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January 11, 2001

Blanca Bayo, Director
Division of Commission Clerk
& Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

In re: Docket No. 011073-WS, Application of Ferncrest Utilities, Inc.
for Increased Water and Wastewater Rates in Broward County

Dear Ms. Bayo:

Enclosed please find the following:

- a. Petition for Interim and Permanent Increases of the Water and Wastewater Rates and Charges of Ferncrest Utilities, Inc. (16 copies);
- b. Exhibit A – Financial, Rate and Engineering Minimum Filing Requirements (16 copies);
- c. Exhibit B – Consolidated Billing Analysis (2 copies);
- d. Exhibit C – Additional Engineering Information (2 copies);
- e. Affidavit signed by Robert Salerno (16 copies) – Included as Exhibit A to the Petition;
- f. Filing Fee check for \$4,000, payable to Florida Public Service Commission.

Please see that this application for interim and permanent rate increases, with supporting minimum filing requirements is distributed to the appropriate staff.

Thank you for your attention to this filing.

Sincerely,


David B. Erwin

DBE:jm

Attachments

Cc: Robert V. Salerno
Jack Shreve, Public Counsel

DOCUMENT NUMBER-DATE

00395 JAN 11 8

FPSC-COMMISSION CLERK

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application of)
Ferncrest Utilities, Inc.)
for Increased Water and)
Wastewater Rates in)
Broward County)
_____)

Docket No. 011073-WS
Filed: January 11, 2002

PETITION FOR RATE INCREASE

Ferncrest Utilities, Inc. (hereinafter Ferncrest), through its undersigned attorneys, petitions for approval of permanent and interim rate increases for its water and wastewater systems located in Broward County, Florida, and in support of its application, Ferncrest submits the following:

1. The name of the applicant is Ferncrest Utilities, Inc. The address of the utility is 3015 S. W. 54th Avenue, Ft. Lauderdale, Florida 33314. The utility's president is Robert V. Salerno, and his office telephone number is (305) 587-8833.

2. Ferncrest is a corporation that was organized in Florida, whose Articles of Incorporation were filed with the Secretary of State on February 26, 1968. Ferncrest is currently active and in good standing. The following persons own five percent or more of Ferncrest's stock:

- a. Myles Austin Forman 50%
1804 S. E. 9th St.
Miami, Florida 33316
- b. The estate of 25%
Ollie Cohen
1800 N. E. 114th St.
North Miami Beach, Florida 33161
- c. Murray Candib 25%
1736 W. 28th St.
Miami Beach, Florida 33140

3. The following final orders or rate authorizations previously set the applicant's rates for the systems for which rate relief is being sought by this petition:

a. Previous permanent and interim rate orders

- | | | |
|----|----------------------|-------------------------------------------------------------------------------------------------|
| 1) | Docket No. 800108-WS | Order No. 9796 |
| 2) | Docket No. 820067-WS | Order No. 11282
Order No. 12272
Order No. 12272-A
Order No. 12954
Order No. 12954-A |
| 3) | Docket No. 861338-WS | Order No. 17511
Order No. 17511-A
Order No. 18960 |
| 4) | Docket No. 940765-WS | Order No. PSC-95-
0040-FOF-WS
Order No. PSC-95-
1399-FOF-WS |

b. Previous rate indexing authority numbers since the last rate proceeding in Docket No. 940765 WS

- 1) WS-98-0004 (1997 indexing)
- 2) WS-99-0042 (1998 indexing)
- 3) WS-00-0048 (1999 indexing)
- 4) WS-01-0031 (2000 indexing)
- 5) WS-01-0109 (2001 indexing)

c. There are a number of factors that have caused the need for rate relief at this time. The following are significant:

- 1) Payroll is up substantially for operator and field service personnel.
- 2) Ferncrest has leased a new digester that has increased operation and maintenance expenses.

3) The cost of sludge removal increased due to the fuel surcharge imposed by the sludge removal company.

4. This application, along with supporting exhibits will be available at Ferncrest's above described office within the certificated territory within 30 days from the official date of filing until the conclusion of rate proceedings in this docket.

5. Rule 25-30.436(4)(f), F.A.C., states that, if the capital structure of a utility contains zero equity, the company shall request a return on equity which is the maximum of the return of the current equity leverage formula established by the Commission. Currently, the maximum return on equity under the leverage formula is greater than the cost of debt for Ferncrest.

The maximum return on equity allowed by the leverage formula is currently 11.34% (Order No. PSC-01-2514-FOF-WS, page 21 and 4th Ordering Paragraph, page 22), and the current cost of debt of Ferncrest is 10.95% (MFR Schedule D-1, page 000061). Ferncrest has no equity and is requesting a rate of return that equals its cost of debt. Ferncrest believes that this request is appropriate. Pursuant to Commission Rule 25-30.436(4)(f), Ferncrest also requests a return on equity of 11.34% for future rate setting purposes.

6. An affidavit signed by Robert V. Salerno, President of Ferncrest, states that the notice required by Rule 25-22.0407, F.A.C., will be provided in accordance with the rule. The affidavit is attached as Exhibit A.

7. Ferncrest requests that this application be processed under the proposed agency action procedure outlined in Section 367.081(8), Florida Statutes.

8. To the best of its knowledge Ferncrest has not deviated from the policies, procedures, and guidelines prescribed by the Commission in its rules or in Ferncrest's last rate case, in Docket No. 940765-WS.

9. Ferncrest believes that the appropriate filing fee for this application, pursuant to Rule 25-30.020(2)(e), F.A.C., is \$2,000 for the water system, \$2,000 for the wastewater system, for a total of \$4,000. A check for the total filing fee of \$4,000 is enclosed. Ferncrest based the calculation of this fee on the number of Ferncrest's customers and potential customers. Ferncrest has approximately 1,775 ERCs in its water system and 1,449 ERCs in its wastewater system. Ferncrest has between 501 and 2,000 ERC's in each system (See Rule 25-30.020(2)(e)2). The rated capacity of each system is larger than the ERCs served, but the ERCs that could be served in the territory available to be served is less than 2000 ERCs for each system. Ferncrest believes that the filing fee should be based on the realities of the service territory and not on some hypothetical service load. Charging a greater filing fee than the \$4,000 fee submitted would be unfair to Ferncrest's customers, who ultimately must bear the cost of the fee as rate case expense. The Commission accepted a rate case filing fee in Docket No. 940765-WS, Ferncrest's last rate case, in the amount then chargeable for the

same category under which the fee has been calculated for this application. In that case there were 1547 water system ERCs and 1506 wastewater system ERCs.

10. On August 24, 2001, the Commission approved a test year ending December 31, 2000, for this application for both interim and final rates. (See letter from E. Leon Jacobs, Jr., Chairman, dated August 24, 2000.)

Interim Rates

11. Ferncrest requests that the Commission authorize the collection of interim rates until the effective date of the final order in this proceeding. Ferncrest is earning less than the allowed return on equity investment for future rate setting purposes found by the Commission in Ferncrest's last rate proceeding. (See Order No. PSC-95-1399-FOF-WS, Docket No. 940765-WS, page 9.) The return on equity found there is 11.88%. If interim rates are calculated pursuant to Section 367.082(5), Florida Statutes, there is a revenue deficiency between the achieved rate of return and the required rate of return of Ferncrest for 2000, as set forth in the "Interim Section," Schedule B-1 and B2, pages 000005 and 000006, respectively, attached hereto, and filed in compliance with Rule 25-30.437(5), F.A.C. In order to lessen this deficiency Ferncrest is requesting a lower return for interim purposes, 9.58% for water and 9.53% for wastewater, than the required rate of return it could use under the statute. As stated above, in Ferncrest's last rate case, Docket No. 940765-WS, the allowed rate of return,

was 11.88% for future interim rate setting. Ferncrest is asking for use of the lower rate of return for interim purposes to insure that no refunds will be required. Use of a return for interim purposes that is less than a fair rate of return would not cause service to suffer for the limited time that interim rates would be in effect. Tariff pages setting forth interim rates that will lessen the revenue deficiency are included herewith as Schedule E-1 for water (page 000010) and Schedule E-1 for wastewater (page 000011). Ferncrest would prefer to file a corporate undertaking to guarantee any refunds required as a result of final action on the appropriate level of interim rates for the period that they were in effect; however, if the Commission prefers the execution of a bond or some other form of security, Ferncrest will use whatever form of security the Commission designates.

Permanent Rates

12. Ferncrest requests that the Commission authorize increased permanent rates that will generate annual revenues in the water system of \$664,634 and that will generate annual revenues in the wastewater system of \$770,747. If the increase requested is approved, the Commission's action would increase annual water revenues by \$98,100 and would increase annual wastewater revenues by \$37,250. This is an increase over present revenues of 17.32% for the water system and 5.08% for the wastewater system.

Ferncrest has complied with Commission rules by filing

"Class B Water and/or Wastewater Utilities Financial, Rate and Engineering Minimum Filing Requirements" (PSC/WAW 20).

Ferncrest has submitted herewith 16 copies of all supporting schedules and exhibits, as Exhibit A, pursuant to the requirement of Rule 25-30.436(4)(d), F.A.C., except as follows:

- a. There are only two copies of the Billing Analysis Schedules, as required by Rule 25-30.437(4), F.A.C. The Billing Analysis is shown in the Index and Schedule E-14, pages 000088 through 000113. As required by Rule 25-30.437(4), F.A.C., however, the Billing Analysis schedules are submitted in a separate binder, as Exhibit B.
- b. There are no maps, as required by Rule 25-30.440(1), F.A.C., because the Commission is in possession of numerous maps from previous proceedings. In the previous rate application in Docket No. 940765-WS, the staff indicated that it did not need maps for the application.

13. Ferncrest proposes to include in its plant investment the cost of investment made in the public interest pursuant to Section 367.081(2), Florida Statutes. This investment will be for a sodium hypochlorite generator, the use of which has been strongly encouraged by agencies ranging from EPA to Broward County.

14. Additional engineering information required by Rule 25-30.440, F.A.C., is included in a separate binder with the

requisite two copies, as Exhibit C.

15. Tariff pages setting forth permanent rates that will generate the annual revenues requested are included herewith for both interim and final rates, as part of Exhibit A.

WHEREFORE, and in consideration of the foregoing, Ferncrest Utilities, Inc., respectfully petitions the Commission to do the following:

1. Grant interim rates.
2. Grant increased final and permanent rates, as requested herein above.
3. Process this case pursuant to the proposed agency action (PAA) procedure.
4. Approve the tariff sheets submitted herewith.

Respectfully submitted this 11 day of January, 2002.



David B. Erwin
127 Riversink Road
Crawfordville, Florida 32327
(850) 926-9331

Attorney for
Ferncrest Utilities, Inc.
3015 S. W. 54th Avenue
Ft. Lauderdale, Florida 33314

AFFIDAVIT

I, Robert V. Salerno, having been duly sworn, hereby state as follows:

I am the President of Ferncrest Utilities, Inc.

I intend to cause a petition for a rate increase to be filed with the Florida Public Service Commission on or before January 11, 2002.

Upon filing of the Petition for Rate Increase, I will do the following things, as required by Rule 25-22.0407, F.A.C.:

a. Mail a copy of the petition to the chief executive officer of the governing bodies of each municipality and the county within which the Ferncrest service area is located:

1. Lori Parrish
Chairman, Broward County Board
of County Commissioners
115 S. Andrews Avenue
Ft. Lauderdale, Florida 33301
2. Harry Veins
Mayor, Town of Davie
6591 S. W. 45th St.
Davie, Florida 33314-3399

Each copy of the petition so furnished will be accompanied by a statement that a copy of the minimum filing requirements (MFRs), when accepted by the Florida Public Service Commission, can be obtained from Ferncrest upon request.

- b. Place a copy of the petition and the MFRs in Ferncrest's office at 3015 S. W. 54th Avenue, Ft. Lauderdale, Florida. This will be done within 30 days after the official date of filing established by the Commission.
- c. Place a copy of the rate case synopsis at the aforementioned office.
- d. Mail a copy of the rate case synopsis to each of the chief executive officers mentioned above.
- e. Within 50 days after the official date of filing, Ferncrest will provide, in writing, an initial customer notice to all customers in Ferncrest's service area and all persons who in the previous 12 months have requested service or been given an estimate for service. If any customers have provided Ferncrest with an out of town address, the notice will be provided to such customers at the out of town address.
- f. Since Ferncrest is requesting that its application be processed as a proposed agency action (PAA), it does not herein propose to give notice of hearings, but Ferncrest will, no less than 14 or more than 30 days prior to the date of a customer meeting held by the Commission staff, provide written notice of the date, time, location and purpose of the customer meeting to all customers in Ferncrest's service area.

g. If the PAA is protested, Ferncrest will give notice of all hearings required as a result of the protest, as required by subsections (6) and (7) of Rule 25-22.0407, F.A.C.





Florence Carmichael Robert V. Salerno
MY COMMISSION # DD006894 EXPIRES
May 21, 2005

Subscribed and sworn to before me
this 7th day of January,
2002.



Notary Public

FLORENCE CARMICHAEL

Class B

Water and Wastewater Utilities

Financial, Rate and Engineering

Minimum Filing Requirements

Of

Ferncrest Utilities, Inc.

Filed With The

Florida Public Service Commission

In

Docket No. 011073 – WS

For Test Year Ended

December 31, 2000

EXHIBIT A

**Ferncrest Utilities, Inc
Financial, Rate and Engineering
Minimum Filing Requirements
In
Docket No. 011073 – WS**

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**Ferncrest Utilities, Inc
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 Docket No. 011073 – WS**

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Financial, Rate and Engineering
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In
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INTERIM SECTION

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000
 Interim Final []
 Historical Projected []

Interim

Schedule: A-1
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide the calculation of average rate base for the test year, showing all adjustments. All non-used and useful items should be reported as Plant Held For Future Use.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Adjustments	(4) Adjusted Utility Balance
1	Utility Plant in Service	1,681,279		1,681,279
2	Utility Land & Land Rights	20,000		20,000
3	Less: Non-Used & Useful Plant	0	(21,354)	(21,354)
4	Construction Work in Progress	0		0
5	Less: Accumulated Depreciation	(864,960)		(864,960)
6	Less: CIAC	(507,718)		(507,718)
7	Accumulated Amortization of CIAC	336,749		336,749
8	Acquisition Adjustments	0		0
9	Accum. Amort. of Acq. Adjustments	0		0
10	Advances For Construction	0		0
11	Working Capital Allowance	64,148	0	64,148
12	Total Rate Base	729,498	(21,354)	708,144

100000

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000

Interim

Schedule: A-2
 Page 1 of _1_
 Preparer: Robert V Salemo

Interim Final []
 Historical [X] Projected []

C

Explanation: Provide the calculation of average rate base for the test year, showing all adjustments. All non-used and useful items should be reported as Plant Held For Future Use.

In

H

	(1)	(2)	(3)	(4)	(5)
Line No.	Description	Balance Per Books	Utility Adjustments	Adjusted Utility Balance	Supporting Schedule(s)
1	Utility Plant in Service	2,064,580	0	2,064,580	A-6
2	Utility Land & Land Rights	60,000	0	60,000	A-6
3	Less: Non-Used & Useful Plant	0	(35,794)	(35,794)	A-7
4	Construction Work in Progress	0	0	0	-
5	Less: Accumulated Depreciation	(1,208,284)	0	(1,208,284)	A-10
6	Less: CIAC	(1,004,959)	0	(1,004,959)	A-12
7	Accumulated Amortization of CIAC	756,951	0	756,951	A-14
8	Acquisition Adjustments	0	0	0	-
9	Accum. Amort. of Acq. Adjustments	0	0	0	-
10	Advances For Construction	0	0	0	A-16
11	Working Capital Allowance	75,608	0	75,608	A-17
12	Total Rate Base	743,896	(35,794)	708,102	

Schedule of Adjustments to Rate Base

Florida Public Service Commission

Interim

Company: Ferncrest Utilities

Docket No.: 011073-WS

Schedule Year Ended: December 2000

Interim Final []

Historic [X] or Projected []

Schedule: A-3

Page 1 of _1_

Preparer: Robert V Salerno

Explanation: Provide a detailed description of all adjustments to rate base per books, with a total for each rate base line item.

Line No.	Description	Water	Wastewater
1	Palm Trace water and wastewater system CIAC (1) New Chlorine Generator	222,271 90,000	222,270 30,000
2	Non-Used and Useful per Palm Trace Landings expansion Schedules A-5 and A-6	(44,126)	(64,878)
5	Less Accumulated Depreciation on Non-Used and Useful Plant Schedules A-9 and A-10	22,772	29,084
6	Less CIAC from Palm Trace Landings	(222,271)	(222,270)
7	Ammortization of Palm Trace Landings CIAC (2)	44,454	44,454
11	Adjustment of Working Capital for Allowancefor expense adjustments	(3,398)	(1,027)

(1) Installed four years ago but not reflected on the Utility records untill January 1, 2001

(2) $222,271 / 20 \text{ years} = 11,114 \times 4 \text{ years} = 44,454$

Schedule of Working Capital Allowance Calculation

Florida Public Service Commission

Company: Femcrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 2000

Interim

Schedule: A-17
 Page 1 of _1_
 Preparer: Robert V Salerno
 Recap Schedule: A-1, A-2

Explanation: Provide the calculation of working capital using the formula method.
 This is calculated by taking the balance of O&M Expenses divided by 8.

Line No.	Description	Water	Wastewater
1	Total Operation and Maintenance Expense	485,999	596,650
2	Working captial allowance percent	12.50%	12.50%
3	Working captial allowance	60,750	74,581

Schedule of Water Net Operating Income

Florida Public Service Commission

Company: Femcrest Utilities Inc
 Schedule Year Ended: December 31, 2000
 Interim Final
 Historic or Projected

Interim

Schedule: B-1
 Page 1 of 2
 Docket No.: 011073-WS
 Preparer: Robert V Salerno

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Test Year Adjustments	(4) Utility Adjusted Test Year	(5) Requested Revenue Adjustment	(6) Requested Annual Revenues	(7) Supporting Schedules
1	OPERATING REVENUES	542,282	6,944	549,226	94,500	643,726	B-4
2	Operation & Maintenance	512,478	(33,354)	479,124	0	479,124	B-5
3	Depreciation, net of CIAC Amort.	46,056	(1,623)	44,433		44,433	B-13
4	Amortization			0		0	
5	Taxes Other Than Income	48,075		48,075	4,253	52,328	B-15
6	Provision for Income Taxes	0		0	0	0	C-1
7	OPERATING EXPENSES	606,609	(34,977)	571,632	4,253	575,885	
8	NET OPERATING INCOME	(64,327)	(34,977)	(22,406)	90,248	67,842	
9	RATE BASE	729,498	(21,354)	708,144	0	708,144	
10	RATE OF RETURN	-8.8%		-3.2%		9.58%	

000005

Schedule of Wastewater Net Operating Income

Florida Public Service Commission

Company: Ferncrest Utilities Inc.
 Schedule Year Ended: December 31, 2000
 Interim Final
 Historic or Projected

Interim

Schedule: B-2
 Page 1 of 1
 Docket No.: 011073-WS
 Preparer: Robert V Salerno

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Test Year Adjustments	(4) Utility Adjusted Test Year	(5) Requested Revenue Adjustment	(6) Requested Annual Revenues	(7) Supporting Schedules
1	OPERATING REVENUES	683,771	35,338	719,109	28,250	747,359	B-4
2	Operation & Maintenance	604,157	(14,382)	589,775	0	589,775	B-6
3	Depreciation, net of CIAC Amort.	43,934	(2,971)	40,963		40,963	B-14
4	Amortization	707		707		707	
5	Taxes Other Than Income	53,835		53,835	1,271	55,106	B-15
6	Provision for Income Taxes	0		0	0	0	C-1
7	OPERATING EXPENSES	702,633	(17,353)	685,280	1,271	686,551	
8	NET OPERATING INCOME	(18,862)	52,691	33,829	26,979	60,808	
9	RATE BASE	673,734	(35,794)	637,940		637,940	
10	RATE OF RETURN	-2.8%		5.3%		9.53%	

000000

Schedule of Adjustments to Operating Income

Florida Public Service Commi

Interim

Company: Femcrest Utilities Inc

Schedule: B-3

Schedule Year Ended: December 31, 2000

Page 1 of 1

Interim Final

Docket No.: 011073-WS

Historic or Projected

Preparer: Robert V Salerno

Explanation: Provide a detailed description of all adjustments to operating income per books, with a total for each line item shown on the net operating income statement.

Line No.	Description		Water	Wastewater
Water Utility Test Year Adjustments				
	Operating Revenue			
	Anualize Revenues for December 2000 Rates		6,944	
2	Operation and Maintenance			
	Remove Fredic Edmondson Salary	(20,539)		
	Remove Fredic Edmondson Truck Expense	(3,021)		
	Remove Fredic Edmondson Uniform Expense	(308)		
	Transfer of 2000 equipment rental expense from water to wastewater	(9,486)		
			(33,354)	
3	Depreciation, Net of CIAC Amortization			
	Remove Depreciation on 7.2% of Treatment plant Schedule B-13		(1,623)	
5	Taxes other than income			
	Increase gross receipts tax for increased revenue (4.5% X 98,600)		4,437	
Wastewater Utility Test Year Adjustments				
	Operating Revenue			
	Anualize Revenues for December 2000 Rates			35,338
2	Operation and Maintenance			
	Remove Fredic Edmondson Salary	(20,539)		
	Remove Fredic Edmondson Truck Expense	(3,021)		
	Remove Fredic Edmondson Uniform Expense	(308)		
	Transfer of 2000 equipment rental expense from water to wastewater	9,486		
				(14,382)
3	Depreciation, Net of CIAC Amortization			
	Remove depreciation on 12% of Treatment Plant Schedule B14			(2,971)
5	Taxes other than income			
	Increase gross receipt tax for increased revenue (4.5% X 28,250)			1,271

000007

Schedule of Requested Cost of Capital
Beginning and End of Year Average

Florida Public Service Commission

Company: Ferncrest Utilities

Interim

Schedule: D-1

Docket No.: 011073-WS

Page _1_ of _1_

Preparer: Robert V Salerno

Test Year Ended: December 31, 2000

Schedule Year Ended:

Subsidiary [] or Consolidated []

Historic [X] or Projected []

Explanation: Provide a schedule which calculates the requested Cost of Capital on a beginning and end of year average basis. If a year-end basis is used submit an additional schedule reflecting year-end calculations.

