>

FINIGAN, MICHAELA

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>	
246100	Utilities Inc of Longwood	S	1,699.0	6.30%
252110	Weathersfield W	W	1,145.0	4.25%
252111	Weathersfield S	S	1,135.5	4.21%
252113	Oakland Shores	W	224.5	0.83%
252114	Little Wekiva	W	58.0	0.22%
252115	Park Ridge W	W	100.0	0.37%
252116	Phillips	W	79.0	0.29%
252117	Crystal Lake	W	176.0	0.65%
252118	Ravenna Park W	W	340.0	1.26%
252119	Ravenna Park S	S	240.0	0.89%
252121	Bear Lake Manor	W	219.5	0.81%
252122	Jansen	W	250.5	0.93%
252123	Crescent Heights	W	253.5	0.94%
252124	Davis Shores	W	45.0	0.17%
252136				
252137				
255100	Sanlando Utilities Corp W	W	11,760.8	43.64%
255101	Sanlando Utilities Corp S	S	9,170.6	34.03%
255102	Sanlando Utilities Corp R	S	55.0	0.20%
			<u>26,951.9</u>	<u>1.00</u>

FLYNN, PATRICK C.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>	
805100	Southeast Region Cost Center	OH OH		

GENTILUCCI, DOMENIC V

System		ERC Count	Percentage to Total
251100 Four Lakes	W	67.0	0.40%
251101 Lake Saunders	W	43.0	0.26%
251102 LUSI South W	W	3,218.3	19.28%
251103 LUSI South S	S	3,144.8	18.84%
251104 LUSI South R	S	56.0	0.34%
251106 LUSI North	W	6,105.6	36.58%
252129 Golden Hills W	W	527.6	3.16%
252130 Golden Hills S	S	76.2	0.46%
254101 ACME FL Legends Irrigation	W	728.5	4.36%
260100 Utilities Inc Of Pennbrooke W	W	1,485.0	8.90%
260101 Utilities Inc Of Pennbrooke S	S	1,239.0	7.42%
		<u>16,691.0</u>	<u>1.00</u>

GODWIN, PATRICK L

System		ERC Count	Percentage to Total
256100 Util Inc of Sandalhaven	S	1,143.8	1,143.80
		<u>1,143.8</u>	<u>1.00</u>

GONGRE, BRYAN K

System		ERC Count	Percentage to Total
246100 Utilities Inc of Longwood	S	1,699.0	3.96%
251100 Four Lakes	W	67.0	0.16%
251101 Lake Saunders	W	43.0	0.10%
251102 LUSI South W	W	3,218.3	7.50%
251103 LUSI South S	S	3,144.8	7.33%
251104 LUSI South R	S	56.0	0.13%
251106 LUSI North	W	6,105.6	14.23%
252110 Weathersfield W	W	1,145.0	2.67%
252111 Weathersfield S	S	1,135.5	2.65%
252113 Oakland Shores	W	224.5	0.52%
252114 Little Wekiva	W	58.0	0.14%
252115 Park Ridge W	W	100.0	0.23%
252116 Phillips	W	79.0	0.18%
252117 Crystal Lake	W	176.0	0.41%
252118 Ravenna Park W	W	340.0	0.79%
252119 Ravenna Park S	S	240.0	0.56%
252121 Bear Lake Manor	W	219.5	0.51%
252122 Jansen	W	250.5	0.58%
252123 Crescent Heights	W	253.5	0.59%
252124 Davis Shores	W	45.0	0.10%
252129 Golden Hills W	W	527.6	1.23%
252130 Golden Hills S	S	76.2	0.18%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	27.41%
255101 Sanlando Utilities Corp S	S	9,170.6	21.37%
255102 Sanlando Utilities Corp R	S	55.0	0.13%
260100 Utilities Inc Of Pennbrooke W	W	1,485.0	3.46%
260101 Utilities Inc Of Pennbrooke S	S	1,239.0	2.89%
		<u>42,914.4</u>	<u>1.00</u>

GOSNELL, SCOTTY G

System		ERC Count	Percentage to Total
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

GRAINGER, LEROY

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

GRAY, PATRICK

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
248100 Cypress Lakes Utilities Inc W	W	1,252.4	14.96%
248101 Cypress Lakes Utilities Inc S	S	1,150.1	13.74%
252106 Orangewood W	W	1,703.8	20.36%
252107 Orangewood S	S	158.0	1.89%
252125 Summertree W	W	1,179.2	14.09%
252126 Summertree S	S	979.0	11.70%
252128 Lake Tarpon W	W	430.1	5.14%
259100 Labrador Utilities Inc W	W	764.9	9.14%
259101 Labrador Utilities Inc S	S	751.9	8.98%
		<u>8,369.4</u>	<u>1.00</u>