Line No.	Class of Capital	(1) Reconciled To Requested Rate Base	(2) Ratio	(3) Cost Rate	(4) Weighted Cost
Long-Term Debt					
1	Silver Oaks	51,638	3.47%	11.30%	0.39%
2	Mortgage - Caribank	1,037,517	69.72%	10.80%	7.53%
3	Land Trust Distributee	4,613	0.31%	11.30%	0.04%
4	Land Trust Distributee	2,232	0.14%	11.30%	0.02%
5	HMF Distributee	2,232	0.14%	11.30%	0.02%
6	HMF Distributee	1,042	0.07%	11.30%	0.01%
7	HMF Distributee	2,232	0.14%	11.30%	0.02%
8	HMF Distributee	3,571	0.24%	11.30%	0.03%
9	BCF Distributee	4,018	0.27%	11.30%	0.03%
10	BCF Distributee	5,357	0.36%	11.30%	0.04%
11	BCF Distributee	2,232	0.14%	11.30%	0.02%
12	BCF Distributee	2,232	0.14%	11.30%	0.02%
13	Charles Forman	5,506	0.37%	11.30%	0.04%
14	Charles Forman	5,952	0.41%	11.30%	0.05%
15	Charles and Hamilton Forman	4,464	0.29%	11.20%	0.03%
16	Charles and Hamilton Forman	23,066	1.55%	11.20%	0.17%
		-----	-----	-----	-----
		1,157,904	77.76%		8.44%
Short-Term Debt					
17	Hamilton Forman	894	0.05%	11.30%	0.01%
18	CANCO Enterprises	261,314	17.60%	11.30%	1.99%
19	M. Austin Forman	64,287	4.33%	11.30%	0.49%
20	Everglades Lakes MHP	3,720	0.26%	11.30%	0.03%
		-----	-----	-----	-----
		330,215	22.24%		2.51%
		-----	-----	-----	-----
Total		1,488,119	100.00%		10.95%
		=====	=====	=====	=====
		-----	-----	-----	-----

Supporting Schedules: D-2

Recap Schedules: A-1,A-2

000008

Reconciliation of Capital Structure to Requested Rate Base
Beginning and End of Year Average

Florida Public Service Commission

Interim

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Schedule Year Ended:
Historic [X] or Projected []

Schedule: D-2
Page _1_ of _1_
Preparer: Robert V Salerno

Explanation: Provide a reconciliation of the simple average capital structure to requested rate base.
Explain all adjustments. Submit an additional schedule if a year-end basis is used.

Line No.	(1) Class of Capital	(2) Test Year Per Books	(4) Reconciliation Adjustments			(6) Reconciled To Requested Rate Base
			(3) Specific	(4) (Explain)	(5) Prorata *	
Long-Term Debt						
1	Silver Oaks	232,794	3.47%		181,156	51,638
2	Mortgage - Caribank	4,681,609	69.72%		3,644,092	1,037,517
3	Land Trust Distributee	21,000	0.31%		16,387	4,613
4	Land Trust Distributee	10,000	0.15%		7,768	2,232
5	HMF Distributee	10,000	0.15%		7,768	2,232
6	HMF Distributee	5,000	0.07%		3,958	1,042
7	HMF Distributee	10,000	0.15%		7,768	2,232
8	HMF Distributee	16,000	0.24%		12,429	3,571
9	BCF Distributee	18,000	0.27%		13,982	4,018
10	BCF Distributee	24,000	0.36%		18,643	5,357
11	BCF Distributee	10,000	0.15%		7,768	2,232
12	BCF Distributee	10,000	0.15%		7,768	2,232
13	Charles Forman	25,000	0.37%		19,494	5,506
14	Charles Forman	27,235	0.40%		21,283	5,952
15	Charles and Hamilton Form.	20,000	0.30%		15,536	4,464
16	Charles and Hamilton Form.	104,119	1.55%		81,053	23,066
		<u>5,224,757</u>	77.81%		<u>4,066,853</u>	<u>1,157,904</u>
Short-Term Debt						
17	Hamilton Forman	3,879	0.06%		2,985	894
18	CANCO Enterprises	1,179,153	17.56%		917,839	261,314
19	M. Austin Forman	290,474	4.32%		226,187	64,287
20	Everglades Lakes MHP	16,900	0.25%		13,180	3,720
		<u>1,490,406</u>	22.19%		<u>1,160,191</u>	<u>330,215</u>
10	Total	<u>6,715,163</u>	100.00%		<u>5,227,044</u>	<u>1,488,119</u>

* List corresponding adjustments to rate base below:

Description	Amount
-------------	--------

Reconciliation adjustments were calculated by deducting the difference between the requested rate base on schedules A-1 and and the simple average capital structure

Rate Schedule

Interim Rates

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: E-1

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater []

Explanation: Provide a schedule of present and proposed rates. State residential wastewater cap, if one exists.

(1) Class/Meter Size	(2) Present Rates	(3) Proposed Rates
	BFC	BFC
Residential		
5/8" x 3/4"	\$11.00	\$12.46
3/4"	\$16.51	\$19.32
1"	\$27.59	\$31.15
1-1/2"	\$54.98	\$62.30
2"	\$87.99	\$99.71
3"	\$175.96	\$199.42
4"	\$274.92	\$321.66
6"	\$549.80	\$623.11
Gallage charge/MG	\$2.58	\$2.94
General Service		
5/8" x 3/4"	\$11.00	\$12.46
3/4"	\$16.51	\$19.32
1"	\$27.59	\$31.15
1-1/2"	\$54.98	\$62.30
2"	\$87.99	\$99.71
3"	\$175.96	\$199.42
4"	\$274.92	\$321.66
6"	\$549.80	\$623.11
Gallage charge/MG	\$2.58	\$2.94

Rate Schedule

Florida Public Service Commission

Company: Ferncrest Utilities Inc Interim
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [] or Wastewater [X]

Schedule: E-1
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a schedule of present and proposed rates. State residential wastewater cap, if one exists.

(1) Class/Meter Size	(2) Present Rates	(3) Proposed Rates
Residential		
5/8" x 3/4"	\$13.71	\$13.84
3/4"	\$20.58	\$20.77
1"	\$34.30	\$34.62
1-1/2"	\$68.61	\$69.23
2"	\$109.73	\$110.74
3"	\$219.49	\$221.49
4"	\$342.95	\$346.20
6"	\$685.88	\$692.15
Gallage charge/MG	\$4.21	\$4.25
Wastewater Cap	6,000 Gallons	
General Service		
5/8" x 3/4"	\$13.71	\$13.84
3/4"	\$20.58	\$20.77
1"	\$34.30	\$34.62
1-1/2"	\$68.61	\$69.23
2"	\$109.73	\$110.74
3"	\$219.49	\$221.49
4"	\$342.95	\$346.20
6"	\$685.88	\$692.15
Gallage charge/MG	\$5.03	\$5.08

Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

Interim

Company: Ferncrest Utilities Inc

Schedule: E-2

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater []

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4"	16529		10.66	176,199.14	12.46	205,951.34
M Gallons		59245	2.50	148,112.50	2.94	174,180.30
1" Etc.						
M Gallons Etc.						
Total Residential	16529	59245		324,311.64		380,131.64
Average Bill				19.62		23.00
General Service						
5/8" x 3/4"	448		10.66	4,775.68	12.46	5,582.08
M Gallons		10490	2.50	26,225.00	2.94	30,840.60
1"	168		26.63	4,473.84	31.15	5,233.20
M Gallons		5602	2.50	14,005.00	2.94	16,469.88
1 1/2"	72		53.26	3,834.72	62.30	4,485.60
M Gallons		2582	2.50	6,455.00	2.94	7,591.08
2"	168		85.23	14,318.64	99.71	16,751.28
M Gallons		14962	2.50	37,405.00	2.94	43,988.28
3"	120		170.45	20,454.00	199.42	23,930.40
M Gallons		33701	2.50	84,252.50	2.94	99,080.94
6"	0		532.58	0.00	623.11	0.00
M Gallons		0	2.50	0.00	2.94	0.00
Total Gen. Serv.	976	67337		216,199.38		253,953.34
Average Bill				221.52		260.20
List Other Classes As Above				0.00		0.00
Totals				0.00		0.00
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				8,715.00		8,715.00
Total Revenue				549,226.02		642,799.98
Booked Revenue				542,282.00		
Difference (Explain)				(6,944.02)		

000012

Interim

Company: Ferncrest Utilities Inc

Schedule: E-2

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X]

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Class/Meter Size	Number Bills	Consumption in MG	Present Rate	Revenues at Present Rates	Proposed Rate	Revenues at Proposed Rates
Residential						
5/8" x 3/4"	16529		13.32	220,166.28	13.84	228,761.36
M Gallons		46521	4.09	190,270.89	4.25	197,714.25
1" Etc.						
M Gallons Etc.						
Total Residential	16529	46521		410,437.17		426,475.61
Average Bill				24.83		25.80
General Service						
5/8" x 3/4"	72		13.32	959.04	13.84	996.48
M Gallons		709	4.88	3,459.92	5.08	3,601.72
1"	48		33.32	1,599.36	34.62	1,661.76
M Gallons		568	4.88	2,771.84	5.08	2,885.44
1 1/2"	24		66.63	1,599.12	69.23	1,661.52
M Gallons		789	4.88	3,850.32	5.08	4,008.12
2"	108		106.58	11,510.64	110.74	11,959.92
M Gallons		12385	4.88	60,438.80	5.08	62,915.80
3"	120		213.18	25,581.60	221.49	26,578.80
M Gallons		33701	4.88	164,460.88	5.08	171,201.08
6"	12		666.17	7,994.04	692.15	8,305.80
M Gallons		3114	4.88	15,196.32	5.08	15,819.12
Total Gen. Serv.	384	51266		299,421.88		311,595.56
Average Bill				779.74		811.45
List Other Classes As Above				0.00		0.00
Totals				0.00		0.00
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				9,250.00		9,250.00
Total Revenue				719,109.05		747,321.17
Booked Revenue				683,771.00		
Difference (Explain)				(35,338.05)		

000013

RATE BASE SECTION

Schedule of Water Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000
 Interim [] Final [X]
 Historical [X] Projected []

Schedule: A-1
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide the calculation of average rate base for the test year, showing all adjustments. All non-used and useful items should be reported as Plant Held For Future Use.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Adjustments	(4) Adjusted Utility Balance	(5) Supporting Schedule(s)
1	Utility Plant in Service	1,681,279	156,136	1,837,415	A-5
2	Utility Land & Land Rights	20,000		20,000	A-5
3	Less: Non-Used & Useful Plant	0	(21,354)	(21,354)	A-7
4	Construction Work in Progress	0	0	0	-
5	Less: Accumulated Depreciation	(864,960)	(12,589)	(877,549)	A-9
6	Less: CIAC	(507,718)	(111,135)	(618,853)	A-12
7	Accumulated Amortization of CIAC	336,749	22,227	358,976	A-14
8	Acquisition Adjustments	0	0	0	
9	Accum. Amort. of Acq. Adjustments	0	0	0	-
10	Advances For Construction	0	0	0	A-16
11	Working Capital Allowance	64,148	(3,398)	60,750	A-17
12	Total Rate Base	<u>729,498</u>	<u>29,887</u>	<u>759,385</u>	

000014

Schedule of Wastewater Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000
 Interim [] Final [X]
 Historical [X] Projected []

Schedule: A-2
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide the calculation of average rate base for the test year, showing all adjustments. All non-used and useful items should be reported as Plant Held For Future Use.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Adjustments	(4) Adjusted Utility Balance	(5) Supporting Schedule(s)
1	Utility Plant in Service	2,064,580	126,135	2,190,715	A-6
2	Utility Land & Land Rights	60,000	0	60,000	A-6
3	Less: Non-Used & Useful Plant	0	(35,794)	(35,794)	A-7
4	Construction Work in Progress	0	0	0	-
5	Less: Accumulated Depreciation	(1,208,284)	(15,568)	(1,223,852)	A-10
6	Less: CIAC	(1,004,959)	(111,135)	(1,116,094)	A-12
7	Accumulated Amortization of CIAC	756,951	22,227	779,178	A-14
8	Acquisition Adjustments	0	0	0	-
9	Accum. Amort. of Acq. Adjustments	0	0	0	-
10	Advances For Construction	0	0	0	A-16
11	Working Capital Allowance	75,608	(1,027)	74,581	A-17
12	Total Rate Base	743,896	(15,162)	728,734	

Schedule of Adjustments to Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000
 Interim [] Final [X]
 Historic [X] or Projected []

Schedule: A-3
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a detailed description of all adjustments to rate base per books, with a total for each rate base line item.

Line No.	Description	Water	Wastewater
1	Palm Trace water and wastewater system CIAC (1) New Chlorine Generator	222,271 90,000	222,270 30,000
2	Non-Used and Useful per Palm Trace Landings expansion Schedules A-5 and A-6	(44,126)	(64,878)
5	Less Accumulated Depreciation on Non-Used and Useful Plant Schedules A-9 and A-10	22,772	29,084
6	Less CIAC from Palm Trace Landings	(222,271)	(222,270)
7	Amortization of Palm Trace Landings CIAC (2)	44,454	44,454
11	Adjustment of Working Capital for Allowance for expense adjustments	(3,398)	(1,027)

(1) Installed four years ago but not reflected on the Utility records until January 1, 2001

(2) $222,271 / 20 \text{ years} = 11,114 \times 4 \text{ years} = 44,454$

Schedule of Water and Wastewater Plant in Service
Annual Balances Subsequent to Last Established Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 2000

Schedule: A-4
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide the annual balance of the original cost of plant in service, for water and wastewater separately, for all years since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously by this Commission; and yearly additions, retirements, and adjustments by dollar amount up to the end of the test year. Provide an additional page if necessary. If a projected test year is used, include the projected annual additions and/or retirements specifically identifying those amounts.

Line No.	Description	Year-End Balance	
		Water	Wastewater
5	_12/31/94__ Balance	1,230,742	1,889,518
6	1995__ Additions	257,551	66,825
7	1995__ Retirements		
8	1995__ Adjustments	(98,767)	14,474
9	_12/31/95__ Balance	1,389,526	1,970,817
10	1996__ Additions	224,901	75,078
11	1996__ Retirements		
12	1996__ Adjustments		
13	_12/31/96__ Balance	1,614,427	2,045,895
14	1997__ Additions	31,617	19,331
15	1997__ Retirements		
16	1997__ Adjustments		
17	_12/31/97__ Balance	1,646,044	2,065,226
18	1998__ Additions	19,913	5,348
19	1998__ Retirements		
20	1998__ Adjustments		
21	_12/31/98__ Balance	1,665,957	2,070,574
22	1999__ Additions	34,422	39,653
23	1999__ Retirements		
24	1999__ Adjustments		
25	_12/31/99__ Balance	1,700,379	2,110,227
26	2000__ Additions	1,799	28,706
27	2000__ Retirements		
28	2000__ Adjustments		
29	_12/31/2000 Balance	1,702,178	2,138,933
30	2001__ Additions		
31	2001__ Retirements		
32	2001__ Adjustments		
33	_12/31/2001 Balance	1,702,178	2,138,933
34	Proforma Additions	312,271	252,270
35	Proforma Retirements		
36	Proforma Adjustments		
37	_12/31/2002 Balance	2,014,449	2,391,203

Supporting Schedules: A-5, A-6
Recap Schedules: A-18

000017

Schedule of Water Plant in Service by Primary Account
Beginning and End of Year Average

Florida Serv Comm

Company: Ferncrest Utilities
Docket No.: 011073-WS
Schedule Year Ended: December 2000
Historic [X] or Projected []

Explanation: Provide the ending balances
and average of plant in service for the prior
year and the test year by primary account.
Also show non-used & useful amounts by account.

Schedule: A-5
Page 1 of 1
Preparer: Robert V Salerno
Recap Schedules: A-1,A-4

Line No.	(1) Account No. and Name	(2) Prior Year	(3) Test Year	(4) Utility Adjustments	(5) Adjusted Test Year	(6) Adjusted Average	(7) Non-Used & Useful %	(8) Non-Used & Amount
1	INTANGIBLE PLANT							
2	301.1 Organization	1,845	1,845		1,845	1,845	0	0
3	302.1 Franchises	4,300	4,300		4,300	4,300	0	0
4	339.1 Other Plant & Misc. Equipment	0	0		0	0	0	0
5	SOURCE OF SUPPLY AND PUMPING PLANT							
6	303.2 Land & Land Rights				0	0	0	0
7	304.2 Structures & Improvements	0	0		0	0	0	0
8	305.2 Collect. & Impound. Reservoirs	0	0		0	0	0	0
9	306.2 Lake, River & Other Intakes	0	0		0	0	0	0
10	307.2 Wells & Springs	42,461	42,461		42,461	42,461	0	0
11	308.2 Infiltration Galleries & Tunnels	0	0		0	0	0	0
12	309.2 Supply Mains	0	0		0	0	0	0
13	310.2 Power Generation Equipment	42,765	42,765		42,765	42,765	0	0
14	311.2 Pumping Equipment	176,118	176,118		176,118	176,118	0	0
15	339.2 Other Plant & Misc. Equipment	0	0		0	0	0	0
16	WATER TREATMENT PLANT							
17	303.3 Land & Land Rights	20,000	20,000		20,000	20,000	0	0
18	304.3 Structures & Improvements	218,160	218,160		218,160	218,160	7.2%	15,708
19	320.3 Water Treatment Equipment	349,691	349,691	90,000	439,691	394,691	7.2%	28,418
20	339.3 Other Plant & Misc. Equipment	0	0		0	0	0	0
21	TRANSMISSION & DISTRIBUTION PLANT							
22	303.4 Land & Land Rights	0	0		0	0	0	0
23	304.4 Structures & Improvements	0	0		0	0	0	0
24	330.4 Distr. Reservoirs & Standpipes	199,712	199,712		199,712	199,712	0	0
25	331.4 Transm. & Distribution Mains	238,199	238,199	222,271	460,470	349,335	0	0
26	333.4 Services	132,486	132,486		132,486	132,486	0	0
27	334.4 Meters & Meter Installations	63,490	63,490		63,490	63,490	0	0
28	335.4 Hydrants	0	0		0	0	0	0
29	339.4 Other Plant & Misc. Equipment	0	0		0	0	0	0
30	GENERAL PLANT							
31	303.5 Land & Land Rights	0	0		0	0	0	0
32	304.5 Structures & Improvements	54,794	54,794		54,794	54,794	0	0
33	340.5 Office Furniture & Equipment	36,260	36,260		36,260	36,260	0	0
34	341.5 Transportation Equipment	35,572	35,572		35,572	35,572	0	0
35	342.5 Stores Equipment	0	0		0	0	0	0
36	343.5 Tools, Shop & Garage Equipment	0	0		0	0	0	0
37	344.5 Laboratory Equipment	18,847	18,847		18,847	18,847	0	0
38	345.5 Power Operated Equipment	18,847	20,646		20,646	19,747	0	0
39	346.5 Communication Equipment	0	0		0	0	0	0
40	347.5 Miscellaneous Equipment	21,000	21,000		21,000	21,000	0	0
41	348.5 Other Tangible Plant 186.3	25,832	25,832		25,832	25,832	0	0
42	TOTAL	\$ 1,700,379	\$ 1,702,178	\$ 312,271	2,014,449	1,857,414		\$ 44,126

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000
 Historic [X] or Projected []

Explanation: Provide the ending balances
 and average of plant in service for the prior
 year and the test year by primary account.
 Also show non-used & useful amounts by account.