GRAY, ROBERT

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
248100 Cypress Lakes Utilities Inc W	W	1,252.4	31.95%
248101 Cypress Lakes Utilities Inc S	S	1,150.1	29.34%
259100 Labrador Utilities Inc W	W	764.9	19.52%
259101 Labrador Utilities Inc S	S	751.9	19.18%
		<u>3,919.3</u>	<u>1.00</u>

HABERY, STEPHEN J.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
252106 Orangewood W	W	1,703.8	38.29%
252107 Orangewood S	S	158.0	3.55%
252125 Summertree W	W	1,179.2	26.50%
252126 Summertree S	S	979.0	22.00%
252128 Lake Tarpon W	W	430.1	9.66%
		<u>4,450.1</u>	<u>1.00</u>

HAMILTON, DON L.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
242100 Lake Placid Utilities Inc W	W	120.7	8.71%
242101 Lake Placid Utilities Inc S	S	121.7	8.78%
256100 Util Inc of Sandalhaven	S	1,143.8	82.51%
		<u>1,386.2</u>	<u>1.00</u>

HASTY, DONALD L.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

HAWS, SCOTTY L

System		ERC Count	Percentage to Total
102110 Ops Ldrship-SE/South/West Cost	OH OH		

HERMANS, RODEL R

System		ERC Count	Percentage to Total
246100 Utilities Inc of Longwood	S	1,699.0	6.30%
252110 Weathersfield W	W	1,145.0	4.25%
252111 Weathersfield S	S	1,135.5	4.21%
252113 Oakland Shores	W	224.5	0.83%
252114 Little Wekiva	W	58.0	0.22%
252115 Park Ridge W	W	100.0	0.37%
252116 Phillips	W	79.0	0.29%
252117 Crystal Lake	W	176.0	0.65%
252118 Ravenna Park W	W	340.0	1.26%
252119 Ravenna Park S	S	240.0	0.89%
252121 Bear Lake Manor	W	219.5	0.81%
252122 Jansen	W	250.5	0.93%
252123 Crescent Heights	W	253.5	0.94%
252124 Davis Shores	W	45.0	0.17%
252136			
252137			
255100 Sanlando Utilities Corp W	W	11,760.8	43.64%
255101 Sanlando Utilities Corp S	S	9,170.6	34.03%
255102 Sanlando Utilities Corp R	S	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

HOGUE, RAYMOND H

System		ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W	11,760.8	56.04%
255101 Sanlando Utilities Corp S	S	9,170.6	43.70%
255102 Sanlando Utilities Corp R	S	55.0	0.26%
		<u>20,986.4</u>	<u>1.00</u>

HOLLISTER, JIMMIE H

System		ERC Count	Percentage to Total
246100 Utilities Inc of Longwood	S	1,699.0	10.10%
251100 Four Lakes	W	67.0	0.40%
251101 Lake Saunders	W	43.0	0.26%
251102 LUSI South W	W	3,218.3	19.13%
251104 LUSI South R	S	56.0	0.33%
251106 LUSI North	W	6,105.6	36.30%
252110 Weathersfield W	W	1,145.0	6.81%
252113 Oakland Shores	W	224.5	1.33%
252114 Little Wekiva	W	58.0	0.34%
252115 Park Ridge W	W	100.0	0.59%
252116 Phillips	W	79.0	0.47%
252117 Crystal Lake	W	176.0	1.05%
252118 Ravenna Park W	W	340.0	2.02%
252121 Bear Lake Manor	W	219.5	1.30%
252122 Jansen	W	250.5	1.49%
252123 Crescent Heights	W	253.5	1.51%
252124 Davis Shores	W	45.0	0.27%
252129 Golden Hills W	W	527.6	3.14%
252136			
254101 ACME FL Legends Irrigation	W	728.5	4.33%
260100 Utilities Inc Of Pennbrooke W	W	1,485.0	8.83%
		<u>16,821.0</u>	<u>1.00</u>

KEYS, THOMAS E

System		ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W	11,760.8	56.04%
255101 Sanlando Utilities Corp S	S	9,170.6	43.70%
255102 Sanlando Utilities Corp R	S	55.0	0.26%
		<u>20,986.4</u>	<u>1.00</u>

KILGORE JR, JAMES

System		ERC Count	Percentage to Total
251100 Four Lakes	W	67.0	0.40%
251101 Lake Saunders	W	43.0	0.26%
251102 LUSI South W	W	3,218.3	19.28%
251103 LUSI South S	S	3,144.8	18.84%
251104 LUSI South R	S	56.0	0.34%
251106 LUSI North	W	6,105.6	36.58%
252129 Golden Hills W	W	527.6	3.16%
252130 Golden Hills S	S	76.2	0.46%
254101 ACME FL Legends Irrigation	W	728.5	4.36%
260100 Utilities Inc Of Pennbrooke W	W	1,485.0	8.90%
260101 Utilities Inc Of Pennbrooke S	S	1,239.0	7.42%
		<u>16,691.0</u>	<u>1.00</u>