Schedule: A-6
 Page 1 of 1
 Preparer: Robert V Salerno

Recap Schedules: A-2,A-4

Line No.	(1) Account No. and Name	(2) Prior Year	(3) Test Year	(4) Utility Adjustments	(5) Adjusted Test Year	(6) Adjusted Average	(7) Non-Used & Useful %	(8) Non-Used & Amount
1	INTANGIBLE PLANT							
2	351.1 Organization				0	0	0	0
3	352.1 Franchises				0	0	0	0
4	389.1 Other Plant & Misc. Equipment				0	0	0	0
5	COLLECTION PLANT							
6	353.2 Land & Land Rights	60,000	60,000		60,000	60,000	0	0
7	354.2 Structures & Improvements				0	0	0	0
8	360.2 Collection Sewers - Force				0	0	0	0
9	361.2 Collection Sewers - Gravity	612,097	615,480	148,180	763,660	687,878	0	0
10	362.2 Special Collecting Structures	0	0		0	0	0	0
11	363.2 Services to Customers	181,273	181,273		181,273	181,273	0	0
12	364.2 Flow Measuring Devices				0	0	0	0
13	365.2 Flow Measuring Installations				0	0	0	0
14	389.2 Other Plant & Misc. Equipment				0	0	0	0
15	SYSTEM PUMPING PLANT							
16	353.3 Land & Land Rights				0	0	0	0
17	354.3 Structures & Improvements	195,440	195,440		195,440	195,440	0	0
18	370.3 Receiving Wells				0	0	0	0
19	371.3 Pumping Equipment	358,114	367,076	74,090	441,166	399,640	0	0
20	389.3 Other Plant & Misc. Equipment				0	0	0	0
21	TREATMENT AND DISPOSAL PLANT							
22	353.4 Land & Land Rights	0	0		0	0	0	0
23	354.4 Structures & Improvements	182,761	184,208		184,208	183,485	12.0%	22,018
24	380.4 Treatment & Disposal Equipment	342,165	342,165	30,000	372,165	357,165	12.0%	42,860
25	381.4 Plant Sewers				0	0	0	0
26	382.4 Outfall Sewer Lines				0	0	0	0
27	389.4 Other Plant & Misc. Equipment	11,845	11,845		11,845	11,845	0	0
28	GENERAL PLANT							
29	353.5 Land & Land Rights				0	0	0	0
30	354.5 Structures & Improvements	29,939	29,939		29,939	29,939	0	0
31	390.5 Office Furniture & Equipment	26,699	29,031		29,031	27,865	0	0
32	391.5 Transportation Equipment	34,972	47,554		47,554	41,263	0	0
33	392.5 Stores Equipment	0	0		0	0	0	0
34	393.5 Tools, Shop & Garage Equipment	30,852	30,852		30,852	30,852	0	0
35	394.5 Laboratory Equipment	23,070	23,070		23,070	23,070	0	0
36	395.5 Power Operated Equipment				0	0	0	0
37	396.5 Communication Equipment				0	0	0	0
38	397.5 Miscellaneous Equipment	21,000	21,000		21,000	21,000	0	0
39	398.5 Other Tangible Plant				0	0	0	0
40	TOTAL	2,110,227	2,138,933	252,270	2,391,203	2,250,715	0	64,878

000019

Non-Used and Useful Plant - Summary

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000

Explanation: Provide a summary of the items included in non-used and useful plant for the test year. Provide additional support schedules, if necessary.

Schedule: A-7
 Page 1 of 1
 Preparer: Robert V Salerno

Line No.	(1) Description	(2) Average Amount Per Books	(3) Utility Adjustments	(4) Balance Per Utility
WATER				
1	Plant in Service	1,681,279	(44,126)	1,637,153
2	Land	20,000	0	20,000
3	Accumulated Depreciation	(864,960)	22,772	(842,188)
4	Other (Explain)	0	0	0
5	Total	836,319	(21,354)	814,965
WASTEWATER				
6	Plant in Service	2,064,580	(64,878)	1,999,702
7	Land	60,000	0	60,000
8	Accumulated Depreciation	(1,208,284)	29,084	(1,179,200)
9	Other (Explain)	0	0	0
10	Total	916,296	(35,794)	880,502

Supporting Schedules: A-5,A-6,A-9,A-10
 Recap Schedules: A-1,A-2

Schedule of Water and Wastewater Accumulated Depreciation
Annual Balances Subsequent to Last Established Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 2000

Schedule: A-8
Page 1 of 1
Preparer: Robert V Salerno

Explanation: Provide the annual balance of accumulated depreciation, for water and wastewater separately, for all years since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously by this Commission; and yearly additions, retirements, and adjustments by dollar amount up to the end of the test year. Provide an additional page if necessary. If a projected test year is used, include the projected additions and/or retirements specifically identifying those amounts.

Line No.	Description	Year-End Balance	
		Water	Wastewater
5	_12/31/94__ Balance	422,087	840,264
6	1995__ Additions	47,401	71,580
7	1995__ Prior year adjustment	120,583	(40,004)
8	1995__ Adjustments *		(21,229)
9	_12/31/95__ Balance	590,071	850,611
10	1996__ Additions	54,275	75,709
11	1996__ Retirements		
12	1996__ Adjustments		
13	_12/31/96__ Balance	644,346	926,320
14	1997__ Additions	60,842	78,822
15	1997__ Retirements		
16	1997__ Adjustments		
17	_12/31/97__ Balance	705,188	1,005,142
18	1998__ Additions	61,415	79,631
19	1998__ Retirements		
20	1998__ Adjustments	(58)	58
21	_12/31/98__ Balance	766,545	1,084,831
22	1999__ Additions	65,380	82,019
23	1999__ Retirements		
24	1999__ Adjustments		
25	_12/31/99__ Balance	831,925	1,166,850
26	2000__ Additions	66,071	82,868
27	2000__ Retirements		
28	2000__ Adjustments		
29	_12/31/2000 Balance	897,996	1,249,718
30	2001__ Additions		
31	2001__ Retirements		
32	2001__ Adjustments		
33	_12/31/2001 Balance	897,996	1,249,718
34	Proforma Additions	9,669	8,909
35	Proforma Retirements	0	0
36	Proforma Adjustments	(1,623)	(2,971)
37	_12/31/2002 Balance	906,042	1,255,656

Supporting Schedules: A-9, A-10
Recap Schedules: A18

* FPSC Adjustment in 1994 Rate Case

000021

Schedule of Water Accumulated Depreciation By Primary Account
Beginning and End of Year Average

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Schedule Year Ended: December 2000
Historic [X] or Projected []

Explanation: Provide the ending balances and average of accumulated depreciation for the prior year and the test year by primary account. Also show non-used & useful amounts by account.

Schedule: A-9
Page 1 of _1_
Preparer: Robert V Salerno
Recap Schedules: A-1,A-8

Line No.	(1) Account No. and Name	(2) Prior Year	(3) Test Year	(4) Utility Adjustments	(5) Adjusted Test Year	(6) Adjusted Average	(7) Non-Used & Useful %	(8) Non-Used & Amount
1	INTANGIBLE PLANT							
2	301.1 Organization	0	0		0	0		
3	302.1 Franchises	0	0		0	0		
4	339.1 Other Plant & Misc. Equipment				0	0		
5	SOURCE OF SUPPLY AND PUMPING PLANT							
6	304.2 Structures & Improvements				0	0		
7	305.2 Collect. & Impound. Reservoirs				0	0		
8	306.2 Lake, River & Other Intakes				0	0		
9	307.2 Wells & Springs	26,054	27,469		27,469	26,761		
10	308.2 Infiltration Galleries & Tunnels				0	0		
11	309.2 Supply Mains				0	0		
12	310.2 Power Generation Equipment	24,834	26,406		26,406	25,620		
13	311.2 Pumping Equipment				0	0		
14	339.2 Other Plant & Misc. Equipment	45,868	54,401		54,401	50,134		
15	WATER TREATMENT PLANT							
16	304.3 Structures & Improvements	153,377	159,990		159,990	156,683	7.2%	11,281
17	320.3 Water Treatment Equipment	149,388	165,317	4,500	169,817	159,602	7.2%	11,491
18	339.3 Other Plant & Misc. Equipment				0	0		
19	TRANSMISSION & DISTRIBUTION PLANT							
20	304.4 Structures & Improvements				0	0		
21	330.4 Distr. Reservoirs & Standpipes	35,299	40,696		40,696	37,997		
22	331.4 Transm. & Distribution Mains	138,170	143,710	20,676	164,386	151,278		
23	333.4 Services	88,513	91,825		91,825	90,169		
24	334.4 Meters & Meter Installations	47,549	50,724		50,724	49,136		
25	335.4 Hydrants				0	0		
26	339.4 Other Plant & Misc. Equipment				0	0		
27	GENERAL PLANT							
28	304.5 Structures & Improvements	17,961	19,622		19,622	18,792		
29	340.5 Office Furniture & Equipment	18,928	21,109		21,109	20,019		
30	341.5 Transportation Equipment	26,755	28,577		28,577	27,666		
31	342.5 Stores Equipment				0	0		
32	343.5 Tools, Shop & Garage Equipment				0	0		
33	344.5 Laboratory Equipment	14,961	16,218		16,218	15,590		
34	345.5 Power Operated Equipment	9,879	11,086		11,086	10,482		
35	346.5 Communication Equipment				0	0		
36	347.5 Miscellaneous Equipment	21,000	21,000		21,000	21,000		
37	348.5 Other Tangible Plant	13,388	19,846		19,846	16,617		
38	TOTAL	831,925	897,995	25,176	923,171	877,548		22,773

Schedule of Wastewater Accumulated Depreciation By Primary Account
Beginning and End of Year Average

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Schedule Year Ended: December 2000
Historic [X] or Projected []

Explanation: Provide the ending balances and average of accumulated depreciation for the prior year and the test year by primary account. Also show non-used & useful amounts by account.

Schedule: A-10
Page 1 of _1_
Preparer: Robert V Salerno
Recap Schedules: A-2,A-8

Line No.	(1) Account No. and Name	(2) Prior Year	(3) Test Year	(4) Utility Adjustments	(5) Adjusted Test Year	(6) Adjusted Average	(7) Non-Used & Useful %	(8) Non-Used & Amount
1	INTANGIBLE PLANT							
2	351.1 Organization					0		
3	352.1 Franchises					0		
4	389.1 Other Plant & Misc. Equipment					0		
5	COLLECTION PLANT							
6	354.2 Structures & Improvements					0		
7	360.2 Collection Sewers - Force					0		
8	361.2 Collection Sewers - Gravity	311,657	325,278	13,172	338,450	325,053		
9	362.2 Special Collecting Structures					0		
10	363.2 Services to Customers	103,525	108,295		108,295	105,910		
11	364.2 Flow Measuring Devices					0		
12	365.2 Flow Measuring Installations					0		
13	389.2 Other Plant & Misc. Equipment					0		
14	SYSTEM PUMPING PLANT							
15	354.3 Structures & Improvements	94,546	100,654		100,654	97,600		
16	370.3 Receiving Wells					0		
17	371.3 Pumping Equipment	311,062	331,372	16,464	347,836	329,449		
18	389.3 Other Plant & Misc. Equipment					0		
19	TREATMENT AND DISPOSAL PLANT							
20	354.4 Structures & Improvements	59,463	65,216		65,216	62,340	12.0%	7,481
21	380.4 Treatment & Disposal Equipment	169,766	188,775	1,500	190,275	180,021	12.0%	21,602
22	381.4 Plant Sewers					0		
23	382.4 Outfall Sewer Lines					0		
24	389.4 Other Plant & Misc. Equipment	9,597	10,255		10,255	9,926		
25	GENERAL PLANT							
26	354.5 Structures & Improvements	11,713	15,609		15,609	13,661		
27	390.5 Office Furniture & Equipment	15,802	17,416		17,416	16,609		
28	391.5 Transportation Equipment	26,141	30,076		30,076	28,108		
29	392.5 Stores Equipment					0		
30	393.5 Tools, Shop & Garage Equipment	16,250	17,906		17,906	17,078		
31	394.5 Laboratory Equipment	16,328	17,866		17,866	17,097		
32	395.5 Power Operated Equipment					0		
33	396.5 Communication Equipment					0		
34	397.5 Miscellaneous Equipment	21,000	21,000		21,000	21,000		
35	398.5 Other Tangible Plant					0		
36	TOTAL	\$ 1,166,850	\$ 1,249,718	31,136	1,280,854	\$ 1,223,852		\$ 29,083

3/20/01

Schedule of Water and Wastewater Contributions in Aid of Construction
Annual Balances Subsequent to Last Established Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 2000

Schedule: A-11
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide the annual balance of contributions in aid of construction, for water and wastewater separately, for all years since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously by this Commission; and yearly additions and adjustments by dollar amount up to the end of the test year. Provide an additional page if necessary. If a projected test year is used, include the projected additions and/or retirements specifically identifying those amounts. Show any retirements as adjustments.

Line No.	Description	Year-End Balance	
		Water	Wastewater
4	_12/31/94 Balance	444,998	939,347
5	1995__ Additions	0	0
6	1995__ Adjustments	0	0
7	_12/31/95__ Balance	444,998	939,347
8	1996__ Additions	62,720	65,612
9	1996__ Adjustments		
10	_12/31/96__ Balance	507,718	1,004,959
11	1997__ Additions	0	0
12	1997__ Adjustments	0	0
10	_12/31/97__ Balance	507,718	1,004,959
11	1998__ Additions	0	0
12	1998__ Adjustments	0	0
10	_12/31/98__ Balance	507,718	1,004,959
11	1999__ Additions	0	0
12	1999__ Adjustments	0	0
13	_12/31/99__ Balance	507,718	1,004,959
14	2000__ Additions	0	0
15	2000__ Adjustments	0	0
19	_12/31/2000_ Balance	507,718	1,004,959
20	2001__ Additions		
21	2001__ Retirements		
22	_12/31/2001 Balance	507,718	1,004,959
23	Proforma Additions	222,271	222,270
24	Proforma Retirements		
25	_12/31/2002 Balance	729,989	1,227,229

Supporting Schedules: A-12
Recap Schedules: A-19

Schedule of Contributions in Aid of Construction By Classification
 Beginning and End of Year Average - Water and Wastewater

Florida Public Service Commission

Schedule: A-12
 Page 1 of 1
 Preparer: Robert V Salerno

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Schedule Year Ended: December 2000
 Historic [X] or Projected []

Explanation: Provide the ending balances and average of CIAC, by classification for the prior year and the test year.
 If a projected year is employed, provide breakdown for base year and intermediate year also.

Line No.	(1) Description	(2) Prior Year 12/31/99	(3) Test Year 12/31/00	(4) Average
WATER				
1	Plant Capacity Fees			
2	Line/Main Extension Fees			
3	Meter Installation Fees			
4	Contributed Lines			
5	Other - Total CIAC collected as of prior rate case was not separately identified as to type and cannot be so identified for the current application	507,718	507,718	507,718
6				
7	Total	507,718	507,718	507,718
WASTEWATER				
8	Plant Capacity Fees			
9	Line/Main Extension Fees			
10	Contributed Lines			
11	Other - Total CIAC collected as of prior rate case was not separately identified as to type and cannot be so identified for the current application	1,004,959	1,004,959	1,004,959
12				
13	Total	1,004,959	1,004,959	1,004,959

Recap Schedules: A-1,A-2,A-11

Schedule of Water and Wastewater Accumulated Amortization of CIAC
Annual Balances Subsequent to Last Established Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 2000

Schedule: A-13
Page 1 of 1
Preparer: Robert V Salerno

Explanation: Provide the annual balance of accumulated amortization of CIAC, for water and wastewater separately, for all years since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously by this Commission; and yearly additions and adjustments by dollar amount up to the end of the test year. Provide an additional page if necessary. If a projected test year is used, include the projected additions and/or retirements specifically identifying those amounts. Show any retirements as adjustments.

Line No.	Description	Year-End Balance	
		Water	Wastewater
4	_12/31/94__ Balance	237,581	545,725
5	1995__ Additions	14,774	34,850
6	1995__ Adjustments	0	0
7	_12/31/95__ Balance	252,355	580,575
8	1996__ Additions	17,211	37,385
9	1996__ Adjustments	0	0
10	_12/31/96__ Balance	269,566	617,960
11	1997__ Additions	19,070	39,506
12	1997__ Adjustments	0	0
13	_12/31/97__ Balance	288,636	657,466
14	1998__ Additions	18,983	39,726
15	1998__ Adjustments	0	0
16	_12/31/98__ Balance	307,619	697,192
17	1999__ Additions	19,122	40,291
18	1999__ Adjustments	0	0
16	_12/31/99__ Balance	326,741	737,483
17	2000__ Additions	20,015	38,935
18	2000__ Adjustments	0	0
19	_12/31/2000__ Balance	346,756	776,418
20	2001__ Additions		
21	2001__ Adjustments		
22	_12/31/2001__ Balance	346,756	776,418
23	Proforma__ Additions	44,456	44,456
24	Proforma__ Adjustments		
25	_12/31/2002__ Balance	391,212	820,874

Supporting Schedules: A-14
Recap Schedules: A-19

Schedule of Accumulated Amortization of CIAC By Classification
Beginning and End of Year Average - Water and wastewater

Florida Public Service Commission

Company: Ferncrest Utilities
Jacket No.: 011073-WS
Schedule Year Ended: December 2000
Historic [X] or Projected []

Schedule: A-14
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide the ending balances and average of Accumulated Amortization of CIAC by classification, if possible, for the prior year and the test year. If a projected year is employed, provide breakdown for base year and intermediate year also.

Line No.	(1) Description	(2) Prior Year 12/31/99	(3) Test Year 12/31/00	(4) Average
WATER				
1	Plant Capacity Fees			
2	Line/Main Extension Fees			
3	Meter Installation Fees			
4	Contributed Lines			
5	Other - Total CIAC collected as of prior rate case was not separately identified as to type and cannot be so identified for the current application	326,741	346,756	336,749
6				
7	Total	326,741	346,756	336,749
WASTEWATER				
8	Plant Capacity Fees			
9	Line/Main Extension Fees			
10	Contributed Lines			
11	Other - Total CIAC collected as of prior rate case was not separately identified as to type and cannot be so identified for the current application	737,483	776,418	756,951
12				
13	Total	737,483	776,418	756,951

Recap Schedules: A-1,A-2,A-13

Schedule of Annual AFUDC Rates Used

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 2000

Schedule: A-15
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide the annual AFUDC rates used since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously. Include a description of practices and authority of rate(s) used.

Ferncrest does not have any AFUDC rates, therefore this schedule does not apply.

Schedule of Water and Wastewater Advances For Construction
Annual Balances Subsequent to Last Established Rate Base

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 2000

Schedule: A-16
Page 1 of 1
Preparer: Robert V Salerno

Explanation: Provide the annual balance of Advances For Construction, for water and wastewater separately, for all years since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously by this Commission; and yearly additions and adjustments by dollar amount up to the end of the test year. Provide an additional page if necessary. If a projected test year is used, include the projected additions and/or retirements, specifically identifying those amounts. Also provide a brief description of the applicant's policy regarding advances.

Line No.		Description	Year-End Balance	
			Water	Wastewater
There are no advances for construction				
1		___/___/___ Balance		
2		19__ Additions		
3		19__ Adjustments		
4		___/___/___ Balance		
5		19__ Additions		
6		19__ Adjustments		
7		___/___/___ Balance		
8		19__ Additions		
9		19__ Adjustments		
10		___/___/___ Balance		
11		19__ Additions		
12		19__ Adjustments		
13		___/___/___ Balance		
14		19__ Additions		
15		19__ Adjustments		
16		___/___/___ Balance		
17		19__ Additions		
18		19__ Adjustments		
19		___/___/___ Balance		

Supporting Schedules: None
Recap Schedules: A-1,A-2,A-19

Schedule of Working Capital Allowance Calculation

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 2000

Schedule: A-17
 Page 1 of _1_
 Preparer: Robert V Salerno
 Recap Schedule: A-1, A-2

Explanation: Provide the calculation of working capital using the formula method.
 This is calculated by taking the balance of O&M Expenses divided by 8.

Line No.	Description	Water	Wastewater
1	Total Operation and Maintenance Expense	485,999	596,650
2	Working captial allowance percent	12.50%	12.50%
		-----	-----
3	Working captial allowance	60,750	74,581
		=====	=====

Comparative Balance Sheet - Assets

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 2000

Explanation: Provide a balance sheet
 for years requested. Provide same for
 historical base or intermediate
 years, if not already shown.

Schedule: A-18
 Page 1 of _1_
 Preparer: Robert V Salerno

Line No.	(1) ASSETS	(2) Test Year Ended 12/31/00	(3) Prior Year Ended 12/31/99
1	Utility Plant in Service	3,841,111	3,810,606
2	Construction Work in Progress	0	0
3	Other Utility Plant Adjustments	0	0
4	GROSS UTILITY PLANT	3,841,111	3,810,606
5	Less: Accumulated Depreciation	2,147,714	1,998,775
6	NET UTILITY PLANT	1,693,397	1,811,831
7	Cash	115,953	221,825
8	Accounts Rec'b - Customer	125,234	120,675
9	Notes & Accts. Rec'b - Assoc. Cos.		
10	Accounts Rec'b - Other	23,822	
11	Allowance for Bad Debts		
12	Materials & Supplies		
13	Miscellaneous Current & Accrued Assets	105,057	18,643
14	TOTAL CURRENT ASSETS	370,066	361,143
15	Unamortized Debt Discount & Exp.		
16	Prelim. Survey & Investigation Charges		
17	Clearing Accounts		
18	Deferred Rate Case Expense		
19	Other Miscellaneous Deferred Debits	236	1,650
20	Accum. Deferred Income Taxes		
21	TOTAL DEFERRED DEBITS	236	1,650
22	TOTAL ASSETS	\$ 2,063,699	\$ 2,174,624

Comparative Balance Sheet - Equity Capital & Liabilities

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 2000

Explanation: Provide a balance sheet
 for years requested. Provide same for
 historical base or intermediate
 years, if not already shown.