KILGORE, JAMES A

System		ERC Count	Percentage to Total
255100 Sanlando Utilities Corp W	W	11,760.8	56.04%
255101 Sanlando Utilities Corp S	S	9,170.6	43.70%
255102 Sanlando Utilities Corp R	S	55.0	0.26%

20,986.4 1.00

MARINELLI, JOHN A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	5	1,699.0 6.30%
252110	Weathersfield W	W	1,145.0 4.25%
252111	Weathersfield S	S	1,135.5 4.21%
252113	Oakland Shores	W	224.5 0.83%
252114	Little Wekiva	W	58.0 0.22%
252115	Park Ridge W	W	100.0 0.37%
252116	Phillips	W	79.0 0.29%
252117	Crystal Lake	W	176.0 0.65%
252118	Ravenna Park W	W	340.0 1.26%
252119	Ravenna Park S	S	240.0 0.89%
252121	Bear Lake Manor	W	219.5 0.81%
252122	Jansen	W	250.5 0.93%
252123	Crescent Heights	W	253.5 0.94%
252124	Davis Shores	W	45.0 0.17%
252136			
252137			
255100	Sanlando Utilities Corp W	W	11,760.8 43.64%
255101	Sanlando Utilities Corp S	S	9,170.6 34.03%
255102	Sanlando Utilities Corp R	S	55.0 0.20%
		<u>26,951.9</u> <u>1.00</u>	

MATTESON, SEYD

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
241100	Tierra Verde Utilities Inc	S	2,094.2 38.43%
250100	Mid-County Services Inc	S	3,355.0 61.57%
		<u>5,449.2</u> <u>1.00</u>	

MORRELL, MATTHEW J.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	S	1,699.0 6.30%
252110	Weathersfield W	W	1,145.0 4.25%
252111	Weathersfield S	S	1,135.5 4.21%
252113	Oakland Shores	W	224.5 0.83%
252114	Little Wekiva	W	58.0 0.22%
252115	Park Ridge W	W	100.0 0.37%
252116	Phillips	W	79.0 0.29%
252117	Crystal Lake	W	176.0 0.65%
252118	Ravenna Park W	W	340.0 1.26%
252119	Ravenna Park S	S	240.0 0.89%
252121	Bear Lake Manor	W	219.5 0.81%
252122	Jansen	W	250.5 0.93%
252123	Crescent Heights	W	253.5 0.94%
252124	Davis Shores	W	45.0 0.17%
252136			
252137			
255100	Sanlando Utilities Corp W	W	11,760.8 43.64%
255101	Sanlando Utilities Corp S	S	9,170.6 34.03%
255102	Sanlando Utilities Corp R	S	55.0 0.20%
		<u>26,951.9</u> <u>1.00</u>	

NEAL, WILLIAM L.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
241100	Tierra Verde Utilities Inc	S	2,094.2 15.15%
248100	Cypress Lakes Utilities Inc W	W	1,252.4 9.06%
248101	Cypress Lakes Utilities Inc S	S	1,150.1 8.32%
250100	Mid-County Services Inc	S	3,355.0 24.28%
252106	Orangewood W	W	1,703.8 12.33%
252107	Orangewood S	S	158.0 1.14%
252125	Summertree W	W	1,179.2 8.53%
252126	Summertree S	S	979.0 7.08%
252128	Lake Tarpon W	W	430.1 3.11%
259100	Labrador Utilities Inc W	W	764.9 5.54%
259101	Labrador Utilities Inc S	S	751.9 5.44%
		<u>13,818.6</u> <u>1.00</u>	

OVERTON, MICHAEL A.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	S	1,699.0	5.03%
251100	Four Lakes	W	67.0	0.20%
251101	Lake Saunders	W	43.0	0.13%
251102	LUSI South W	W	3,218.3	9.54%
251103	LUSI South S	S	3,144.8	9.32%
251104	LUSI South R	S	56.0	0.17%
251106	LUSI North	W	6,105.6	18.09%
252110	Weathersfield W	W	1,145.0	3.39%
252111	Weathersfield S	S	1,135.5	3.37%
252113	Oakland Shores	W	224.5	0.67%
252114	Little Wekiva	W	58.0	0.17%
252115	Park Ridge W	W	100.0	0.30%
252116	Phillips	W	79.0	0.23%
252117	Crystal Lake	W	176.0	0.52%
252118	Ravenna Park W	W	340.0	1.01%
252119	Ravenna Park S	S	240.0	0.71%
252121	Bear Lake Manor	W	219.5	0.65%
252122	Jansen	W	250.5	0.74%
252123	Crescent Heights	W	253.5	0.75%
252124	Davis Shores	W	45.0	0.13%
252129	Golden Hills W	W	527.6	1.56%
252130	Golden Hills S	S	76.2	0.23%
252136				
252137				
255100	Sanlando Utilities Corp W	W	11,760.8	34.85%
255102	Sanlando Utilities Corp R	S	55.0	0.16%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	4.40%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	3.67%
			<u>33,743.8</u>	<u>1.00</u>