Schedule: A-19
 Page 1 of _1_
 Preparer: Robert V Salerno

Line No.	(1) EQUITY CAPITAL & LIABILITIES	(2) Test Year Ended 12/31/00	(3) Prior Year Ended 12/31/99
1	Common Stock Issued	10,000	10,000
2	Preferred Stock Issued		
3	Additional Paid in Capital	120,000	120,000
4	Retained Earnings	(7,095,847)	(6,281,966)
5	Other Equity Capital		
6	TOTAL EQUITY CAPITAL	(6,965,847)	(6,151,966)
7	Bonds		
8	Reacquired Bonds		
9	Advances From Associated Companies	245,890	219,697
10	Other Long-Term Debt	5,244,496	4,739,430
11	TOTAL LONG-TERM DEBT	5,490,386	4,959,127
7	Accounts Payable		
8	Notes Payable	31,255	4,152
9	Notes & Accounts Payable - Assoc. Cos.	1,492,700	1,492,700
10	Customer Deposits	51,924	47,570
11	Accrued Taxes	55,200	55,262
12	Accrued Interest	1,048,517	857,741
13	Accrued Dividends		
14	Misc. Current & Accrued Liabilities	470,061	461,585
15	TOTAL CURRENT & ACCRUED LIABILITIES	3,149,657	2,919,010
16	Advances For Construction		
17	Other Deferred Credits		
18	Accum. Deferred ITCs		
19	Operating Reserves		
20	TOTAL DEFERRED CREDITS & OPER. RESERVES		
21	Contributions in Aid of Construction	1,512,677	1,512,677
22	Less: Accum. Amortization of CIAC	(1,123,174)	(1,064,224)
		389,503	448,453
23	Accumulated Deferred Income Taxes		
24	TOTAL EQUITY CAPITAL & LIABILITIES	\$ 2,063,699	\$ 2,174,624

**NET OPERATING
INCOME SECTION**

Schedule of Water Net Operating Income

Florida Public Service Commission

Company: Ferncrest Utilities Inc
 Schedule Year Ended: December 31, 2000
 Interim [] Final [X]
 Historic [X] or Projected []

Schedule: B-1 Final
 Page _1_ of _1_
 Docket No.: 011073-WS
 Preparer: Robert V Salerno

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Test Year Adjustments	(4) Utility Adjusted Test Year	(5) Requested Revenue Adjustment	(6) Requested Annual Revenues	(7) Supporting Schedules
1	OPERATING REVENUES	542,282	24,253	566,535	98,100	664,635	B-4
2	Operation & Maintenance	512,478	(26,479)	485,999	0	485,999	B-5
3	Depreciation, net of CIAC Amort.	46,056	(3,068)	42,988		42,988	B-13
4	Amortization			0		0	
5	Taxes Other Than Income	48,075		48,075	4,415	52,490	B-15
6	Provision for Income Taxes	0		0	0	0	C-1
7	OPERATING EXPENSES	606,609	(29,547)	577,062	4,415	581,477	
8	NET OPERATING INCOME	(64,327)	53,800	(10,527)	93,686	83,159	
9	RATE BASE	729,498	29,887	759,385		759,385	
10	RATE OF RETURN	-8.8%		-1.4%		10.95%	

000033

Company: Ferncrest Utilities Inc.
 Schedule Year Ended: December 31, 2000
 Interim [] Final [X]
 Historic [X] or Projected []

Schedule: B-2 Final
 Page _1_ of _1_
 Docket No.: 011073-WS
 Preparer: Robert V Salerno

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

Line No.	(1) Description	(2) Balance Per Books	(3) Utility Test Year Adjustments	(4) Utility Adjusted Test Year	(5) Requested Revenue Adjustment	(6) Requested Annual Revenues	(7) Supporting Schedules
1	OPERATING REVENUES	683,771	49,726	733,497	37,250	770,747	B-4
2	Operation & Maintenance	604,157	(7,507)	596,650	0	596,650	B-6
3	Depreciation, net of CIAC Amort.	43,934	(5,176)	38,758		38,758	B-14
4	Amortization			0		0	
5	Taxes Other Than Income	53,835		53,835	1,676	55,511	B-15
6	Provision for Income Taxes	0		0	0	0	C-1
7	OPERATING EXPENSES	701,926	(12,683)	689,243	1,676	690,919	
8	NET OPERATING INCOME	(18,155)	62,409	44,254	35,574	79,828	
9	RATE BASE	743,896	(15,162)	728,734		728,734	
10	RATE OF RETURN	-2.4%		6.1%		10.95%	

000031

Company: Ferncrest Utilities Inc
 Schedule Year Ended: December 31, 2000
 Interim [] Final [X]
 Historic [X] or Projected []

Schedule: B-3
 Page _1_ of _1_
 Docket No.: 011073-WS
 Preparer: Robert V Salerno

Explanation: Provide a detailed description of all adjustments to operating income per books, with a total for each line item shown on the net operating income statement.

Line No.	Description	Water	Wastewater
Water Utility Test Year Adjustments			
Operating Revenue			
	Anualize Revenues for current rates	24,253	
2	Operation and Maintenance		
	Remove Fredic Edmondson Salary	(20,539)	
	Remove Fredic Edmondson Truck Expense	(3,021)	
	Remove Fredic Edmondson Uniform Expense	(308)	
	Transfer of 2000 equipment rental expense from water to wastewater	(9,486)	
	Amortization of Rate Case Expense over four years Schedule B-10	6,875	
			(26,479)
3	Depreciation, Net of CIAC Amortization		
	Remove Depreciation on 7.2% of Treatment plant Schedule B-13	(1,623)	
	Annual depreciation of new chlorine generator 90,000/ 20 years	4,500	
	Annual depreciation of CIAC increase	5,169	
	Annual amortization of CIAC increase	(11,114)	
			(3,068)
5	Taxes other than income		
	Increase RAFs for increased revenue (4.5% X 98,100)		4,415
Wastewater Utility Test Year Adjustments			
Operating Revenues			
	Anualize Revenues for current rates	55,976	
	Remove rents from Wastewater Property	(6,250)	
			49,726
2	Operation and Maintenance		
	Remove Fredic Edmondson Salary	(20,539)	
	Remove Fredic Edmondson Truck Expense	(3,021)	
	Remove Fredic Edmondson Uniform Expense	(308)	
	Transfer of 2000 equipment rental expense from water to wastewater	9,486	
	Amortization of Rate Case Expense over four years Schedule B-10	6,875	
			(7,507)
3	Depreciation, Net of CIAC Amortization		
	Remove depreciation on 12% of Treatment Plant Schedule B14	(2,971)	
	Annual depreciation on new chlorine generator (30,000 / 20 Years)	1,500	
	Annual depreciation of CIAC increase	7,409	
	Annual amortization of CIAC increase	(11,114)	
			(5,176)
5	Taxes other than income		
	Increase RAFs for increased revenue (4.5% X 37,250)		1,676

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Schedule Year Ended: December 31, 2000

Explanation: Complete the following revenue schedule
 for the historical test year or base year.

Schedule: B-4
 Page _1_ of _1_
 Preparer: Robert V Salerno
 Recap Schedules: B-1,B-2

000036

Line No.	WATER SALES		WASTEWATER SALES	
	Account No. and Description	Total Water	Account No. and Description	(1) Total Wastewater
1	460 Unmetered Water Revenue	0	521.1 Flat Rate - Residential	0
2	461.1 Metered - Residential	337,066	521.2 Flat Rate - Commercial	0
3	461.2 Metered - Commercial	200,186	521.3 Flat Rate - Industrial	0
4	461.3 Metered - Industrial		521.4 Flat Rate - Public Authorities	0
5	461.4 Metered - Public Authorities		521.5 Flat Rate - Multi-Family	0
6	461.5 Metered - Multi-Family		521.6 Flat Rate - Other	0
7	462.1 Public Fire Protection		522.1 Measured - Residential	426,524
8	462.2 Private Fire Protection		522.2 Measured - Commercial	248,495
9	464 Other Sales - Public Authorities		522.3 Measured - Industrial	
10	465 Irrigation Customers		522.4 Measured - Public Authority	
11	466 Sales for Resale		522.5 Measured - Multi-Family	
12	467 Interdepartmental Sales		523 Other Sales - Public Authorities	
			524 Revenues from Other Systems	
13			525 Interdepartmental Sales	
14	TOTAL WATER SALES	537,252	TOTAL WASTEWATER SALES	675,019
15				
16	OTHER WATER REVENUES		OTHER WASTEWATER REVENUES	
17	470 Forfeited Discounts		531 Sale of Sludge	
18	471 Misc. Service Revenues	5,030	532 Forfeited Discounts	
19	472 Rents From Water Property		534 Rents From Wastewater Property	6,250
20	473 Interdepartmental Rents		535 Interdepartmental Rents	
21	474 Other Water Revenues		536 Other Wastewater Revenues	2,502
22				
23	TOTAL OTHER WATER REVENUES	5,030	TOTAL OTHER WASTEWATER REVENUES	8,752
24				
25	TOTAL WATER OPERATING REVENUES	542,282	TOTAL WASTEWATER OPERATING REVENUES	683,771
26				

Detail of Operation & Maintenance Expenses By Month - Water

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Schedule Year Ended: December 31, 2000
 Historic [X] or Projected []

Explanation: Provide a schedule of operation and maintenance expenses by primary account for each month of the test year. If schedule has to be continued on 2nd page, reprint the account titles and numbers.

Line No.	(1) Account No. and Name	(2) January 2000	(3) February 2000	(4) March 2000	(5) April 2000	(6) May 2000
1	601 Salaries & Wages - Employees	11,267	13,143	21,360	13,534	13,366
2	603 Salaries & Wages - Officers, Etc.	2,350	2,493	3,944	2,615	2,615
3	604 Employee Pensions & Benefits	1,130	1,148	2,671	499	2,531
4	610 Purchased Water	5,597	0	0	0	21,598
5	615 Purchased Power	5,259	22	2,751	2,641	2,513
6	616 Fuel for Power Purchased	0	0	0	0	0
7	618 Chemicals	3,968	358	3,998	101	2,799
8	620 Materials & Supplies	15,642	6,047	10,303	2,678	5,397
9	631 Contractual Services - Engr.	0	0	0	0	0
10	632 Contractual Services - Acct.	1,250	1,250	1,250	1,631	1,500
11	633 Contractual Services - Legal	0	0	38	0	0
12	634 Contractual Services - Mgmt. Fees	750	750	750	1,000	1,000
13	635 Contractual Services - Other	619	460	493	595	325
	636 Contractual Services - Water Testing	778	446	260	283	220
14	641 Rental of Building/Real Prop.	0	0	0	0	0
15	642 Rental of Equipment	881	881	881	881	881
16	650 Transportation Expenses	343	622	409	352	355
17	656 Insurance - Vehicle	0	0	0	0	0
18	657 Insurance - General Liability	2,174	476	453	453	453
19	658 Insurance - Workman's Comp.	1,328	479	0	0	0
20	659 Insurance - Other	0	0	0	0	0
21	660 Advertising Expense	0	0	0	0	0
22	666 Reg. Comm. Exp. - Rate Case Amort.	0	0	0	0	0
23	667 Reg. Comm. Exp. - Other	0	0	0	0	0
24	670 Bad Debt Expense	0	0	(27)	0	0
25	675 Miscellaneous Expenses	1,209	1,593	1,279	1,630	1,199
26	TOTAL	54,545	30,168	50,813	28,893	56,752

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Florida Public Service Commission

Schedule: B-5

Page 1_ of 1_

Preparer: Robert V Salerno

Recap Schedules: B-1

000037A

(7) June 2000	(8) July 2000	(9) August 2000	(10) September 2000	(11) October 2000	(12) November 2000	(13) December 2000	(14) Adjustments 2000	(14) Total Annual
13,958	14,433	16,998	20,545	14,361	16,034	16,935	(20,539)	165,395
2,615	2,615	3,022	4,436	2,672	2,710	4,068		36,155
2,784	3,927	141	119	41	0	130	(308)	14,813
0	0	0	7,890	0	0	0		35,085
2,445	2,846	2,997	2,895	595	0	1,554		26,518
0	0	0	0	0	0	0		0
213	4,424	889	3,162	603	4,402	2,607		27,524
5,913	8,854	6,341	2,870	8,974	9,608	3,833		86,460
0	0	0	0	0	0	0		0
2,529	1,500	1,663	1,821	1,556	1,500	1,500		18,950
0	0	0	0	582	0	0		620
1,000	1,000	1,000	1,000	1,000	1,000	1,000		11,250
(702)	317	250	697	252	214	(521)		2,999
231	229	200	2,797	520	317	200		6,481
0	0	0	0	0	0	0		0
881	0	881	676	881	881	881	(9,486)	0
342	674	242	297	1,066	549	352	(3,021)	2,582
0	0	0	0	0	0	0		0
453	453	453	453	453	457	0		6,731
0	0	0	0	0	0	0		1,807
0	0	0	0	0	0	0		0
0	0	0	0	0	0	0		0
0	0	0	0	0	0	0	6,875	6,875
0	0	0	0	0	0	0		0
0	0	(64)	0	0	0	19,674		19,583
1,094	1,184	2,409	1,350	881	1,034	1,309		16,171
33,756	42,456	37,422	51,008	34,437	38,706	53,522	(26,479)	485,999

Detail of Operation & Maintenance Expenses By Month - Wastewater

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Schedule Year Ended: December 31, 2000
 Historic [X] or Projected []

Explanation: Provide a schedule of operation and maintenance expenses by primary account for each month of the test year. If schedule has to be continued on 2nd page, reprint the account titles and numbers.

Line No.	(1) Account No. and Name	(2) January 2000	(3) February 2000	(4) March 2000	(5) April 2000	(6) May 2000
1	701 Salaries & Wages - Employees	11,267	13,143	21,360	13,534	13,366
2	703 Salaries & Wages - Officers, Etc.	2,350	2,493	3,944	2,615	2,615
3	704 Employee Pensions & Benefits	1,130	1,148	2,671	499	2,531
4	710 Purchased Sewage Treatment					
5	711 Sludge Removal Expense	5,066	7,436	5,354	6,006	5,062
6	715 Purchased Power	6,281	30	3,163	3,086	2,895
7	716 Fuel for Power Purchased					
8	718 Chemicals	927	555	589	571	487
9	720 Materials & Supplies	15,211	10,079	4,147	1,502	2,645
10	731 Contractual Services - Engr.					
11	732 Contractual Services - Acct.	1,250	1,350	1,350	1,731	1,600
12	733 Contractual Services - Legal		1,738	866	150	
13	734 Contractual Services - Mgmt. Fees	750	750	750	1,000	1,000
14	735 Contractual Services - Other	619	460	493	595	325
	736 Contractual Services - Water Testing	2,148	2,458	1,282	1,065	2,687
15	741 Rental of Building/Real Prop.	3,436	3,359	3,550	3,175	2,715
16	742 Rental of Equipment	934	881	881	881	881
17	750 Transportation Expenses	347	622	409	352	355
18	756 Insurance - Vehicle					
19	757 Insurance - General Liability		480	453	453	453
20	758 Insurance - Workman's Comp.	1,328	479			
21	759 Insurance - Other					
22	760 Advertising Expense					
23	766 Reg. Comm. Exp. - Rate Case Amort.					
24	767 Reg. Comm. Exp. - Other			27,631		
25	770 Bad Debt Expense	344	2,717	2,440	1,265	7,601
26	775 Miscellaneous Expenses	1,402	1,593	1,219	0	2,445
27	TOTAL	54,790	51,771	82,552	38,480	49,663

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Florida Public Service Commission

Schedule: B-6

Page _1_ of _1_

Preparer: Robert V Salerno

Recap Schedules: B-2

000038A

(7) June 2000	(8) July 2000	(9) August 2000	(10) September 2000	(11) October 2000	(12) November 2000	(13) December 2000	(14) Adjustments 2000	(14) Total Annual
13,958	14,433	16,998	20,545	14,361	16,034	16,895	(20,539)	165,355
2,615	2,615	3,022	4,436	2,672	2,710	4,069		36,156
2,784	3,927	140	119	42		130	(308)	14,813
								0
4,779	4,247	5,620	4,788	3,726	3,463	5,153		60,700
2,794	3,295	3,484	3,322	1,043	6,327	2,276		37,996
								0
227	921	468	650	495	490			6,380
8,294	9,305	9,964	5,254	12,160	5,728	4,026		88,315
								0
1,600	1,600	1,763	1,921	1,656	1,600	2,078		19,499
		75		955				3,784
1,000	1,000	1,000	1,000	1,000	1,000	1,000		11,250
327	317	250	697	252	215	(962)		3,588
1,019	583	2,929	777	777	2,928	805		19,458
2,992	3,036	2,981	3,108	4,124	2,834	3,166		38,476
881		881	676	881	881	881	9,486	19,025
342	674	242	296	1,066	549	365	(3,021)	2,598
								0
453	453	453	453	453	453			4,557
								1,807
								0
								0
							6,875	6,875
						(27,631)		0
(1,896)	3,328	1,157	1,051	3,771	2,741	3,027		27,546
9,543	1,184	1,817	1,053	5,981	926	1,309		28,472
51,712	50,918	53,244	50,146	55,415	48,879	16,587	(7,507)	596,650

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: B-7
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Complete the following comparison of the applicant's current and prior test year O&M expenses before this Commission. Provide an explanation of all differences which are not attributable to the change in customer growth and the CPI-U. If the applicant has not had a previous rate case, use the year 5 years prior to the test year for comparison. Provide an additional schedule, if necessary, to explain differences.

Line No.	(1) Account No. and Name	(2) Prior TY 12/30/93	(3) Current TY 12/30/00	(4) \$ Difference	(5) % Difference	(6) Explanation
1	601 Salaries & Wages - Employees	101,072	185,934	84,862	83.96%	Hired new operator and increased pay
2	603 Salaries & Wages - Officers, Etc.	38,087	36,155	(1,932)	-5.07%	Difference in Allocation
3	604 Employee Pensions & Benefits	9,884	15,121	5,237	52.98%	Increase in Health Insurance and bonuses
4	610 Purchased Water	1,446	35,085	33,639	2326.35%	Began buying water from Davie for East side of
5	615 Purchased Power	29,433	26,518	(2,915)	-9.90%	
6	616 Fuel for Power Purchased	0	0	0	0.00%	
7	618 Chemicals	19,586	27,524	7,938	40.53%	Increased cost of chemicals
8	620 Materials & Supplies	35,311	86,460	51,149	144.85%	Maint of plant
9	631 Contractual Services - Engr.	884	0	(884)	-100.00%	
10	632 Contractual Services - Acct.	9,141	18,950	9,809	107.31%	All payable general ledger ect. done outside
11	633 Contractual Services - Legal	739	620	(119)	-16.10%	
12	634 Contractual Services - Mgmt. Fees	0	11,250	11,250	100.00%	New charge from American Marketing
13	635 Contractual Services - Other	11,305	2,999	(8,306)	-73.47%	
14	636 Contractual Services - Water Testing	0	6,481	6,481	100.00%	Was included in other
15	641 Rental of Building/Real Prop.	0	0	0	0.00%	
16	642 Rental of Equipment	435	9,486	9,051	2080.69%	New Equipment Lease
17	650 Transportation Expenses	3,584	5,603	2,019	56.33%	Added two golf carts
18	656 Insurance - Vehicle	3,381	0	(3,381)	-100.00%	
19	657 Insurance - General Liability	7,779	6,731	(1,048)	-13.47%	
20	658 Insurance - Workman's Comp.	5,339	1,807	(3,532)	-66.15%	
21	659 Insurance - Other	0	0	0	0.00%	
22	660 Advertising Expense	0	0	0	0.00%	
23	666 Reg. Comm. Exp. - Rate Case Amort.	0	0	0	0.00%	
24	667 Reg. Comm. Exp. - Other	0	0	0	0.00%	
25	670 Bad Debt Expense	471	19,583	19,112	4057.75%	More accurate recording of bad debts
26	675 Miscellaneous Expenses	7,039	16,171	9,132	129.73%	Communications and training
26	TOTAL	284,916	512,478	227,562	79.87%	
27	Total Customers	1559	1477	(82)	-5.26%	
28	Consumer Price Index - U	436.8	521.1	84.3	19.30%	

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Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: B-8
 Page 1_ of 1_
 Preparer: Robert V Salerno

Explanation: Complete the following comparison of the applicant's current and prior test year O&M expenses before this Commission. Provide an explanation of all differences which are not attributable to the change in customer growth and the CPI-U. If the applicant has not had a previous rate case, use the year 5 years prior to the test year for comparison. Provide an additional schedule, if necessary, to explain differences.

Line No.	(1) Account No. and Name	(2) Prior TY 12/31/93	(3) Current TY 12/31/00	(4) \$ Difference	(5) % Difference	(6) Explanation
1	701 Salaries & Wages - Employees	137,312	185,894	48,582	35.38%	Hired new operator and increased pay
2	703 Salaries & Wages - Officers, Etc.	22,295	36,156	13,861	62.17%	Difference in Allocation
3	704 Employee Pensions & Benefits	8,991	15,121	6,130	68.18%	Increase in Health Insurance and bonuses
4	710 Purchased Sewage Treatment	0	0	0	0.00%	
5	711 Sludge Removal Expense	35,723	60,700	24,977	69.92%	Increase in trucking costs and addition of new digestion aid
6	715 Purchased Power	37,333	37,996	663	1.78%	
7	716 Fuel for Power Purchased	0	0	0	0.00%	
8	718 Chemicals	5,976	6,380	404	6.76%	
9	720 Materials & Supplies	42,245	88,315	46,070	109.05%	Maint of plant
10	731 Contractual Services - Engr.	9,051	0	(9,051)	-100.00%	
11	732 Contractual Services - Acct.	9,049	19,499	10,450	115.48%	All payable general ledger ect. done outside
12	733 Contractual Services - Legal	10,931	3,784	(7,147)	-65.38%	
13	634 Contractual Services - Mgmt. Fees	0	11,250	11,250	100.00%	New charge from American Marketing
14	735 Contractual Services - Other	20,975	3,588	(17,387)	-82.89%	
15	736 Contractual Services - Water Testing	0	19,458	19,458	100.00%	Was included in other
16	741 Rental of Building/Real Prop.	22,236	38,476	16,240	73.03%	As per Wastewater plant flow
17	742 Rental of Equipment	326	9,539	9,213	2826.07%	New Equipment Lease
18	750 Transportation Expenses	3,601	5,619	2,018	56.04%	Added two golf carts
19	756 Insurance - Vehicle	3,381	0	(3,381)	-100.00%	
20	757 Insurance - General Liability	7,779	4,557	(3,222)	-41.42%	
21	758 Insurance - Workman's Comp.	5,339	1,807	(3,532)	-66.15%	
22	759 Insurance - Other	0	0	0	0.00%	
23	760 Advertising Expense	0	0	0	0.00%	
24	766 Reg. Comm. Exp. - Rate Case Amort.	0	0	0	100.00%	
25	767 Reg. Comm. Exp. - Other	0	0	0	0.00%	
26	770 Bad Debt Expense	472	27,546	27,074	5736.02%	More accurate recording of bad debts
27	775 Miscellaneous Expenses	8,758	28,472	19,714	225.10%	Communications and training
	TOTAL	391,773	604,157	212,384	54.21%	
	Total Customers	1519	1435	(84)	-5.53%	
29	Consumer Price Index - U	436.8	521.1	84.3	19.30%	

Company: Femcrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: B-9
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide a complete list of outside services which were incurred during the test year. List by type of service, such as accounting, engineering or legal, and provide specific detail of work performed by each consultant and the associated cost breakdown by items. Provide amounts separated by system and method of allocation if appropriate. Specific detail is not necessary for charges which are less than 2% of the test year revenues for that system. Do not include rate case expense charges.

000041

(1)	(2)	(3)	(4)	(5)
Line No.	Consultant	Type of Service	Amount	Description of Work Performed
1	American Marketing	Accounting and Computer Support	35,600	
2	Jeff Jordan	Accounting	1,229	
3	Robert Brennon	Accounting	1,068	
4	Peter Portley	Legal	75	Maintaining Corporate minutes
5	Berger Davis	Legal	1,994	Intervene in Water Use Permit Renewal
6	H Collins Forman	Legal	2,335	Review all contracts, agreements ect
7	American Marketing	Management	22,500	
8	Southern Sanitation	Trash Removal	7,101	Dumpster and rolloff
9	American Marketing	Payroll Processing	37	
10	Environmental Reagents Inc	Water Testing	25,940	All sampling and testing per legal or permit requirements
Total			97,879	

Contractual Services

Company: Ferncrest Utilities, Inc.
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Supporting Schedule for B-9

(1) Line No.	Consultant	Type of Service	Hrs	Amount	Description of Work Performed	
1	American Marketing & Management	Reimbursement for payments to:				
		Luis Pena	Computer Technician		1,000	Computer Support
		Karen Alexander	Accountant /bookkeeper	1020	22,000	Review Billings Accounts Payables Bank reconciliation
		Andrew Trumbach	Accountant	12		Setup accounting software
			\$125/hr	12		Manage accounting function
				20		Process payroll for all employees
				12		Review & Installed Billings Software
				8		Prepare Budgeted Reports
				36	12,600	Prepare Mthly Financial Stmtns
				100	23,000	
2	American Marketing & Management	Reimbursement for payments to:				
		Andrew Trumbach	Consultant	10	22,500	Preparation of Rate Index Reports
				30		Year End Work
				6		Handle Regulatory Inquiries
			125/hr	50		Preparation of 2000 Annual Report
				4		Preparation of Assessment filings
				20		Review & Bid Liability Insurance
				30		Review & Bid WC Insurance
				10		Acquire funding for Equipment purchases
				20		Consulting on and as needed basis
		180	22,500			

000041A

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: B-10
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide the total amount of rate case expense requested in the application. State whether the total includes the amount up to proposed agency action or through a hearing before the Commission. Provide a list of each firm providing services for the applicant, the individuals for each firm assisting in the application, including each individual's hourly rate, and an estimate of the total charges to be incurred by each firm, as well as a description of the type of services provided. Also provide the additional information for amortization and allocation method, including support behind this determination.

Line No.	(1) Firm or Vendor Name	(2) Counsel, Consultant or Witness	(3) Hourly Rate Per Person	(4) Total Estimate Of Charges By Firm	(5) Type of Service Rendered
1	American Marketing	Andrew Trumbach	250	30,000	Accounting and Financial Consulting
3	David Erwin	David Erwin	150	25,000	Legal
Total				55,000	

Estimate Through
 PAA
 Commission Hearing

Amortization Period 4 Years

Explanation if different from Section 367.0816, Florida Statutes:

Amortization of Rate Case Expense:

	(A) Water	(B) Wastewater	(C) Total
Prior Unamortized Rate Case Expense	0	0	0
Current Rate Case Expense	27,500	27,500	55,000
Total Projected Rate Case Expense	27,500	27,500	55,000
Annual Amortization	6,875	6,875	13,750
Method of Allocation Between Systems: (Provide Calculation)	50%	50%	100%

Analysis of Major Maintenance Projects - Water & Wastewater
For the Test Year and 2 Years Prior and 1 Year Subsequent

Florida Public Service Commission

Company: Ferncrest Utilities Inc
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule: B-11
Page 1 of 1
Preparer: Robert V Salerno

Explanation: Provide an analysis of all maintenance projects greater than 2% of test year revenues per system which occurred during the 2 years prior to the test year, the test year, and the budgeted amount for 1 year subsequent to the test year. For each project, provide a description, the total cost or budgeted amount and how often the project should be repeated.

No maintenance projects in either system which were greater than 2% of test year revenues.

000043

Allocation of Expenses

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: B-12

Docket No.: 011073-WS

Page _1_ of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Historic [X] or Projected []

Explanation: Provide a schedule detailing expenses which are subject to allocation between systems (water, Wastewater & gas, etc.) showing allocation percentages, gross amounts, amounts allocated, and a detailed description of the method of allocation.

Provide a description of all systems other than water and Wastewater.

Line No.	Acct. No.	Description	(1) (2) (3) (4) Allocation Percentages				escription of Allocation Methc	(6) (7) (8) (9) Amounts Allocated			
			Water	Wastewater	Other	Total		Water	Wastewater	Other	Total
1	601/701	Salaries & Wages Employees	50%	50%		100%	Based on # of customers	185,934	185,934		371,868
2	603/703	Salaries & Wages Officers	50%	50%		100%	Based on # of customers	36,155	36,156		72,311
3	604/704	Employee Benefits	50%	50%		100%	Based on # of customers	15,121	15,121		30,242
5	615/715	Purchased Power	50% & Trailer	50%& Lift Stations		100%	Based on # of customers	26,518	37,996		64,514
10	632/732	Accounting	50%	50%		100%	Based on # of customers	18,950	19,499		38,449
12	634/734	Management Fees	50%	50%		100%	Based on # of customers	11,250	11,250		22,500
13	635/735	Contract Serv Other	50%	50%		100%	Based on # of customers	2,999	3,588		6,587
17	650/750	Transportation Expense	50%	50%		100%	Based on # of customers	5,603	5,619		11,222
18	656/756	Vehicle Ins.	50%	50%		100%	Based on # of customers	0	0		0
19	657/757	General Liab. Ins	50%	50%		100%	Based on # of customers	6,731	4,557		11,288
20	658/758	Workers Comp Ins	50%	50%		100%	Based on # of customers	1,807	1,807		3,614
25	670/770	Bad Debt Exp.	40%	60%		100%	Based on Rates	19,583	27,546		47,129
26	675/775	Miscellaneous	50%	50%		100%	Based on # of customers	16,171	28,472		44,643

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Company: Ferncrest Utilities Inc
 Jocket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: B-13
 Page 1_ of 1_
 Preparer: Robert V Salerno
 Recap Schedules: B-1

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(2) Test Year Expense	(3) Utility Adjustments	(4) Adjusted Balance	(5) % Non-Used and Useful	(6) Future Use Amount
1	INTANGIBLE PLANT					
2	301.1 Organization	0		0		
3	302.1 Franchises	0		0		
4	339.1 Other Plant & Misc. Equipment	0		0		
5	SOURCE OF SUPPLY AND PUMPING PLANT					
6	304.2 Structures & Improvements	0		0		
7	305.2 Collect. & Impound. Reservoirs	0		0		
8	306.2 Lake, River & Other Intakes	0		0		
9	307.2 Wells & Springs	1,415		1,415		
10	308.2 Infiltration Galleries & Tunnels	0		0		
11	309.2 Supply Mains	0		0		
12	310.2 Power Generation Equipment	1,571		1,571		
13	311.2 Pumping Equipment	8,533		8,533		
14	339.2 Other Plant & Misc. Equipment	0		0		
15	WATER TREATMENT PLANT					
16	304.3 Structures & Improvements	6,613		6,613	7.20%	476
17	320.3 Water Treatment Equipment	15,929		15,929	7.20%	1,147
18	339.3 Other Plant & Misc. Equipment	0		0		
19	TRANSMISSION & DISTRIBUTION PLANT					
20	304.4 Structures & Improvements	0		0		
21	330.4 Distr. Reservoirs & Standpipes	5,398		5,398		
22	331.4 Transm. & Distribution Mains	5,540		5,540		
23	333.4 Services	3,312		3,312		
24	334.4 Meters & Meter Installations	3,175		3,175		
25	335.4 Hydrants	0		0		
26	339.4 Other Plant & Misc. Equipment	0		0		
27	GENERAL PLANT					
28	304.5 Structures & Improvements	1,661		1,661		
29	340.5 Office Furniture & Equipment	2,180		2,180		
30	341.5 Transportation Equipment	1,823		1,823		
31	342.5 Stores Equipment	0		0		
32	343.5 Tools, Shop & Garage Equipment	0		0		
33	344.5 Laboratory Equipment	1,256		1,256		
34	345.5 Power Operated Equipment	1,207		1,207		
35	346.5 Communication Equipment	0		0		
36	347.5 Miscellaneous Equipment	0		0		
37	348.5 Other Tangible Plant	6,458		6,458		
38	TOTAL DEPRECIATION EXPENSE	\$ 66,071	\$ 0	\$ 66,071		\$ 1,623
	LESS: AMORTIZATION OF CIAC	20,015	0	20,015		0
	NET DEPRECIATION EXPENSE - WATEI	\$ 46,056	\$ 0	\$ 46,056		\$ 1,623

Company: Ferncrest Utilities Inc
 Jocket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Historic [X] or Projected []

Schedule: B-14
 Page _1_ of _1_
 Preparer: Robert V Salerno
 Recap Schedules: B-2

Explanation: Provide a schedule of test year non-used and useful depreciation expense by primary account.

Line No.	(1) Account No. and Name	(2) Test Year Expense	(3) Utility Adjustments	(4) Adjusted Balance	(5) % Non-Used and Useful	(6) Future Use Amount
1	INTANGIBLE PLANT					
2	351.1 Organization			0		
3	352.1 Franchises			0		
4	389.1 Other Plant & Misc. Equipment			0		
5	COLLECTION PLANT					
6	354.2 Structures & Improvements			0		
7	360.2 Collection Sewers - Force			0		
8	361.2 Collection Sewers - Gravity	13,621		13,621		
9	362.2 Special Collecting Structures			0		
10	363.2 Services to Customers	4,770		4,770		
11	364.2 Flow Measuring Devices			0		
12	365.2 Flow Measuring Installations			0		
13	389.2 Other Plant & Misc. Equipment			0		
14	SYSTEM PUMPING PLANT					
15	354.3 Structures & Improvements	6,108		6,108		
16	370.3 Receiving Wells			0		
17	371.3 Pumping Equipment	20,310		20,310		
18	389.3 Other Plant & Misc. Equipment			0		
19	TREATMENT AND DISPOSAL PLANT					
20	354.4 Structures & Improvements	5,753		5,753	12%	690
21	380.4 Treatment & Disposal Equipment	19,009		19,009	12%	2,281
22	381.4 Plant Sewers			0		
23	382.4 Outfall Sewer Lines			0		
24	389.4 Other Plant & Misc. Equipment	658		658		
25	GENERAL PLANT					
26	354.5 Structures & Improvements	513		513		
27	390.5 Office Furniture & Equipment	1,614		1,614		
28	391.5 Transportation Equipment	3,935		3,935		
29	392.5 Stores Equipment			0		
30	393.5 Tools, Shop & Garage Equipment	1,656		1,656		
31	394.5 Laboratory Equipment	1,538		1,538		
32	395.5 Power Operated Equipment			0		
33	396.5 Communication Equipment			0		
34	397.5 Miscellaneous Equipment			0		
35	398.5 Other Tangible Plant	3,383		3,383		
36	TOTAL DEPRECIATION EXPENSE	82,868		82,868		2,971
	LESS: AMORTIZATION OF CIAC	38,934		38,934		
	NET DEPRECIATION EXPENSE - WASTEWATER	43,934		43,934		2,971

Taxes Other Than Income

Florida Public Service Commission

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Historic [X] or Projected []

Schedule: B-15
 Page _1_ of _1_
 Preparer: Robert V Salerno
 Recap Schedules: B-1,B-2

Explanation: Complete the following schedule of all taxes other than income.
 For all allocations, provide description of allocation and calculations.

Line No.	(1) Description	(2) Regulatory Assessment Fees (RAFs)	(3) Payroll Taxes	(4) Real Estate & Personal Property	(5) Other	(6) Total
WATER						
1	Test Year Per Books	24,720	1,106	22,212	37	48,075
	Adjustments to Test Year (Explain)	0	0	0	0	0
2						
3						
4						
5						
6	Total Test Year Adjustments	0	0	0	0	0
7	Adjusted Test Year	24,720	1,106	22,212	37	48,075
8	RAFs Assoc. with Revenue Increase	4,415				4,415
9	Total Balance	29,135	1,106	22,212	37	52,490
WASTEWATER						
10	Test Year Per Books	30,480	1,106	22,212	37	53,835
	Adjustments to Test Year (Explain)	0	0	0	0	0
11						
12						
13						
14						
15	Total Test Year Adjustments	0	0	0	0	0
16	Adjusted Test Year	30,480	1,106	22,212	37	53,835
17	RAFs Assoc. with Revenue Increase	1,676				1,676
18	Total Balance	32,156	1,106	22,212	37	55,511

Describe All Allocation Methods and Provide Calculations

000047

INCOME TAX SECTION

Ferncrest Utilities
"C" Schedules - Workpaper
To Support Amounts Listed

Federal NOL

Page 1	Loss for 2000	813,881
Page 3	Schedule K Item 12- NOL Prior Years	6,354,136

Total for "C" Schedules 7,168,017

State NOL 7,681,883

Reconciliation of Total Income Tax Provision

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Historic [X] or Projected []

Schedule: C-1
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide a reconciliation between the total operating income tax provision and the currently payable income taxes on operating income for the test year.

Line No.	Description	Ref.	Total Per Books	Utility Adjustments	Utility Adjusted	Water	Wastewater
1	Current Tax Expense	C-2					
2	Deferred Income Tax Expense	C-5					
3	ITC Realized This Year	C-8					
4	ITC Amortization (3% ITC and IRC 46(f)(2))	C-8					
5	Parent Debt Adjustment	C-9					
6	Total Income Tax Expense						

000043A

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2. As a result we have no deferred income tax and are not requesting a provision for one. Therefore schedules C1 Thru C8 are not applicable.

Supporting Schedules: C-2,C-5,C-8,C-9
 Recap Schedules: B-1,B-2

Company: Ferncrest Utilities
 Jocket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Historic [] or Projected []

Schedule: C-2
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide the calculation of state and federal income taxes for the test year.
 Provide detail on adjustments to income taxes and investment tax credits generated.

	Total Per Books	Utility Adjustments	Utility Adjusted	Water	Wastewater
1	Net Utility Operating Income (Sch. B-1)				
2	Add: Income Tax Expense Per Books (Sch. B-1)				
3	Subtotal				
4	Less: Interest Charges (Sch. C-3)				
5	Taxable Income Per Books				
	Schedule M Adjustments:				
6	Permanent Differences (From Sch. C-4)				
7	Timing Differences (From Sch. C-5)				
8	Total Schedule M Adjustments				
9	Taxable Income Before State Taxes				
10	Less: State Income Tax Exemption (\$5,000)				
11	State Taxable Income				
12	State Income Tax (5.5% of Line 11)				
13	Emergency Excise Tax				
14	Credits				
15	Current State Income Taxes				
16	Federal Taxable Income (Line 9 - Line 15)				
17	Federal Income Tax Rate				
18	Federal Income Taxes (Line 16 x Line 17)				
19	Less: Investment Tax Credit Realized This Year (Sch. C-8)				
20	Current Federal Inc. Taxes (Line 18 - Line 19)				
	Summary:				
21	Current State Income Taxes (Line 15)				
22	Current Federal Income Taxes (Line 20)				
23	Total Current Income Tax Expense (To C-1)				

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable.

Supporting Schedules: B-1,B-2,C-3,C-4,C-5,C-8
 Recap Schedules: C-1

000043 B

Schedule of Interest In Tax Expense Calculation

Florida Public Service Commission

Schedule: C-3

Page 1 of 1

Preparer: Robert V Salerno

Supporting Schedules: D-1,C-8

Recap Schedules: C-2

Company: Ferncrest Utilities
 Account No.: 011073-WS
 Test Year Ended: December 31, 2000
 Historic [] or Projected []

Explanation: Provide the amount of interest expense used to calculate income taxes on Schedule No. C-2. Explain any changes in interest expense in detail giving amount of change and reason for change. If the basis for allocating interest used in the tax calculation differs from the basis used in allocating current income taxes payable, the differing bases should be clearly identified.

Line No.	Description	Total Per Books	Utility Adjustments	Utility Adjusted	Water	Wastewater
1	Interest on Long-Term Debt					
2	Amortization of Debt Premium, Disc. and Expense Net					
3	Interest on Short-Term Debt					
4	Other Interest Expense					
5	AFUDC					
6	ITC Interest Synchronization (IRC 46(f)(2) only - See below)					
7	Total Used For Tax Calculation	=====	=====	=====	=====	=====

Calculation of ITC Interest Synchronization Adjustment
 ONLY for Option 2 companies (See Sch. C-8, pg. 4)

	Balances From Schedule D-1	Amount	Ratio	Cost	Total Weighted Cost	Debt Only Weighted Cost
8	Long-Term Debt					
9	Short-Term Debt					
10	Preferred Stock					--
11	Common Equity					--
12	Total	=====	=====	=====	=====	=====
13	ITCs (from D-1, Line 7)					
14	Weighted Debt Cost (From Line 12)					
15	Interest Adjustment (To Line 6)	=====				

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable.

000050

Book/Tax Differences - Permanent

Florida Public Service Commission

Company: Ferncrest Utilities

Docket No.: 011073-WS

Test Year Ended: December 31, 2000

Historic or Projected

Schedule: C-4

Page 1 of 1

Preparer: Robert V Salerno

Explanation: Provide the description and amount of all book/tax differences accounted for as permanent differences. This would include any items accounted for on a flow through basis.

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable.

000050A

Supporting Schedules: None

Recap Schedules: C-2

Deferred Income Tax Expense

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Historic [] or Projected []

Schedule: C-5
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide the calculation of total deferred income tax expense for the test year.
 Provide detail on items resulting in tax deferrals other than accelerated depreciation.

Line No.	Description	Total Per Books	Utility Adjustments	Utility Adjusted	Water	Wastewater
	Timing Differences:					
1	Tax Depreciation and Amortization					
2	Book Depreciation and Amortization					
3	Difference					
4	Other Timing Differences (Itemize):					
5	Total Timing Differences (To C-2)					
6	State Tax Rate					
7	State Deferred Taxes (Line 5 x Line 6)					
8	Timing Differences For Federal Taxes (Line 5 - Line 7)					
9	Federal Tax Rate					
10	Federal Deferred Taxes (Line 8 x Line 9)					
11	Add: State Deferred Taxes (Line 7)					
12	Total Deferred Tax Expense (To C-1)					

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable.

Supporting Schedules: None
 Recap Schedules: C-2

000052

Company: Ferncrest Utilities

Schedule: C-6

Docket No.: 011073-WS

Page 3 of 3

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: For each of the accumulated deferred tax accounts provide annual balances beginning with the year of the last rate case and ending with the test year.

Line No.	Year	Account No. _____					Account No. _____				
		Beginning Balance	Current Year Deferral	Flowback To Curr. Year	Adjust. Debit (Credit)	Ending Balance	Beginning Balance	Current Year Deferral	Flowback To Curr. Year	Adjust. Debit (Credit)	Ending Balance

There are no deferred federal or state income taxes carried on the books of Ferncrest Utilities. There is a Federal net operating loss carryforward of \$7,168,017 and a State net operating loss carryforward of \$7,681,883. Therefore this schedule is not applicable.

000053

Supporting Schedules: None
Recap Schedules: C-6

Company: Ferncrest Utilities

Schedule: C-7

Docket No.: 011073-WS

Page 1 of 4

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: Provide an analysis of accumulated tax credits generated and amortized on an annual basis beginning with the test year in the last rate case to the end of the current test year.

Amounts provided by the Revenue Act of 1971 and subsequent acts should be shown separately from amounts applicable to prior laws. Identify progress payments separately.

Line No.	Year	3% ITC						4% ITC				
		Amount Realized			Amortization			Amount Realized		Amortization		
		Beginning Balance	Current Year	Prior Year	Current Year	Prior Year	Ending Balance	Beginning Balance	Current Year	Prior Year	Current Year	Prior Year
				Adjust.						Adjust.		Adjust.

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable. There are no accumulated tax credits.