PARRISH, RAYMOND A.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	W	67.0	0.42%
251101	Lake Saunders	W	43.0	0.27%
251102	LUSI South W	W	3,218.3	20.16%
251103	LUSI South S	S	3,144.8	19.70%
251104	LUSI South R	S	56.0	0.35%
251106	LUSI North	W	6,105.6	38.25%
252129	Golden Hills W	W	527.6	3.31%
252130	Golden Hills S	S	76.2	0.48%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	9.30%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	7.76%
			<u>15,962.5</u>	<u>1.00</u>

PHILLIPS, CHRISTOPHER

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	S	1,699.0	10.10%
251100	Four Lakes	W	67.0	0.40%
251101	Lake Saunders	W	43.0	0.26%
251102	LUSI South W	W	3,218.3	19.13%
251104	LUSI South R	S	56.0	0.33%
251106	LUSI North	W	6,105.6	36.30%
252110	Weathersfield W	W	1,145.0	6.81%
252113	Oakland Shores	W	224.5	1.33%
252114	Little Wekiva	W	58.0	0.34%
252115	Park Ridge W	W	100.0	0.59%
252116	Phillips	W	79.0	0.47%
252117	Crystal Lake	W	176.0	1.05%
252118	Ravenna Park W	W	340.0	2.02%
252121	Bear Lake Manor	W	219.5	1.30%
252122	Jansen	W	250.5	1.49%
252123	Crescent Heights	W	253.5	1.51%
252124	Davis Shores	W	45.0	0.27%
252129	Golden Hills W	W	527.6	3.14%
254101	ACME FL Legends Irrigation	W	728.5	4.33%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	8.83%
			<u>16,821.0</u>	<u>1.00</u>

POWELL, TREVOR B.

	<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	W	67.0	0.53%
251101	Lake Saunders	W	43.0	0.34%
251102	LUSI South W	W	3,218.3	25.47%
251103	LUSI South S	S	3,144.8	24.89%
251104	LUSI South R	S	56.0	0.44%
251106	LUSI North	W	6,105.6	48.32%
			<u>12,634.7</u>	<u>1.00</u>

RADCLIFF, MAX LEE

System		ERC Count	Percentage to Total	
249100	Utilities Inc of Eagle Ridge	5	1,602.6	63.83%
249101	Cross Creek	5	908.0	36.17%
		2,510.6	1.00	

RAINES, CRAIG A.

System		ERC Count	Percentage to Total	
251100	Four Lakes	W	67.0	0.53%
251101	Lake Saunders	W	43.0	0.34%
251102	LUSI South W	W	3,218.3	25.47%
251103	LUSI South S	S	3,144.8	24.89%
251104	LUSI South R	S	56.0	0.44%
251106	LUSI North	W	6,105.6	48.32%
		12,634.7	1.00	

REINCKE, SEAN

System		ERC Count	Percentage to Total	
248100	Cypress Lakes Utilities Inc W	W	1,252.4	14.96%
248101	Cypress Lakes Utilities Inc S	S	1,150.1	13.74%
252106	Orangewood W	W	1,703.8	20.36%
252107	Orangewood S	S	158.0	1.89%
252125	Summertree W	W	1,179.2	14.09%
252126	Summertree S	S	979.0	11.70%
252128	Lake Tarpon W	W	430.1	5.14%
259100	Labrador Utilities Inc W	W	764.9	9.14%
259101	Labrador Utilities Inc S	S	751.9	8.98%
		8,369.4	1.00	

REMIGIO, ROBERTO V.

System		ERC Count	Percentage to Total	
255100	Sanlando Utilities Corp W	W	11,760.8	99.53%
255102	Sanlando Utilities Corp R	S	55.0	0.47%
		11,815.8	1.00	

RICHARDSON, JAMES P.

System		ERC Count	Percentage to Total	
251100	Four Lakes	W	67.0	0.42%
251101	Lake Saunders	W	43.0	0.27%
251102	LUSI South W	W	3,218.3	20.16%
251103	LUSI South S	S	3,144.8	19.70%
251104	LUSI South R	S	56.0	0.35%
251106	LUSI North	W	6,105.6	38.25%
252129	Golden Hills W	W	527.6	3.31%
252130	Golden Hills S	S	76.2	0.48%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	9.30%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	7.76%
		15,962.5	1.00	

RICHARDSON, MARLIN

System		ERC Count	Percentage to Total	
252129	Golden Hills W	W	527.6	15.85%
252130	Golden Hills S	S	76.2	2.29%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	44.62%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	37.23%
		3,327.8	1.00	

SCHWADES, CHARLES G.