000051

Supporting Schedules: None

Recap Schedules: C-2,C-3,C-10,D-2,A-18,A-19

Investment Tax Credits - Analysis

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: C-7
 Page 2 of 4
 Preparer: Robert V Salerno

Explanation: Provide an analysis of accumulated tax credits generated and amortized on an annual basis beginning with the test year in the last rate case to the end of the current test year. Amounts provided by the Revenue Act of 1971 and subsequent acts should be shown separately from amounts applicable to prior laws. Identify progress payments separately.

Line No.	Year	8% ITC						10% ITC					
		Amount Realized		Amortization		Ending Balance	Amount Realized		Amortization		Ending Balance		
		Beginning Balance	Current Year	Prior Year Adjust.	Current Year		Prior Year Adjust.	Beginning Balance	Current Year	Prior Year Adjust.		Current Year	Prior Year Adjust.

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable. There are no accumulated tax credits.

000057

Company: Ferncrest Utilities

Schedule: C-7

Docket No.: 011073-WS

Page 3 of 4

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: Explain accounting policy as to method of amortization for both progress payment and other ITC. Explanation should include at least a description of how the time period for amortization is determined, when it begins, under what circumstances it changes, etc. If there are unused ITC, supply a schedule showing year generated, amount generated, total amount used and remaining unused portion.

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable. There are no accumulated tax credits.

000050

Investment Tax Credits - Section 46(f) Election

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Historic [X] or Projected []

Schedule: C-7
Page 4 of 4
Preparer: Robert V Salerno

Explanation: Provide a copy of the election made under Section 46(f), Internal Revenue Code.

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable. No election has been made under section 46(F) of the Internal Revenue Code.

000057

Parent(s) Debt Information

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule: C-8
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide the information required to adjust income tax expense by
 by the interest expense of the parent(s) that may be invested in the equity of
 the applicant. If a year-end rate base is used, provide on both a year-end and
 and an average basis. Amounts should be parent only.

Line No.	Description	Parent's Name Amount	% of Total	Cost Rate	Weighted Cost	
1	Long-Term Debt	Ferncrest is the applicant and there is no parent company.				
2	Short-Term Debt					
3	Preferred Stock					
4	Common Equity (State Retained Earnings Separately - Parent Only)					
5	Deferred Income Tax					
6	Other					
7	Total		100.00%			
8	Weighted Cost Parent Debt X 37.63% (or applicable consolidated tax rate) X Equity of Subsidiary (To C-1)					

Since the company's 2000 Form 1120 reflects a net operating loss carry forward of \$7,168,017 and the State income tax return (Form F-1120) reflects a net operating loss carry forward of \$7,681,883 and the company has not requested a provision for income tax on schedules B-1 and B-2, This schedule is not applicable.

Supporting Schedules: None
 Recap Schedules: C-3

00000000

Income Tax Returns

Florida Public Service Commission

Company: Ferncrest Utilities

Schedule: C-9

Docket No.: 011073-WS

Page 1 of 1

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: Provide a copy of the most recently filed federal income tax return, state income tax return and most recent final IRS revenue agent's report for the applicant or consolidated entity (whichever type of return is filed). A statement of when and where the returns and reports are available for review may be provided in lieu of providing the returns and reports.

The 2000 Federal and State Forms 1120 and F-1120 are attached as part of this schedule. There has been no recent examinations of the returns by either federal or State agents.

Form 1120 is attachment A

Form F-1120 is attachment B

000059

Schedule A Cost of Goods Sold (See page 14 of instructions.)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on line 2, page 1	8	

9 a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No

If "Yes," attach explanation

Schedule C Dividends and Special Deductions

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)	70	
2	Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)	80	
3	Dividends on debt-financed stock of domestic and foreign corporations (section 246A)	see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction	70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction	80	
8	Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))	100	
9	Total. Add lines 1 through 8		
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958	100	
11	Dividends from certain FSCs that are subject to the 100% deduction (section 245(c)(1))	100	
12	Dividends from affiliated group members subject to the 100% deduction (sec. 243(a)(3))	100	
13	Other dividends from foreign corporations not included on lines 3, 6, 7, 8, or 11		
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)		
15	Foreign dividend gross-up (section 78)		
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))		
17	Other dividends		
18	Deduction for dividends paid on certain preferred stock of public utilities		
19	Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1 ▶		
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1 ▶		

Schedule E Compensation of Officers

(See instructions for line 12, page 1.)
 Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are \$500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
	ROBERT V. SALERNO	263-06-2183	100.00			12,310
2	Total compensation of officers					12,310
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on line 12, page 1					12,310

Schedule J Tax Computation (See page 17 of instructions.)

1 Check if the corporation is a member of a controlled group (see sections 1561 and 1563) **Important:** Members of a controlled group, see instructions on page 17.

2a If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$	(2) \$	(3) \$
--------	--------	--------

b Enter the corporation's share of:

(1) Additional 5% tax (not more than \$11,750)	\$
(2) Additional 3% tax (not more than \$100,000)	\$

3 Income tax. Check if a qualified personal service corporation under section 448(d)(2) (see page 17)

4 Alternative minimum tax (attach Form 4626)

5 Add lines 3 and 4

6a Foreign tax credit (attach Form 1118)

6b Possessions tax credit (attach Form 5735)

6c Check: Nonconventional source fuel credit QEV credit (attach Form 8834)

6d General business credit. Enter here and check which forms are attached:

<input type="checkbox"/> 3468	<input type="checkbox"/> 5884	<input type="checkbox"/> 6478	<input type="checkbox"/> 6765	<input type="checkbox"/> 8586	<input type="checkbox"/> 8830	<input type="checkbox"/> 8826
<input type="checkbox"/> 8835	<input type="checkbox"/> 8844	<input type="checkbox"/> 8845	<input type="checkbox"/> 8846	<input type="checkbox"/> 8820	<input type="checkbox"/> 8847	<input type="checkbox"/> 8861

6e Credit for prior year minimum tax (attach Form 8827)

6f Qualified zone academy bond credit (attach Form 8860)

7 Total credits. Add lines 6a through 6f

8 Subtract line 7 from line 5

9 Personal holding company tax (attach Schedule PH (Form 1120))

10 Recapture taxes. Check if from: Form 4255 Form 8611

11 Total tax. Add lines 8 through 10. Enter here and on line 31, page 1

Schedule K Other Information (See page 19 of instructions.)

	Yes	No		Yes	No
1 Check method of accounting: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) <input type="checkbox"/>			If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.		
2 See page 21 of the instructions and enter the:			If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		
a Business activity code no. <input type="checkbox"/> 221300			7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? <input type="checkbox"/>		
b Business activity <input type="checkbox"/> UTILITY			If "Yes,"		
c Product or service <input type="checkbox"/> WATER/WASTEWATER			a Enter percentage owned <input type="checkbox"/>		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/>			b Enter owner's country <input type="checkbox"/>		
If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.			c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached <input type="checkbox"/>		
4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input checked="" type="checkbox"/>			8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>		
If "Yes," enter name and EIN of the parent corporation <input type="checkbox"/>			If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
5 At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/> Statement 5			9 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		
If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned <input type="checkbox"/> 50.00			10 Enter the number of shareholders at the end of the tax year (if 75 or fewer) <input type="checkbox"/>		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) <input checked="" type="checkbox"/>			11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>		
			12 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) <input type="checkbox"/> \$ 6,354,136.		

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		221,824.		115,953.
2a Trade notes and accounts receivable	118,586.		125,234.	
b Less allowance for bad debts	()	118,586.	()	125,234.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets Stmt 6		2,089.		23,821.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments				
10a Buildings and other depreciable assets	3,685,094.		3,715,599.	
b Less accumulated depreciation	(1,998,775.)	1,686,319.	(2,147,714.)	1,567,885.
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)		80,000.		80,000.
13a Intangible assets (amortizable only)	170,841.		170,841.	
b Less accumulated amortization	(123,679.)	47,162.	(125,093.)	45,748.
14 Other assets Stmt 7		18,643.		105,055.
15 Total assets		2,174,623.		2,063,696.
Liabilities and Shareholders' Equity				
16 Accounts payable		6,448.		33,549.
17 Mortgages, notes, bonds payable in less than 1 year		1,199,932.		1,199,932.
18 Other current liabilities Stmt 8		1,641,855.		1,871,592.
19 Loans from shareholders		290,474.		290,474.
20 Mortgages, notes, bonds payable in 1 year or more		4,739,430.		5,244,496.
21 Other liabilities Stmt 9		448,452.		389,502.
22 Capital stock: a Preferred stock				
b Common stock	10,000.	10,000.	10,000.	10,000.
23 Additional paid-in capital		120,000.		120,000.
24 Retained earnings - Appropriated (attach schedule)				
25 Retained earnings - Unappropriated		<6,281,968.>		<7,095,849.>
26 Adjustments to shareholders' equity				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		2,174,623.		2,063,696.

Note: The corporation is not required to complete Schedules M-1 and M-2 if the total assets on line 15, column (d) of Schedule L are less than \$25,000.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return		
1 Net income (loss) per books	<813,881.>	7 Income recorded on books this year not included on this return (itemize):
2 Federal income tax		Tax-exempt interest \$ _____
3 Excess of capital losses over capital gains		
4 Income subject to tax not recorded on books this year (itemize):		
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not charged against book income this year (itemize):
a Depreciation \$ _____		a Depreciation \$ _____
b Contributions carryover \$ _____		b Contributions carryover \$ _____
c Travel and entertainment \$ _____		
6 Add lines 1 through 5	<813,881.>	9 Add lines 7 and 8
		10 Income (line 28, page 1) - line 6 less line 9
		<813,881.>

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)		
1 Balance at beginning of year	<6,281,968.>	5 Distributions: a Cash
2 Net income (loss) per books	<813,881.>	b Stock
3 Other increases (itemize):		c Property
		6 Other decreases (itemize):
4 Add lines 1, 2, and 3	<7,095,849.>	7 Add lines 5 and 6
		8 Balance at end of year (line 4 less line 7)
		<7,095,849.>

Form 1120	Interest Income	Statement	1
Description	US	Other	
INTEREST INCOME			7,277.
Total to Form 1120, Line 5			7,277.

Form 1120	Taxes and Licenses	Statement	2
Description		Amount	
Taxes - other			74.
Total to Form 1120, Line 17			74.

Form 1120	Other Deductions	Statement	3
Description		Amount	
Depreciation			1,414.
Insurance			14,902.
Equipment Rental			19,025.
Licenses and fees			11,812.
Chemicals			32,644.
Office & Miscellaneous			26,034.
Computer Expenses			7,415.
Supplies			2,978.
Contracted Services			97,879.
Laboratory Glassware			1,260.
Telephone			10,801.
Training & Seminars			3,264.
Uniforms			6,150.
Purchased Power			64,514.
Transportation			11,222.
Payroll taxes			2,212.
Property Tax			44,424.
Gross receipts tax			55,200.
Lake Rental Expenses			38,476.
Employee Expenses			
Sludge Removal			60,700.
Maintenance			150,964.
Purchased Water			35,085.
Total to Form 1120, Line 26			698,375.

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Net Operating Loss Deduction

Statement 4

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining
2/31/85	203,484.		203,484.
2/31/85	203,484.	203,484.	0.
12/31/86	283,575.		283,575.
2/31/86	283,575.	283,575.	0.
2/31/87	139,742.		139,742.
12/31/87	139,742.	139,742.	0.
2/31/88	294,507.		294,507.
2/31/88	294,507.	294,507.	0.
12/31/89	339,216.		339,216.
12/31/89	339,216.	339,216.	0.
2/31/90	444,181.		444,181.
2/31/90	444,181.	444,181.	0.
12/31/91	488,678.		488,678.
2/31/91	488,678.	488,678.	0.
2/31/92	498,422.		498,422.
12/31/92	498,422.	498,422.	0.
2/31/93	493,417.		493,417.
2/31/93	493,417.	493,417.	0.
12/31/94	465,472.		465,472.
12/31/94	465,472.	465,472.	0.
2/31/95	490,662.		490,662.
2/31/95	490,662.	379,759.	110,903.
12/31/96	309,683.		309,683.
2/31/96	309,683.		309,683.
2/31/97	420,586.		420,586.
12/31/98	513,866.		513,866.
2/31/99	548,059.		548,059.
NOL Carryover Available This Year			6,354,136.

000059A-6

Schedule L Other Liabilities Statement 9

Description	Beginning of Tax Year	End of Tax Year
CONTRIBUTIONS IN AID OF CONST.	448,452.	389,502.
Total to Schedule L, Line 21	448,452.	389,502.

000059A-8

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach this form to your return.

Name(s) shown on return

Identifying number

Ferncrest Utilities, Inc.

Business or activity to which this form relates

All Business Activities

Part I Election To Expense Certain Tangible Property (Section 179)

Note: If you have any "listed property," complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Includes fields for maximum dollar limitation (\$20,000), total cost, threshold cost (\$200,000), and final deduction amount.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A-General Asset Account Election

If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box.

Section B-General Depreciation System (GDS) (See page 3 of the instructions.)

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions.)

Table with 7 columns for ADS, including class life (12-year, 40-year) and recovery periods.

Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Table with 3 rows for other depreciation: GDS and ADS deductions, section 168(f)(1) election, and ACRS and other depreciation (\$121,580.28).

Part IV Summary (See page 6 of the instructions.)

Table with 3 rows for summary: Listed property, Total deduction (\$121,580.28), and Section 263A costs.

Part V Listed Property- (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a-23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

Do you have evidence to support the busn./invest. use claimed?		Yes		No		23b If "Yes," is the evidence written?		Yes		No	
(a) Type of prop. expenses	(b) Date placed in service	(c) Busn./invest. use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
Property used more than 50% in a qualified business use (See page 6 of the instructions.):											
		%									
Property used 50% or less in a qualified business use (See page 6 of the instructions.):											
		%				S/L-					
		%				S/L-					
Add amounts in column (h). Enter the total here and on line 20, page 1							26				
Add amounts in column (i). Enter the total here and on line 7, page 1								27			

Section B-Information on Use of Vehicles

Use this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provide vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
Total business/investment miles driven during the year (do not include commuting miles-see page 1 of the instructions)												
Total commuting miles driven during the year												
Total other personal (noncommuting) miles driven												
Total miles driven during the year. Add lines 28 through 30												
Was the vehicle available for personal use during off-duty hours?												
Was the vehicle used primarily by a more than 5% owner or related person?												
Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Use these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See page 8 of the instructions.

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions		
Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles.		

VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions.):					
Amortization of costs that began before 2000					

000059A-10

Tax Asset Detail 1/01/00 - 12/31/00

FYE: 12/31/2000

Asset	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0186-2000-Rate Case Exp.											
8	Prior Yr Rate Case Expense	12/31/96	119,672.17	0.00	0.00	101,721.33	17,950.84	119,672.17	0.00	Amort	5.0
9	Barry Asmus Rate Case Exp	2/28/97	5,656.48	0.00	0.00	3,205.35	1,131.30	4,336.65	1,319.83	Amort	5.0
	0186-2000-Rate Case Exp.		<u>125,328.65</u>	<u>0.00c</u>	<u>0.00</u>	<u>104,926.68</u>	<u>19,082.14</u>	<u>124,008.82</u>	<u>1,319.83</u>		
Group: 0186-3000-Maint. Exp. W											
10	Painting	2/14/97	1,453.16	0.00	0.00	847.67	290.63	1,138.30	314.86	Amort	5.0
11	Painting	3/07/97	1,189.39	0.00	0.00	673.99	237.88	911.87	277.52	Amort	5.0
12	Paint - Glidden	3/13/97	1,559.93	0.00	0.00	883.97	311.99	1,195.96	363.97	Amort	5.0
13	Paint Contract - Inpai	3/18/97	4,000.00	0.00	0.00	2,200.00	800.00	3,000.00	1,000.00	Amort	5.0
14	Paint - Glidden	4/30/97	648.38	0.00	0.00	345.81	129.68	475.49	172.89	Amort	5.0
15	Paint - Glidden	5/15/97	155.45	0.00	0.00	82.91	31.09	114.00	41.45	Amort	5.0
16	Blasting Equipment-Stsil	5/29/97	3,130.57	0.00	0.00	1,617.48	626.11	2,243.59	886.98	Amort	5.0
17	Paint - Glidden	7/22/97	472.87	0.00	0.00	228.59	94.57	323.16	149.71	Amort	5.0
18	Blasting Equipment	7/31/97	860.15	0.00	0.00	415.74	172.03	587.77	272.38	Amort	5.0
19	Paint - Glidden	8/05/97	550.73	0.00	0.00	266.19	110.15	376.34	174.39	Amort	5.0
20	Paint Contract - Inpai	8/13/97	2,004.64	0.00	0.00	968.91	400.93	1,369.84	634.80	Amort	5.0
1006	Production Maint	3/11/98	9,807.16	0.00	0.00	2,233.85	1,961.43	4,195.28	5,611.88	Amort	5.0
	0186-3000-Maint. Exp. W		<u>25,832.43</u>	<u>0.00c</u>	<u>0.00</u>	<u>10,765.11</u>	<u>5,166.49</u>	<u>15,931.60</u>	<u>9,900.83</u>		
Group: 0186-4000-Maint. Exp. S											
21	Paint - Glidden	3/07/97	1,189.38	0.00	0.00	673.99	237.88	911.87	277.51	Amort	5.0
22	Paint Contract	3/18/97	4,000.00	0.00	0.00	2,200.00	800.00	3,000.00	1,000.00	Amort	5.0
23	Paint - Glidden	4/30/97	648.37	0.00	0.00	345.79	129.67	475.46	172.91	Amort	5.0
24	Paint - Glidden	5/15/97	155.45	0.00	0.00	82.91	31.09	114.00	41.45	Amort	5.0
25	CL2 Tank	7/08/97	1,229.60	0.00	0.00	614.80	245.92	860.72	368.88	Amort	5.0
26	W/W Filters	7/29/97	3,546.73	0.00	0.00	1,714.26	709.35	2,423.61	1,123.12	Amort	5.0
27	Anthracite W/W Filter	7/31/97	760.50	0.00	0.00	367.58	152.10	519.68	240.82	Amort	5.0
28	Paint Contract	8/13/97	2,004.64	0.00	0.00	968.91	400.93	1,369.84	634.80	Amort	5.0
	0186-4000-Maint. Exp. S		<u>13,534.67</u>	<u>0.00c</u>	<u>0.00</u>	<u>6,968.24</u>	<u>2,706.94</u>	<u>9,675.18</u>	<u>3,859.49</u>		
Group: 0301-1100-Organ. Costs											
997	Organization Costs	12/31/82	1,845.00	0.00	0.00	0.00	0.00	0.00	1,845.00	Memo	0.0
	0301-1100-Organ. Costs		<u>1,845.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,845.00</u>		
Group: 0302-1100-Franchise											
998	Franchises & Consents	12/31/82	4,300.00	0.00	0.00	0.00	0.00	0.00	4,300.00	Memo	0.0
	0302-1100-Franchise		<u>4,300.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>4,300.00</u>		

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Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0303-3100-Land Rights S											
995	Land & Land Rights	12/31/82	20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00	Memo	0.0
	0303-3100-Land Rights S		20,000.00	0.00c	0.00	0.00	0.00	0.00	20,000.00		
Group: 0304-3100-Str&Imp-Tmt W											
57	Extra 400 Transformers	1/14/97	1,246.00	0.00	0.00	74.76	24.92	99.68	1,146.32	S/L	50.0
58	B/W Pit Water	2/11/97	879.00	0.00	0.00	51.27	17.58	68.85	810.15	S/L	50.0
600	Struct & Imp - Treatment	12/31/85	204,214.00	0.00	0.00	142,017.80	4,084.28	146,102.08	58,111.92	S/L	50.0
601	Struct & Imp - Treatment	12/31/89	1,405.00	0.00	0.00	386.00	28.10	414.10	990.90	S/L	50.0
602	Struct & Imp - Treatment	12/31/90	6,463.11	0.00	0.00	1,583.60	129.26	1,712.86	4,750.25	S/L	50.0
603	Struct & Imp - Treatment	12/31/93	367.29	0.00	0.00	56.95	7.35	64.30	302.99	S/L	50.0
604	Struct & Imp - Treatment	6/30/96	3,585.40	0.00	0.00	250.98	71.71	322.69	3,262.71	S/L	50.0
	0304-3100-Str&Imp-Tmt W		218,159.80	0.00c	0.00	144,421.36	4,363.20	148,784.56	69,375.24		
Group: 0304-5100-Str&Imp-Gen W											
105	Repair Stucco	4/30/97	875.00	0.00	0.00	46.67	17.50	64.17	810.83	S/L	50.0
650	Struct & Imp - General	12/31/88	21,773.00	0.00	0.00	12,367.16	435.46	12,802.62	8,970.38	S/L	50.0
651	Struct & Imp - General	12/31/89	1,060.00	0.00	0.00	257.80	21.20	279.00	781.00	S/L	50.0
652	Struct & Imp - General	12/31/91	4,069.00	0.00	0.00	783.44	81.38	864.82	3,204.18	S/L	50.0
653	Struct & Imp - General	12/31/94	4,203.78	0.00	0.00	493.96	84.08	578.04	3,625.74	S/L	50.0
654	Struct & Imp - General	6/15/95	10,294.25	0.00	0.00	952.24	205.89	1,158.13	9,136.12	S/L	50.0
655	Struct & Imp - General	6/30/96	12,519.31	0.00	0.00	876.36	250.39	1,126.75	11,392.56	S/L	50.0
	0304-5100-Str&Imp-Gen W		54,794.34	0.00c	0.00	15,777.63	1,095.90	16,873.53	37,920.81		
Group: 0307-2100-Wells & Springs											
700	Wells & Springs	12/31/85	29,164.00	0.00	0.00	20,990.76	583.28	21,574.04	7,589.96	S/L	50.0
701	Wells & Springs	12/31/90	8,455.91	0.00	0.00	2,211.68	169.12	2,380.80	6,075.11	S/L	50.0
702	Wells & Springs	12/31/93	2,823.84	0.00	0.00	458.89	56.48	515.37	2,308.47	S/L	50.0
703	Wells & Springs	6/30/96	2,017.00	0.00	0.00	141.19	40.34	181.53	1,835.47	S/L	50.0
	0307-2100-Wells & Springs		42,460.75	0.00c	0.00	23,802.52	849.22	24,651.74	17,809.01		
Group: 0310-2100-Pwr Gen Equip											
730	Power Generator Eq	12/31/86	11,337.00	0.00	0.00	11,337.00	0.00	11,337.00	0.00	S/L	15.0
731	Power Generator Eq	12/31/89	831.00	0.00	0.00	492.80	55.40	548.20	282.80	S/L	15.0
732	Power Generator Eq	12/31/90	3,095.00	0.00	0.00	1,686.32	206.33	1,892.65	1,202.35	S/L	15.0
733	Power Generator Eq	12/31/91	27,066.70	0.00	0.00	13,308.16	1,804.45	15,112.61	11,954.09	S/L	15.0
734	Power Generator Eq	6/30/96	435.49	0.00	0.00	101.61	29.03	130.64	304.85	S/L	15.0
	0310-2100-Pwr Gen Equip		42,765.19	0.00c	0.00	26,925.89	2,095.21	29,021.10	13,744.09		
Group: 0311-2100-Elec Pump Equip											
770	Electric Pumping Eq	12/31/86	9,193.00	0.00	0.00	9,193.00	0.00	9,193.00	0.00	S/L	15.0

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Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0311-2100-Elec Pump Equip (continued)											
771	Electric Pumping Eq	12/31/89	691.00	0.00	0.00	409.48	46.07	455.55	235.45	S/L	15.0
772	Electric Pumping Eq	12/31/90	1,121.00	0.00	0.00	607.12	74.73	681.85	439.15	S/L	15.0
773	Electric Pumping Eq	12/31/91	1,372.97	0.00	0.00	674.72	91.53	766.25	606.72	S/L	15.0
774	Electric Pumping Eq	12/31/94	4,964.82	0.00	0.00	1,696.32	330.99	2,027.31	2,937.51	S/L	15.0
775	Electric Pumping Eq	6/30/95	124,628.34	0.00	0.00	36,349.95	8,308.56	44,658.51	79,969.83	S/L	15.0
776	Electric Pumping Eq	6/30/96	34,146.59	0.00	0.00	7,967.54	2,276.44	10,243.98	23,902.61	S/L	15.0
0311-2100-Elec Pump Equip			176,117.72	0.00c	0.00	56,898.13	11,128.32	68,026.45	108,091.27		
Group: 0320-3100-W Treatment Eqp											
800	Water Treatment Eq	12/31/86	37,023.00	0.00	0.00	33,873.76	1,851.15	35,724.91	1,298.09	S/L	20.0
801	Water Treatment Eq	12/31/88	188,909.00	0.00	0.00	101,538.44	9,445.45	110,983.89	77,925.11	S/L	20.0
802	Water Treatment Eq	12/31/89	4,087.00	0.00	0.00	2,013.08	204.35	2,217.43	1,869.57	S/L	20.0
803	Water Treatment Eq	12/31/90	3,000.42	0.00	0.00	1,343.16	150.02	1,493.18	1,507.24	S/L	20.0
804	Water Treatment Eq	12/31/93	3,468.10	0.00	0.00	1,083.79	173.41	1,257.20	2,210.90	S/L	20.0
805	Water Treatment Eq	12/31/94	1,113.67	0.00	0.00	297.90	55.68	353.58	760.09	S/L	20.0
806	Water Treatment Eq	6/30/95	4,336.89	0.00	0.00	964.94	216.84	1,181.78	3,155.11	S/L	20.0
807	Water Treatment Eq	6/30/96	75,813.33	0.00	0.00	13,267.34	3,790.67	17,058.01	58,755.32	S/L	20.0
999	Blower	11/16/98	7,409.40	0.00	0.00	401.34	370.47	771.81	6,637.59	S/L	20.0
007	Chlorinators	10/1/99	2,796.29	0.00	0.00	127.10	127.10	254.20	2,542.09	S/L	20.0
1008	Digester	11/30/99	21,734.00	0.00	0.00	82.33	987.91	1,070.24	20,663.76	S/L	22.0
0320-3100-W Treatment Eqp			349,691.10	0.00c	0.00	154,993.18	17,373.05	172,366.23	177,324.87		
Group: 0330-4100-Dist. Reservoir											
825	Dist Reservoirs & Stand	12/31/86	21,091.14	0.00	0.00	14,005.12	421.82	14,426.94	6,664.20	S/L	50.0
826	Dist Reservoirs & Stand	12/31/94	15,249.46	0.00	0.00	1,837.57	304.99	2,142.56	13,106.90	S/L	50.0
827	Dist Reservoirs & Stand	6/30/95	110,326.77	0.00	0.00	10,315.57	2,206.54	12,522.11	97,804.66	S/L	50.0
828	Dist Reservoir & Stand	6/30/96	53,044.64	0.00	0.00	3,713.12	1,060.89	4,774.01	48,270.63	S/L	50.0
0330-4100-Dist. Reservoir			199,712.01	0.00c	0.00	29,871.38	3,994.24	33,865.62	165,846.39		
Group: 0331-4100-Mains											
4	New Waterline	3/06/97	1,631.34	0.00	0.00	92.45	32.63	125.08	1,506.26	S/L	50.0
845	Trans/Dist Mains	12/31/85	210,630.91	0.00	0.00	133,208.52	4,212.62	137,421.14	73,209.77	S/L	50.0
846	Transmission & Dist	6/30/96	25,937.02	0.00	0.00	1,815.59	518.74	2,334.33	23,602.69	S/L	50.0
0331-4100-Mains			238,199.27	0.00c	0.00	135,116.56	4,763.99	139,880.55	98,318.72		
Group: 0333-4100- Water Services											
851	Water Services	12/31/85	132,486.51	0.00	0.00	85,863.56	2,649.73	88,513.29	43,973.22	S/L	50.0
0333-4100- Water Services			132,486.51	0.00c	0.00	85,863.56	2,649.73	88,513.29	43,973.22		

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Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0334-4100-Meters											
860	Water Meters	12/31/86	49,294.00	0.00	0.00	44,433.11	2,464.70	46,897.81	2,396.19	S/L	20.0
861	Water Meters	12/31/92	1,368.89	0.00	0.00	513.30	68.44	581.74	787.15	S/L	20.0
862	Water Meters	12/31/93	768.50	0.00	0.00	249.79	38.43	288.22	480.28	S/L	20.0
863	Water Meters	12/31/94	349.27	0.00	0.00	96.03	17.46	113.49	235.78	S/L	20.0
864	Water Meters	6/30/95	6,226.27	0.00	0.00	1,400.90	311.31	1,712.21	4,514.06	S/L	20.0
865	Water Meters	6/30/96	1,923.12	0.00	0.00	336.56	96.16	432.72	1,490.40	S/L	20.0
866	2"&3" Meters	2/04/97	2,747.50	0.00	0.00	400.69	137.38	538.07	2,209.43	S/L	20.0
867	Meters	2/07/97	737.55	0.00	0.00	107.56	36.88	144.44	593.11	S/L	20.0
868	Meters	2/14/97	75.05	0.00	0.00	10.94	3.75	14.69	60.36	S/L	20.0
0334-4100-Meters			63,490.15	0.00c	0.00	47,548.88	3,174.51	50,723.39	12,766.76		
Group: 0340-5100-Furn & Equip W											
310	HP Fax Machine	4/08/97	212.00	0.00	0.00	116.60	42.40	159.00	53.00	S/L	5.0
311	Pentium Computer	5/05/97	921.50	0.00	0.00	491.47	184.30	675.77	245.73	S/L	5.0
312	Dat Backup Tapes	5/23/97	58.00	0.00	0.00	29.97	11.60	41.57	16.43	S/L	5.0
313	Pentium Upgrade	5/30/97	120.00	0.00	0.00	62.00	24.00	86.00	34.00	S/L	5.0
314	CD Rom - File Server	9/12/97	300.00	0.00	0.00	140.00	60.00	200.00	100.00	S/L	5.0
315	Hand Held Meter Reader	9/16/97	2,019.38	0.00	0.00	908.73	403.88	1,312.61	706.77	S/L	5.0
875	Office Equipment	12/31/90	15,963.00	0.00	0.00	10,546.70	1,064.20	11,610.90	4,352.10	S/L	15.0
876	Office Equipment	12/31/90	1,737.00	0.00	0.00	1,102.72	115.80	1,218.52	518.48	S/L	15.0
877	Office Equipment	12/31/87	1,952.00	0.00	0.00	1,952.00	0.00	1,952.00	0.00	S/L	15.0
878	Office Equipment	12/31/89	1,121.00	0.00	0.00	1,121.00	0.00	1,121.00	0.00	S/L	15.0
879	Office Equipment	12/31/88	315.00	0.00	0.00	242.44	21.00	263.44	51.56	S/L	15.0
880	Office Equipment	12/31/91	484.00	0.00	0.00	484.00	0.00	484.00	0.00	S/L	15.0
881	Office Equipment	12/31/91	795.00	0.00	0.00	452.08	53.00	505.08	289.92	S/L	15.0
882	Office Equipment	12/31/92	767.45	0.00	0.00	653.20	51.16	704.36	63.09	S/L	15.0
883	Office Equipment	6/30/95	1,738.40	0.00	0.00	521.80	115.89	637.69	1,100.71	S/L	15.0
884	Office Equipment	6/30/96	4,282.29	0.00	0.00	999.21	285.49	1,284.70	2,997.59	S/L	15.0
1000	Computer Equip	10/16/98	3,473.67	0.00	0.00	270.18	231.58	501.76	2,971.91	S/L	15.0
0340-5100-Furn & Equip W			36,259.69	0.00c	0.00	20,094.10	2,664.30	22,758.40	13,501.29		
Group: 0341-5100-Transp Equip W											
900	Transport Equip	12/31/85	12,465.00	0.00	0.00	12,465.00	0.00	12,465.00	0.00	S/L	6.0
901	1984 Chevy Truck	12/31/87	1,750.00	0.00	0.00	1,750.00	0.00	1,750.00	0.00	S/L	6.0
902	1987 Chevy Truck	12/31/87	4,951.00	0.00	0.00	4,951.00	0.00	4,951.00	0.00	S/L	6.0
903	Dodge Truck	12/31/89	5,469.75	0.00	0.00	5,469.75	0.00	5,469.75	0.00	S/L	6.0
904	Transportation Equipment	6/30/96	1,044.10	0.00	0.00	609.07	174.02	783.09	261.01	S/L	6.0
1009	Isuzu	2/06/99	6,842.51	0.00	0.00	1,045.38	1,140.42	2,185.80	4,656.71	S/L	6.0
1017	GMC 99 Scirra Club	2/11/99	3,050.00	0.00	0.00	465.97	508.33	974.30	2,075.70	S/L	6.0
0341-5100-Transp Equip W			35,572.36	0.00c	0.00	26,756.17	1,822.77	28,578.94	6,993.42		
Group: 0344-5100 Lab Equip W											
456	VWPro	1/01/97	914.75	0.00	0.00	182.94	60.98	243.92	670.83	S/L	15.0
457	VRPRO	1/08/97	257.74	0.00	0.00	51.54	17.18	68.72	189.02	S/L	15.0

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Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0344-5100 Lab Equip W (continued)											
926	Lab Equipment	12/31/86	15,003.00	0.00	0.00	13,621.60	1,000.20	14,621.80	381.20	S/L	15.0
927	Lab Equipment	12/31/88	390.00	0.00	0.00	299.52	26.00	325.52	64.48	S/L	15.0
928	Lab Equipment	12/31/89	582.38	0.00	0.00	409.40	38.83	448.23	134.15	S/L	15.0
929	Lab Equipment	6/30/96	1,698.64	0.00	0.00	396.34	113.24	509.58	1,189.06	S/L	15.0
	0344-5100 Lab Equip W		18,846.51	0.00c	0.00	14,961.34	1,256.43	16,217.77	2,628.74		
Group: 0345-5100-Pwr Op Equip W											
950	Power Operated Equip	12/31/87	5,570.00	0.00	0.00	5,570.00	0.00	5,570.00	0.00	S/L	10.0
951	Power Operated Equip	12/31/92	801.01	0.00	0.00	545.32	80.10	625.42	175.59	S/L	10.0
952	Power Operated Equip	12/31/94	2,202.68	0.00	0.00	1,151.57	220.27	1,371.84	830.84	S/L	10.0
953	Power Operated Equip	6/30/96	8,453.30	0.00	0.00	2,958.66	845.33	3,803.99	4,649.31	S/L	10.0
954	Cut Off Saw Lamp	7/09/97	1,044.35	0.00	0.00	261.10	104.44	365.54	678.81	S/L	10.0
1001	Mud Hog	4/21/98	775.78	0.00	0.00	129.30	77.58	206.88	568.90	S/L	10.0
1021	Welder/Generator	5/26/00	1,799.28	0.00c	0.00	0.00	104.96	104.96	1,694.32	S/L	10.0
	0345-5100-Pwr Op Equip W		20,646.40	0.00c	0.00	10,615.95	1,432.68	12,048.63	8,597.77		
Group: 0353-4200 Land Rights W											
495	Land & Land Rights	12/31/82	60,000.00	0.00	0.00	0.00	0.00	0.00	60,000.00	Memo	0.0
	0353-4200 Land Rights W		60,000.00	0.00c	0.00	0.00	0.00	0.00	60,000.00		
Group: 0354-3200- St&Imp Lift S											
1	Struct & Imp - Lift	12/31/87	156,998.00	0.00	0.00	79,417.60	3,139.96	82,557.56	74,440.44	S/L	50.0
2	Struct & Imp - Lift	12/31/90	2,999.39	0.00	0.00	751.88	59.99	811.87	2,187.52	S/L	50.0
3	Struct & Imp - Lift	12/31/93	35,442.64	0.00	0.00	5,582.20	708.85	6,291.05	29,151.59	S/L	50.0
	0354-3200- St&Imp Lift S		195,440.03	0.00c	0.00	85,751.68	3,908.80	89,660.48	105,779.55		
Group: 0354-4200-Str&Imp-Tmt S											
51	Struct & Imp - Treatment	12/31/73	33,899.00	0.00	0.00	26,531.40	677.98	27,209.38	6,689.62	S/L	50.0
52	Struct & Imp - Treatment	12/31/89	1,500.00	0.00	0.00	423.00	30.00	453.00	1,047.00	S/L	50.0
53	Struct & Imp - Treatment	12/31/91	89,032.00	0.00	0.00	19,542.52	1,780.64	21,323.16	67,708.84	S/L	50.0
54	Struct & Imp - Treatment	12/31/92	137.97	0.00	0.00	26.02	2.76	28.78	109.19	S/L	50.0
55	Struct & Imp - Treatment	12/31/93	32,031.03	0.00	0.00	5,044.88	640.62	5,685.50	26,345.53	S/L	50.0
56	Struct & Imp - Treatment	12/31/94	126.03	0.00	0.00	15.94	2.52	18.46	107.57	S/L	50.0
59	Extra 400 Transformer	1/14/97	1,246.00	0.00	0.00	74.76	24.92	99.68	1,146.32	S/L	50.0
1015	Digester	2/15/99	24,788.74	0.00	0.00	710.09	774.65	1,484.74	23,304.00	S/L	32.0
1027	Digester-Eng Services	1/01/00	1,147.07	0.00c	0.00	0.00	35.85	35.85	1,111.22	S/L	32.0
1032	MT Gate Valve	5/24/00	300.58	0.00c	0.00	0.00	5.48	5.48	295.10	S/L	32.0
	0354-4200-Str&Imp-Tmt S		184,208.42	0.00c	0.00	52,368.61	3,975.42	56,344.03	127,864.39		

58,663.52

1001

Tax Asset Detail 1/01/00 - 12/31/00

FYE: 12/31/2000

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0354-5200-Str&Imp-Gen S											
100	Struct & Imp - General	12/31/88	1,676.92	0.00	0.00	479.90	33.54	513.44	1,163.48	S/L	50.0
101	Struct & Imp - General	12/31/93	2,972.85	0.00	0.00	441.48	59.46	500.94	2,471.91	S/L	50.0
102	Struct & Imp - General	12/31/94	4,203.78	0.00	0.00	519.19	84.08	603.27	3,600.51	S/L	50.0
103	Struct & Imp - General	6/30/95	5,495.15	0.00	0.00	690.58	109.90	800.48	4,694.67	S/L	50.0
104	Struct & Imp - General	6/30/96	2,055.42	0.00	0.00	143.88	41.11	184.99	1,870.43	S/L	50.0
	0354-5200-Str&Imp-Gen S		16,404.12	0.00c	0.00	2,275.03	328.09	2,603.12	13,801.00		
Group: 0361-2200-Gravity Col Swr											
155	Gravity Collection Sewer	12/31/82	612,097.07	0.00	0.00	306,216.06	12,241.94	318,458.00	293,639.07	S/L	50.0
1024	Sewer Mach, 50"Cabe	9/26/00	3,382.46	0.00c	0.00	0.00	16.91	16.91	3,365.55	S/L	50.0
	0361-2200-Gravity Col Swr		615,479.53	0.00c	0.00	306,216.06	12,258.85	318,474.91	297,004.62		
Group: 0363-2200-Svc to Cust. S											
165	Customer Service	12/31/83	181,272.94	0.00	0.00	98,945.24	3,625.46	102,570.70	78,702.24	S/L	50.0
	0363-2200-Svc to Cust. S		181,272.94	0.00c	0.00	98,945.24	3,625.46	102,570.70	78,702.24		
Group: 0371-3200-Pumping Equip											
175	Pumping Equipment	12/31/85	326,584.00	0.00	0.00	317,610.88	8,973.12	326,584.00	0.00	S/L	15.0
176	Pumping Equipment	12/31/89	1,428.30	0.00	0.00	900.80	95.22	996.02	432.28	S/L	15.0
177	Pumping Equipment	12/31/93	4,563.41	0.00	0.00	1,855.80	304.23	2,160.03	2,403.38	S/L	15.0
178	Pumping Equipment	12/31/95	12,916.04	0.00	0.00	3,805.93	861.07	4,667.00	8,249.04	S/L	15.0
179	Pumping Equipment	6/30/96	10,068.63	0.00	0.00	2,349.34	671.24	3,020.58	7,048.05	S/L	15.0
180	Pumps	4/29/97	1,553.60	0.00	0.00	276.19	103.57	379.76	1,173.84	S/L	15.0
012	Lift Station Pumps	1/01/99	1,000.00	0.00	0.00	55.56	55.56	111.12	888.88	S/L	18.0
025	Pump	3/02/00	8,962.05	0.00c	0.00	0.00	497.89	497.89	8,464.16	S/L	15.0
	0371-3200-Pumping Equip		367,076.03	0.00c	0.00	326,854.50	11,561.90	338,416.40	28,659.63		
Group: 0380-4200-Treatment Equip											
200	Treatment & Disposal Equipment	12/31/85	108,220.00	0.00	0.00	98,920.28	5,411.00	104,331.28	3,888.72	S/L	20.0
201	Treatment & Disposal Equipment	12/31/89	4,610.00	0.00	0.00	2,599.64	230.50	2,830.14	1,779.86	S/L	20.0
202	Treatment & Disposal Equipment	12/31/90	1,030.00	0.00	0.00	523.72	51.50	575.22	454.78	S/L	20.0
203	Treatment & Disposal Equipment	12/31/91	7,996.00	0.00	0.00	3,614.32	399.80	4,014.12	3,981.88	S/L	20.0
204	Treatment & Disposal Equipment	12/31/92	15,864.30	0.00	0.00	6,282.28	793.22	7,075.50	8,788.80	S/L	20.0
205	Treatment & Disposal Equipment	12/31/93	18,440.82	0.00	0.00	6,269.88	922.04	7,191.92	11,248.90	S/L	20.0
206	Treatment & Disposal Equipment	12/31/94	87,458.60	0.00	0.00	24,838.24	4,372.93	29,211.17	58,247.43	S/L	20.0
207	Treatment & Disposal Equipment	6/30/95	41,894.32	0.00	0.00	9,551.92	2,094.72	11,646.64	30,247.68	S/L	20.0
208	Treatment & Disposal Equipment	6/30/96	55,252.52	0.00	0.00	9,669.20	2,762.63	12,431.83	42,820.69	S/L	20.0
010	Chlorinators	1/01/99	1,398.13	0.00	0.00	77.67	77.67	155.34	1,242.79	S/L	18.0
	0380-4200-Treatment Equip		342,164.69	0.00c	0.00	162,347.15	17,116.01	179,463.16	162,701.53		