System		ERC Count	Percentage to Total	
251100	Four Lakes	W	67.0	0.40%
251101	Lake Saunders	W	43.0	0.26%
251102	LUSI South W	W	3,218.3	19.28%
251103	LUSI South S	S	3,144.8	18.84%
251104	LUSI South R	S	56.0	0.34%
251106	LUSI North	W	6,105.6	36.58%
252129	Golden Hills W	W	527.6	3.16%
252130	Golden Hills S	S	76.2	0.46%
254101	ACME FL Legends Irrigation	W	728.5	4.36%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	8.90%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	7.42%
		16,691.0	1.00	

SCHWADES, JENNIFER M

System		ERC Count	Percentage to Total	
251100	Four Lakes	W	67.0	0.42%
251101	Lake Saunders	W	43.0	0.27%
251102	LUSI South W	W	3,218.3	20.16%
251103	LUSI South S	S	3,144.8	19.70%
251104	LUSI South R	S	56.0	0.35%
251106	LUSI North	W	6,105.6	38.25%
252129	Golden Hills W	W	527.6	3.31%
252130	Golden Hills S	S	76.2	0.48%
260100	Utilities Inc Of Pennbrooke W	W	1,485.0	9.30%
260101	Utilities Inc Of Pennbrooke S	S	1,239.0	7.76%
		15,962.5	1.00	

SCHWADES, MICHAEL

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
333100	Massanutten Public Serv Corp W	2,810.5	50.08%
333101	Massanutten Public Serv Corp S	2,801.0	49.92%
		<u>5,611.5</u>	<u>1.00</u>

SHOFFSTALL, DAVID E.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
248100	Cypress Lakes Utilities Inc W	1,252.4	31.95%
248101	Cypress Lakes Utilities Inc S	1,150.1	29.34%
259100	Labrador Utilities Inc W	764.9	19.52%
259101	Labrador Utilities Inc S	751.9	19.18%
		<u>3,919.3</u>	<u>1.00</u>

SHUE, MICKEY A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	1,699.0	6.30%
252110	Weathersfield W	1,145.0	4.25%
252111	Weathersfield S	1,135.5	4.21%
252113	Oakland Shores	224.5	0.83%
252114	Little Wekiva	58.0	0.22%
252115	Park Ridge W	100.0	0.37%
252116	Phillips	79.0	0.29%
252117	Crystal Lake	176.0	0.65%
252118	Ravenna Park W	340.0	1.26%
252119	Ravenna Park S	240.0	0.89%
252121	Bear Lake Manor	219.5	0.81%
252122	Jansen	250.5	0.93%
252123	Crescent Heights	253.5	0.94%
252124	Davis Shores	45.0	0.17%
252136			
252137			
255100	Sanlando Utilities Corp W	11,760.8	43.64%
255101	Sanlando Utilities Corp S	9,170.6	34.03%
255102	Sanlando Utilities Corp R	55.0	0.20%
		<u>26,951.9</u>	<u>1.00</u>

SILLITOE, KATHY A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	67.0	0.50%
251101	Lake Saunders	43.0	0.32%
251102	LUSI South W	3,218.3	24.08%
251103	LUSI South S	3,144.8	23.53%
251104	LUSI South R	56.0	0.42%
251106	LUSI North	6,105.6	45.69%
254101	ACME FL Legends Irrigation	728.5	5.45%
		<u>13,363.2</u>	<u>1.00</u>

SILLITOE, TERRY W.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
252110	Weathersfield W	1,145.0	7.98%
252113	Oakland Shores	224.5	1.56%
252114	Little Wekiva	58.0	0.40%
252115	Park Ridge W	100.0	0.70%
252116	Phillips	79.0	0.55%
252117	Crystal Lake	176.0	1.23%
252118	Ravenna Park W	340.0	2.37%
252121	Bear Lake Manor	219.5	1.53%
252122	Jansen	250.5	1.75%
255100	Sanlando Utilities Corp W	11,760.8	81.94%
		<u>14,353.3</u>	<u>1.00</u>

SOSSAMON, WILLIAM

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
255100	Sanlando Utilities Corp W	11,760.8	56.04%
255101	Sanlando Utilities Corp S	9,170.6	43.70%
255102	Sanlando Utilities Corp R	55.0	0.26%
		<u>20,986.4</u>	<u>1.00</u>

STEVENS, WILLIAM H

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
252106	Orangewood W	1,703.8	38.29%
252107	Orangewood S	158.0	3.55%
252125	Summertree W	1,179.2	26.50%
252126	Summertree S	979.0	22.00%
252128	Lake Tarpon W	430.1	9.66%
		<u>4,450.1</u>	<u>1.00</u>

STRAIGHT, JAMES L.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
241100	Tierra Verde Utilities Inc	2,094.2	38.43%
250100	Mid-County Services Inc	3,355.0	61.57%
		<u>5,449.2</u>	<u>1.00</u>

SUDOL, COREY

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
255100	Sanlando Utilities Corp W	11,760.8	56.04%
255101	Sanlando Utilities Corp S	9,170.6	43.70%
255102	Sanlando Utilities Corp R	55.0	0.26%
		<u>20,986.4</u>	<u>1.00</u>

SZCZEPKOWSKI, STEPHEN A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
250100	Mid-County Services Inc	3,355.0	100.00%
		<u>3,355.0</u>	<u>1.00</u>

VAN METER, NATHAN Z.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
246100	Utilities Inc of Longwood	1,699.0	100.00%
		<u>1,699.0</u>	<u>1.00</u>

WATKINS, CEDRIC

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	67.0	0.42%
251101	Lake Saunders	43.0	0.27%
251102	LUSI South W	3,218.3	20.16%
251103	LUSI South S	3,144.8	19.70%
251104	LUSI South R	56.0	0.35%
251106	LUSI North	6,105.6	38.25%
252129	Golden Hills W	527.6	3.31%
252130	Golden Hills S	76.2	0.48%
260100	Utilities Inc Of Pennbrooke W	1,485.0	9.30%
260101	Utilities Inc Of Pennbrooke S	1,239.0	7.76%
		<u>15,962.5</u>	<u>1.00</u>

WILSON, MICHAEL A.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
241100	Tierra Verde Utilities Inc	2,094.2	11.82%
242100	Lake Placid Utilities Inc W	120.7	0.68%
242101	Lake Placid Utilities Inc S	121.7	0.69%
248100	Cypress Lakes Utilities Inc W	1,252.4	7.07%
248101	Cypress Lakes Utilities Inc S	1,150.1	6.49%
249100	Utilities Inc of Eagle Ridge	1,602.6	9.05%
249101	Cross Creek	908.0	5.13%
250100	Mid-County Services Inc	3,355.0	18.94%
252106	Orangewood W	1,703.8	9.62%
252107	Orangewood S	158.0	0.89%
252125	Summertree W	1,179.2	6.66%
252126	Summertree S	979.0	5.53%
252128	Lake Tarpon W	430.1	2.43%
256100	Util Inc of Sandalhaven	1,143.8	6.46%
259100	Labrador Utilities Inc W	764.9	4.32%
259101	Labrador Utilities Inc S	751.9	4.24%
		<u>17,715.4</u>	<u>1.00</u>

WORRELL, DAVID R.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
241100	Tierra Verde Utilities Inc	2,094.2	38.43%
250100	Mid-County Services Inc	3,355.0	61.57%
		<u>5,449.2</u>	<u>1.00</u>

WRIGHT, THOMAS L.

<u>System</u>		<u>ERC Count</u>	<u>Percentage to Total</u>
251100	Four Lakes	67.0	0.40%
251101	Lake Saunders	43.0	0.26%
251102	LUSI South W	3,218.3	19.28%
251103	LUSI South S	3,144.8	18.84%
251104	LUSI South R	56.0	0.34%
251106	LUSI North	6,105.6	36.58%
252129	Golden Hills W	527.6	3.16%
252130	Golden Hills S	76.2	0.46%
254101	ACME FL Legends Irrigation	728.5	4.36%
260100	Utilities Inc Of Pennbrooke W	1,485.0	8.90%
260101	Utilities Inc Of Pennbrooke S	1,239.0	7.42%
		<u>16,691.0</u>	<u>1.00</u>

VEHICLES

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (9)
VEHICLES

Test Year Ended December 31, 2011

Vehicle Schedule

Company: Utilities, Inc of Florida, Orange

Docket No.:

Test Year Ended December 31, 2011

<u>Vehicle #</u>	<u>Year</u>	<u>Model</u>	<u>Serial Number</u>	<u>Driver</u>	<u>Position</u>	<u>Vehicle Price</u>	<u>Allocation Method</u>
704	2007	CHEV Colorado	1GCCS14E878113645	FINCH, ALLAN	WATER-WASTEWATER OPE	17,539.70	ERCS
712	2006	CHEV Colorado	1GCCS148468219972	PHILLIPS, CHRIS	FIELD TECH I	14,049.28	ERCS
731	2007	CHEV Colorado	1GCCS19E078137723	HASTY, DON	LEAD WATER-WASTEWATE	18,386.81	ERCS
771	2007	CHEV Colorado	1GCCS14E078230006	HOLLISTER, JAMES	FIELD TECH II	16,222.00	ERCS
808	2008	CHEV Silverado 1500	1GCEC140X8Z100840	MORRELL, MATTHEW	FIELD TECH II	20,347.01	ERCS
809	2008	CHEV Silverado 1500	1GCEC14048Z102261	ALDAY, CALEB	FIELD TECH I	20,347.01	ERCS
810	2008	CHEV Silverado 1500	1GCEC14068Z104173	HERMANO, RODEL	FIELD TECH I	20,347.01	ERCS
833	2008	CHEV Express	1GCFG15X581152329	OVERTON, MICHAEL	CROSS CONNECTION TEC	20,253.31	ERCS
1116	2011	GMC REG CAB Sierra 1500	1GTN1TE09BZ189971	EBERT, SHAWN	FIELD TECH II	22,797.43	ERCS
1140	2011	CHEV Silverado 1500	1GTN1TEA9BZ122554	SHUE, MICKEY	FIELD TECH II	21,634.74	ERCS
1143	2011	TOYOTA Prius	JTDKN3DU2B5316532	GOSNELL, SCOTT	LEAD WATER-WASTEWATE	24,172.71	ERCS
1144	2011	TOYOTA Prius	JTDKN3DU3B5312232	CARVER, NATE	AREA MANAGER	24,172.71	ERCS
1147	2011	TOYOTA Prius	JTDKN3DU4B5324972	MARINELLI, JOHN	AREA MANAGER	24,133.91	ERCS
1155	2011	TOYOTA Prius	JTDKN3DU4B5311199	GONGRE, BRYAN	REGIONAL MANAGER	24,520.42	ERCS
1309	2013	CHEV Silverado 1500	1GCNCPEA5DZ216015	GRAINGER, LEROY	FIELD TECH I	20,979.52	ERCS
1310	2013	CHEV Silverado 1500	1GCNCPEA1DZ216626	CALLAHAN, ROBERT	FIELD TECH II	21,417.94	ERCS
1311	2013	CHEV Silverado 1500	1GCNCPEA9DZ216776	COOPER, KEVIN	FIELD TECH III	21,417.94	ERCS
1313	2013	CHEV Silverado 1500	1GCNCPEAXDZ215071	BROWN, DONNA	FIELD TECH II	21,417.94	ERCS
1315	2013	CHEV Silverado 1500	1GCNCPEA7DZ216792	FINIGAN, MICHAEL	FIELD TECH I	21,417.94	ERCS

CUSTOMER
COMPLAINTS

Utilities, Inc. of Florida

Docket No.: 120209-WS

Orange County

25-30.440 (10)
CUSTOMER COMPLAINTS

Test Year Ended December 31, 2011

Orange County – Crescent Heights
Customer Complaints and Resolutions Jan – Dec 2011

Sub Division: 084 MR Route: F22 FA ID: 0760400473
Account #: 0760400000 Customer Name: REID, CHRISTINE Phone #: (407) 929-3195
Address: 6000 W LIVINGSTON ST CSR: Brandi Deere Operator: LeRoy Grainger
Entry Date: 11/28/2011 9:29:47AM SO Type: HIBILL
Instructions: Reread and check meter for leak. Customer called concerned of high bills. Check for leaks. bnd/fl
Due Date: 11/29/2011 6:00:00PM Resolution Date: 11/29/2011 12:00:00AM FA Status: Completed
Resolution: No leaks detected. Tagged door with findings. lrg

Sub Division: 084 MR Route: F22 FA ID: 2170400052
Account #: 3170400000 Customer Name: MCNAIR, AUNDRIA Phone #: (850) 559-0454
Address: 6009 W MELBOURNE AVE CSR: Vicki Wilson Operator: LeRoy Grainger
Entry Date: 11/16/2011 3:15:56PM SO Type: HIBILL
Instructions: Please reread and check for leaks, said fixed one leak already but bill still high, Tag door with findings. Vicki
Due Date: 11/17/2011 8:00:00PM Resolution Date: 11/17/2011 12:00:00AM FA Status: Completed
Resolution: Meter indicated leak on customer's property. Found hose on. Spoke with customer and he said he also had another leak at a hose bib. lrg

Sub Division: 084 MR Route: F22 FA ID: 3502400253
Account #: 3502400000 Customer Name: KHAN, I MRAN Phone #: (407) 293-8648
Address: 515 PAUL ST CSR: Sheri Demonbreun Operator: LeRoy Grainger
Entry Date: 3/11/2011 3:15:37PM SO Type: HIBILL
Instructions: Reread meter and check for leak. Customer called complaining of high bill. sheri
Due Date: 3/14/2011 8:00:00PM Resolution Date: 3/14/2011 12:00:00AM FA Status: Completed
Resolution: Meter indicated leak on customer's property. Tagged door with findings. lrg

Sub Division: 084 MR Route: F22 FA ID: 3730400307
Account #: 3730400000 Customer Name: WELLS, CHRISTINE Phone #: (407) 523-7781
Address: 6208 W LIVINGSTON ST CSR: Sheri Demonbreun Operator: Shawn Ebert
Entry Date: 3/29/2011 2:08:06PM SO Type: M-SIO Request Type: General Investigation
Instructions: Customer called to say we have a leak 3ft in front of meter right at street affecting water pressure in house. Called to Kevin. Customer called back and said copper piping T off this res to next door.deb
Due Date: 3/30/2011 8:00:00PM Resolution Date: 3/30/2011 12:00:00AM FA Status: Completed
Resolution: Customers son Greg hit service line while digging an caused a leak at galvanized T. Greg was advised to not do anything else around the lines and a repair crew would be out in the A.M. Advised Greg that they will be responsible for expense of repair. DB

Sub Division: 084 MR Route: F22 FA ID: 6870400573
Account #: 6870400000 Customer Name: GILLIS, REGINAL Phone #: (321) 945-3336
Address: 6027 W MELBOURNE AVE CSR: Isabel Ceballos Operator: LeRoy Grainger

Orange County – Crescent Heights
Customer Complaints and Resolutions Jan – Dec 2011

Entry Date: 11/23/2011 9:36:44AM SO Type: HIBILL

Instructions: Reread meter. Customer complaining of high usage and he states he's a plumber and has no leaks. Tag door. Customer read on 11/23/11 2776340 /ic

Due Date: 11/29/2011 6:00:00PM Resolution Date: 11/29/2011 12:00:00AM FA Status: Completed

Resolution: No leaks detected. Tagged door. lrg

Sub Division: 084 MR Route: F22 FA ID: 7450400823
Account #: 7450400000 Customer Name: JOHNSON, KENNETH Phone #: (407) 293-6278
Address: 6102 W LIVINGSTON ST CSR: Isabel Ceballos Operator: Kevin Cooper

Entry Date: 1/14/2011 2:12:50PM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer says he wants the cement barrier that was removed from the meter box put back. He said house 6108 W Livingston has it and he wants it the same. Customer would like to be called on this.

Due Date: 1/17/2011 6:00:00PM Resolution Date: 1/19/2011 12:00:00AM FA Status: Completed

Resolution: Customer was requesting us to put concrete around new meter bos to keep the grass from growing. I informed him that we cannot landscape his yard around meter. He could if he wanted to, but not to concrete inside box. Kev

Sub Division: 084 MR Route: F22 FA ID: 1492400303
Account #: 5926024161 Customer Name: Charles, Cindy Phone #: (718) 600-3843
Address: 5941 W AMELIA ST CSR: Sheri Demonbreun Operator: Rodel Hermano

Entry Date: 3/8/2011 11:37:23AM SO Type: HIBILL

Instructions: Reread meter and check for leak. Landlord called for customer complaining of high bill. sheri

Due Date: 3/9/2011 8:00:00PM Resolution Date: 3/9/2011 9:35:00AM FA Status: Completed

Resolution: No leak detected. Usage is consistent. Informed the customer about the situation and she said She will investigate next month if there are any changes. Rh

Sub Division: 084 MR Route: F22 FA ID: 1013400251
Account #: 9232347070 Customer Name: Augustin, Carol Phone #: (407) 891-3644
Address: 513 N NOWELL ST CSR: Amanda Stonebreaker Operator: LeRoy Grainger

Entry Date: 12/22/2011 9:07:40AM SO Type: HIBILL

Instructions: Customer does not live here. It is vacant apartment and there is very high usage and she states that she has been there and sees no leaks. amanda

Due Date: 12/27/2011 6:00:00PM Resolution Date: 12/27/2011 12:00:00AM FA Status: Completed

Resolution: No leaks detected. Spoke with neighbor and she said also no one living here. Read meter and tagged door. Shut off house valve.

Sub Division: 084 MR Route: F22 FA ID: 3801400220
Account #: 5236379551 Customer Name: Milsort, Paule Phone #: (321) 914-7089
Address: 6227 W MELBOURNE AVE CSR: Karen Thimmes Operator: LeRoy Grainger

Entry Date: 8/16/2011 8:14:08AM SO Type: HIBILL

Instructions: Customer complaining of high bill, please reread and check for leaks. Tag door with results. Karyn

Orange County – Crescent Heights
Customer Complaints and Resolutions Jan – Dec 2011

Due Date: 8/17/2011 8:00:00PM Resolution Date: 8/17/2011 12:00:00AM FA Status: Completed

Resolution: No leaks detected. Tagged door with findings. lrg

Sub Division: 084 MR Route: F22 FA ID: 8001400346
Account #: 9304682218 Customer Name: BRAND, NIKIKIA Phone #: (321) 746-0667
Address: 6130 W MELBOURNE AVE CSR: Jennifer Elliot Operator: LeRoy Grainger

Entry Date: 4/25/2011 3:31:25PM SO Type: HIBILL

Instructions: Please reread meter and check it for leaks. Customer is complaining about a high bill. Jennifer

Due Date: 4/26/2011 8:00:00PM Resolution Date: 4/26/2011 12:00:00AM FA Status: Completed

Resolution: Leak on customer side. Spoke with customer about findings, lrg

Sub Division: 084 MR Route: F22 FA ID: 2690400151
Account #: 6111610173 Customer Name: Irland, Simone Phone #: (407) 362-5479
Address: 6125 W MELBOURNE AVE CSR: Deborah Volz Operator: LeRoy Grainger

Entry Date: 5/9/2011 8:15:51AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer experiencing low pressure. Can't use washing machine & wash dishes. Customer wants to install irrigation, but not enough pressure.deb

Due Date: 5/10/2011 8:00:00PM Resolution Date: 5/10/2011 12:00:00AM FA Status: Completed

Resolution: Water pressure is 55psi which is good. New meter and curb stop. Everything looked fine, Tagged door with findings ,lrg

No customer complaints reported during test year, January – December 2011.