Tax Asset Detail 1/01/00 - 12/31/00

FYE: 12/31/2000

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0389-4200-Other Plant S											
275	Other Plant & Misc Equipment	12/31/87	11,338.00	0.00	0.00	9,804.20	755.87	10,560.07	777.93	S/L	15.0
276	Other Plant & Misc Equipment	12/31/89	507.50	0.00	0.00	319.00	33.83	352.83	154.67	S/L	15.0
0389-4200-Other Plant S			11,845.50	0.00c	0.00	10,123.20	789.70	10,912.90	932.60		
Group: 0390-5200-Furn & Equip S											
5	HP Fax Machine	4/08/97	211.99	0.00	0.00	116.60	42.40	159.00	52.99	S/L	5.0
6	Xerox Copier	7/02/97	1,147.00	0.00	0.00	573.50	229.40	802.90	344.10	S/L	5.0
7	Meter Reader - Dap	6/16/97	2,019.37	0.00	0.00	1,009.68	403.87	1,413.55	605.82	S/L	5.0
300	Office Furniture & Equipment	12/31/87	9,564.00	0.00	0.00	7,684.42	637.60	8,322.02	1,241.98	S/L	15.0
301	Office Furniture & Equipment	12/31/90	1,505.00	0.00	0.00	955.68	100.33	1,056.01	448.99	S/L	15.0
302	Office Furniture & Equipment	12/31/91	2,062.00	0.00	0.00	1,171.48	137.47	1,308.95	753.05	S/L	15.0
303	Office Furniture & Equipment	12/31/87	1,952.00	0.00	0.00	1,952.00	0.00	1,952.00	0.00	S/L	15.0
304	Office Furniture & Equipment	12/31/89	1,122.00	0.00	0.00	1,122.00	0.00	1,122.00	0.00	S/L	15.0
305	Office Furniture & Equipment	12/31/88	315.00	0.00	0.00	242.44	21.00	263.44	51.56	S/L	15.0
306	Office Furniture & Equipment	12/31/91	484.00	0.00	0.00	274.80	32.27	307.07	176.93	S/L	15.0
307	Office Furniture & Equipment	12/31/92	766.77	0.00	0.00	652.66	51.12	703.78	62.99	S/L	15.0
308	Office Furniture & Equipment	12/31/95	2,358.42	0.00	0.00	707.93	157.23	865.16	1,493.26	S/L	15.0
309	Office Equipment	6/30/96	780.84	0.00	0.00	182.21	52.06	234.27	546.57	S/L	15.0
002	Tech Data Printer	2/25/98	1,457.00	0.00	0.00	178.07	97.13	275.20	1,181.80	S/L	15.0
003	JC White Desk	3/26/98	954.00	0.00	0.00	111.30	63.60	174.90	779.10	S/L	15.0
029	Time Clocks	9/27/00	2,331.35	0.00c	0.00	0.00	116.57	116.57	2,214.78	S/L	5.0
0390-5200-Furn & Equip S			29,030.74	0.00c	0.00	16,934.77	2,142.05	19,076.82	9,953.92		
Group: 0391-5200-Trnsp Equip S											
375	Transportation Equipment	12/31/84	11,865.00	0.00	0.00	11,849.51	15.49	11,865.00	0.00	S/L	6.0
376	1984 Chevy Truck	12/31/87	1,750.00	0.00	0.00	1,750.00	0.00	1,750.00	0.00	S/L	6.0
377	1987 Chevy Truck	12/31/87	4,951.00	0.00	0.00	4,951.00	0.00	4,951.00	0.00	S/L	6.0
378	Dodge Truck	12/31/89	5,469.76	0.00	0.00	5,469.76	0.00	5,469.76	0.00	S/L	6.0
379	Transportation Equip	6/30/96	1,044.10	0.00	0.00	609.07	174.02	783.09	261.01	S/L	6.0
013	Isuzu	2/06/99	6,842.52	0.00	0.00	1,045.39	1,140.42	2,185.81	4,656.71	S/L	6.0
014	GMC 99 Sierra Club	2/11/99	3,050.00	0.00	0.00	465.97	508.33	974.30	2,075.70	S/L	6.0
031	1997 Chevy 1500 Truck	1/05/00	12,582.07	0.00c	0.00	0.00	2,097.01	2,097.01	10,485.06	S/L	6.0
0391-5200-Trnsp Equip S			47,554.45	0.00c	0.00	26,140.70	3,935.27	30,075.97	17,478.48		
Group: 0393-5200-Tools											
100	Tools	12/31/83	4,632.00	0.00	0.00	4,632.00	0.00	4,632.00	0.00	S/L	15.0
101	Tools	12/31/89	1,086.00	0.00	0.00	733.28	72.40	805.68	280.32	S/L	15.0
102	Tools	12/31/86	1,029.00	0.00	0.00	922.72	68.60	991.32	37.68	S/L	15.0
103	Tools	12/31/90	5,249.00	0.00	0.00	3,218.48	349.93	3,568.41	1,680.59	S/L	15.0
104	Tools	12/31/86	1,387.00	0.00	0.00	1,240.40	92.47	1,332.87	54.13	S/L	15.0
105	Tools	12/31/86	310.00	0.00	0.00	279.80	20.67	300.47	9.53	S/L	15.0
106	Tools	12/31/91	4,309.00	0.00	0.00	2,370.96	287.27	2,658.23	1,650.77	S/L	15.0
107	Tools	12/31/92	1,561.27	0.00	0.00	760.58	104.08	864.66	696.61	S/L	15.0
108	Tools	12/31/94	899.15	0.00	0.00	324.71	59.94	384.67	514.48	S/L	15.0

Tax Asset Detail 1/01/00 - 12/31/00

FYE: 12/31/2000

Asset *	Property Description	Date In Service	Cost	Sec 179 Exp Current = c	Salvage Value	Prior Depreciation	Current Depreciation	End Depreciation	Net Book Value	Method	Period
Group: 0393-5200-Tools (continued)											
409	Tools	12/31/95	3,434.46	0.00	0.00	1,024.03	228.96	1,252.99	2,181.47	S/L	15.0
410	Tools	6/30/96	3,604.89	0.00	0.00	841.15	240.33	1,081.48	2,523.41	S/L	15.0
1004	Mud Hog	4/21/98	775.78	0.00	0.00	86.20	51.72	137.92	637.86	S/L	15.0
1016	Pumps-Pressure Clean	1/13/99	2,573.63	0.00	0.00	160.85	160.85	321.70	2,251.93	S/L	16.0
0393-5200-Tools			30,851.18	0.00c	0.00	16,595.18	1,737.22	18,332.40	12,518.78		
Group: 0394-5200- Lab Equip S											
450	Lab Equipment	12/31/87	15,647.00	0.00	0.00	13,569.92	1,043.13	14,613.05	1,033.95	S/L	15.0
451	Lab Equipment	12/31/88	908.00	0.00	0.00	667.48	60.53	728.01	179.99	S/L	15.0
452	Lab Equipment	12/31/89	586.87	0.00	0.00	372.76	39.12	411.88	174.99	S/L	15.0
453	Lab Equipment	12/31/91	1,151.00	0.00	0.00	654.40	76.73	731.13	419.87	S/L	15.0
454	Lab Equipment	12/31/95	725.89	0.00	0.00	217.88	48.39	266.27	459.62	S/L	15.0
455	Lab Equipment	6/30/96	2,272.26	0.00	0.00	530.18	151.48	681.66	1,590.60	S/L	15.0
458	Meter Balance	1/08/97	914.75	0.00	0.00	182.94	60.98	243.92	670.83	S/L	15.0
459	Balance Stand	1/08/97	257.73	0.00	0.00	51.54	17.18	68.72	189.01	S/L	15.0
1005	Equip	1/02/98	606.24	0.00	0.00	80.84	40.42	121.26	484.98	S/L	15.0
0394-5200- Lab Equip S			23,069.74	0.00c	0.00	16,327.94	1,537.96	17,865.90	5,203.84		
Group: 0399-0100-Comp Contr W											
990	Water Comp Construction	12/31/85	21,000.00	0.00	0.00	21,000.00	0.00	21,000.00	0.00	S/L	10.0
0399-0100-Comp Contr W			21,000.00	0.00c	0.00	21,000.00	0.00	21,000.00	0.00		
Group: 0399-0200-Comp Contr S											
990	Sewer Comp Construction	12/31/85	21,000.00	0.00	0.00	21,000.00	0.00	21,000.00	0.00	S/L	10.0
0399-0200-Comp Contr S			21,000.00	0.00c	0.00	21,000.00	0.00	21,000.00	0.00		
Grand Total			3,966,439.92	0.00c	0.00	2,079,186.74	148,535.85	2,227,722.59	1,738,717.33		

509A-10

Answer
W
S
26935.57
58663.55
62916.73
192535.25

Application for Automatic Extension of Time To File Corporation Income Tax Return

Name of corporation

FERNCREST UTILITIES, INC.

Employer identification number

59-1233120

Number, street, and room or suite no. (if a P.O. box or outside the United States, see instructions.)
3015 SW 54TH AVE

City or town, state, and ZIP code
FT. LAUDERDALE, FL 33314-1950

Check type of return to be filed:

- | | | | |
|-----------------------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Form 990-C | <input type="checkbox"/> Form 1120-FSC | <input type="checkbox"/> Form 1120-PC | <input type="checkbox"/> Form 1120S |
| <input checked="" type="checkbox"/> Form 1120 | <input type="checkbox"/> Form 1120-H | <input type="checkbox"/> Form 1120-POL | <input type="checkbox"/> Form 1120-SF |
| <input type="checkbox"/> Form 1120-A | <input type="checkbox"/> Form 1120-L | <input type="checkbox"/> Form 1120-BEET | |
| <input type="checkbox"/> Form 1120-F | <input type="checkbox"/> Form 1120-ND | <input type="checkbox"/> Form 1120-REC | |

Name and address of each member of the affiliated group

Employer identification number

Tax period

3 Tentative tax		3	0.
4 Payments and refundable credits:			
a Overpayment credited from prior year	4a		
b Estimated tax payments for the tax year	4b		
c Less refund for the tax year applied for on Form 4466	4c	(
e Credit for tax paid on undistributed capital gains (Form 2439)	4e	Bal ▶	
f Credit for Federal tax on fuels (Form 4136)	4f		
5 Total. Add lines 4d through 4f		5	0.
6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon		6	0.

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)

CPA

3/14/01

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE
CERTIFIED MAIL



7000 1530 0002 3816 0097
7000 1530 0002 3816 0097

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Ferncrest F-1120

Postage	\$ 1.03	Postmark Here
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.63	

Sent To
 FI Dept Revenue
 Street, Apt. No., or PO Box No.
 5050 W Tennessee St
 City, State, ZIP+4
 Tallahassee FL 32399
 PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 FI Dept Revenue
 5050 W Tennessee St.
 Tallahassee, FL.
 32399

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 1530 0002 3816 0097 F-1120
 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

000059B-1



Florida Corporate Income/Franchise and Emergency Excise Tax Return

For calendar year 2000 or tax year beginning _____ ending _____

CCH1 F-1120 R. 01/01

810902000123100020050379359123312000001

FEIN 59-1233120 Name FERNCREST UTILITIES, INC. Address 3015 SW 54TH AVE City/State/ZIP FT. LAUDERDALE, FL 33314-1950

Check here if any changes have been made to name or address

Computation of Florida Net Income and Emergency Excise Tax

- 1. Federal taxable income Attach pages 1-4 of Federal Return ... <813,881.>
2. State income taxes deducted in computing federal taxable income ...
3. Additions to federal taxable income (from Schedule I) ...
4. Total of Lines 1 through 3 ... <813,881.>
5. Subtractions from federal taxable income (from Schedule II) ... 6,868,002.
6. Adjusted federal income (Line 4 minus Line 5) ... <7,681,883.>
7. Florida portion of adjusted federal income ... <7,681,883.>
8. Non-business income allocated to Florida ...
9. Florida Exemption ... 0.
10. Florida net income (Line 7 plus Line 8 minus Line 9) ... 0.
11. Tax due: 5.5% of Line 10 or amount from Line 11, Schedule VI, whichever is greater ... 0.
12. Credits against the tax from Line 16, Schedule V ...
13. Emergency excise tax due (from Schedule A, Line 20) ...
14. Total income/franchise and emergency excise tax due ... 0.
15. a) Penalty: F-2220 ... b) Other ... c) Interest: F-2220 ... d) Other ... Line 15 Total
16. Total of Lines 14 and 15 ...
17. Payment credits: Estimated tax payments 17a \$ Tentative tax payment 17b \$
18. Total amount due or overpayment (Line 16 minus Line 17) BALANCE DUE 0.
19. Credit: Enter amount of overpayment credited to next year's estimated tax
20. Refund: Enter amount of overpayment to be refunded

044081 11-22-00

Payment Coupon

Do Not Detach

YEAR ENDING 12/31/00

CCH1 F-1120 R. 01/01

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name FERNCREST UTILITIES, INC. Address 3015 SW 54TH AVE City/State/ZIP FT. LAUDERDALE, FL 33314-1950

Check here if you do not want the Department to send you a form next year.

Table with 4 columns: ID, Amount 1, Amount 2, Amount 3. Rows include 591233120, 20000101, 20001231, 00000001, 001, 202, -81388100, 0.

0000 59B-2



12/31/00

CCH1
F-1120
R. 01/01
PAGE 2

FEIN 59-1233120

This Return is Deemed Incomplete Unless a Copy of the Federal Return is Attached.

A return that is not signed, or improperly signed and verified, will be subject to the failure to file return penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Name of Officer (to be an original signature)	Date	Title
Paid Preparer's Only	Preparer's Signature	Date	Preparer check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	Preparer's social security number or PTIN	FEIN
		ZIP Code	

All Taxpayers Are Required To Answer Questions A through M Below as Appropriate - See Instructions

- A. State of Incorporation: FL
- B. Florida Secretary of State Document Number: _____
- C. Florida Consolidated Return? YES NO
- D. Initial Return Final Return (final federal return filed)
- E. Taxpayer election § 220.03(5), F.S. General Rule Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
221300
- G. A Florida extension of time was timely filed? YES NO If yes, attach copy of Florida Form F-7004.
- H-1. Corporation is a member of a controlled group? YES NO If yes, attach list. Parent Corp.: _____ FEIN: _____
- H-2. Part of a federal consolidated return? YES NO
- H-3. The federal common parent has sales, property or payroll in Florida? YES NO
- H-4. Corporation is a qualified subchapter S subsidiary for this tax year? Yes No If yes, attach a schedule identifying S corporation parent and the effective date of the election.
- I. Location of corporate books:
3015 SW 54TH AVE, FT. LAUDERDALE, F
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Intangible Tax Notice:
- L. Contact person and telephone for questions concerning this return: _____
- M. Type of federal return filed 1120, 1120A, 1120S, or _____

- ✓ 1. Have you signed your check and your return?
- ✓ 2. Have you attached your federal return and federal Form 4562 (Depreciation and Amortization Schedule)?
- ✓ 3. AMT filers - Have you attached your federal Form 4626 (Alternative Minimum Tax-Corporations)?
- ✓ 4. Have you attached a copy of your F-7004 (extension of time) if applicable?
- ✓ 5. Include your FEI Number on your check.

• Do you want a personalized package? (front of coupon)
Many taxpayers and preparers prefer to use Department approved software to generate returns. Use of computer generated forms is high, therefore, the Department is asking, Do you want a forms package mailed to you?

Note: Even if you check the box on the front of this coupon that you do not want a package, you still may receive one last package in the year 2002 as we capture and phase in your request.

Make Check Payable and Mail To:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0135

000059B-3



NAME FERNCREST UTILITIES, INC. FEIN 59-1233120 TAXABLE YEAR ENDING 12/31/00

Schedule A - Computation of Emergency Excise Tax		
1. Total depreciation expense deducted on Federal 1120	1.	89,989.
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	<7,681,883.>
3. Loss carry forward	3.	6,868,002.
4. Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	<813,881.>
5. Depreciation deducted pursuant to I.R.C. § 168 for assets placed in service 1/1/81 to 1/1/87	5.	0.
6. Straight-line depreciation deducted pursuant to I.R.C. § 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI. (for assets placed in service 1/1/81 to 1/1/87)	6.	
7. All depreciation deducted pursuant to I.R.C. § 168 directly related to any amount shown as non-business income	7.	
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.	
9. Multiply Line 8 by .40 (40%) and enter here	9.	
10. Florida apportionment factor shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	1.000000
11. Multiply Line 9 by Line 10 and enter here	11.	
12. Determine the amount of depreciation deducted pursuant to I.R.C. § 168 (except pursuant to §168(b)(3)) used in computing non-business income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.	
13. Add Lines 11 and 12 and enter here	13.	
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	813,881.
15. The portion of the exemption provided in § 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.	0.
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	<813,881.>
17. Multiply Line 16 by 2.5 (not 2.5%) and enter here. Note: If Line 16 shows a loss, enter 0	17.	0.
18. Total tax due (2.2% of Line 17)	18.	0.
19. (a) Emergency excise tax credit; (b) Emergency excise tax credit carryover. (attach schedule) Total	19.	
20. Balance of tax due (enter on Page 1, Line 13)	20.	0.

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income	1.	
2. Undistributed net long-term capital gains	2.	
3. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.	
4. Wages and salaries allowable as enterprise zone jobs credit (Form F-1157Z)	4.	
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z and/or Form F-1158)	5.	
6. Guaranty association assessment(s) credit	6.	
7. Rural and/or urban high crime area job tax credits	7.	
8. State housing tax credit	8.	
9. Other additions (attach statement)	9.	
10. Total Lines 1 through 9 in Columns a and b. Enter totals for each column on Line 10. Column a total is entered on Page 1, Line 3 (of the F-1120 return). Column b total is also entered on Schedule VI, Line 3.	10.	

Page 3
6868,002
6334136
513866
1992 loss

000059B-4



NAME FERNCREST UTILITIES, INC.

FEIN 59-1233120

TAXABLE YEAR ENDING 12/31/00

Schedule II - Subtractions from Federal Taxable Income			Column (a) For page 1	Column (b) For Schedule VI, AMT
1.	(a) Enter § 78 I.R.C. income \$ _____ (b) plus § 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶ 1.			
2.	(a) Enter § 951 I.R.C. subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶ 2.			
Note: Taxpayers doing business both within and without Florida enter zero on Lines 3, 4 and 5 and complete Line 4 of Schedule IV.				
3.	Florida net operating loss carryover deduction See Statement 1	3.	6,868,002.	
4.	Florida net capital loss carryover deduction	4.		
5.	Florida excess charitable or employee benefit plan contribution carryover	5.		
6.	Non-business income (from Line 3, Schedule R)	6.		
7.	Eligible net income of an international banking facility	7.		
8.	Other subtractions (attach statement)	8.		
9.	Total Lines 1 through 8 in Columns a and b. Enter totals for each column on Line 9. Column a total is also entered on Page 1, Line 5 (of the F-1120 return). Column b total is also entered on Schedule VI, Line 5.	9.	6,868,002.	

Schedule III - Apportionment of Adjusted Federal Income					
FORM F-1120	III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.				
	NOTE: If any factor in Column (b) is zero, see instructions.	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) Col. (a) + Col. (b) Rounded to Six Decimals	(d) FLORIDA Factors Rounded to Six Decimals
	1. Average value of property			X 25% =	
	2. Payroll			X 25% =	
	3. Sales (Schedule III-C below)			X 50% =	
	4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (d)). Enter here and on Schedule IV, Line 2.				1.000000
III-B For use in computing average value of property. (Use original cost)	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	a. Beginning of year	b. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property (add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere))	_____		_____		
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b)	Average Florida		Average Everywhere		
			TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)	
1. Sales (gross receipts)		1.			
2. Sales delivered or shipped to Florida purchasers		2.			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		3.			
4. TOTAL SALES		4.			
III-D For use by taxpayers providing insurance or transportation services within and without Florida.	(a) Within Florida	(b) Total Everywhere	(c) Florida Factor [(a) ÷ (b)]		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

000059B-5



NAME **FERNCREST UTILITIES, INC.**

FEIN **59-1233120**

TAXABLE YEAR ENDING **12/31/00**

Schedule IV - Computation of Florida Portion of Adjusted Federal Income		
	(a) ADJUSTED FEDERAL INCOME	(b) ADJUSTED AMT INCOME
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. (b))	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Column (c), Schedule III-D)	2.	2.
3. Tentative apportionment adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss or other carryover apportioned to Florida	4.	4.
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4, see instructions)	5.	5.

Schedule V - Credit Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attached certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1157Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z and/or Form F-1158 attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit carryover from recomputed prior tax liabilities	14.
15. Other credits (attach schedule)	15.
16. Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	16.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach Federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column (b))	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, column (b))	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Non-business income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.

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Name FERNCREST UTILITIES, INC. FEIN 59-1233120 TAXABLE YEAR ENDING 12/31/00

Schedule R - Non-business Income

Line 1. Non-business income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Non-business income (loss) Allocated Elsewhere

Type	State/Country Allocated To	Amount
Total allocated elsewhere		2. _____

Line 3. Total Non-business Income

Grand Total. Total of Lines 1 and 2

(Enter here and on Schedule II, Line 6) 3. _____

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2001**

1. Florida income expected in taxable year		\$ _____
2. Florida exemption \$5,000 (Members of a controlled group, see instructions)	1.	\$ _____
3. Estimated Florida net income (Line 1 less Line 2)	2.	\$ _____
4. Total estimated Florida tax (5.5% of Line 3)*	3.	\$ _____
Less: Credits against the tax		\$ _____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.	4.	
5. Estimated emergency excise tax		\$ _____
6. Total corporate and emergency excise tax (Line 4 plus Line 5)	5.	\$ _____
If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration is required.	6.	
7. Computation of installments:		
Payment due dates and	1st Day of 5th month - Enter 0.25 of Line 6	7a. _____
payment amounts:	1st day of 7th month - Enter 0.25 of Line 6,	7b. _____
	1st day of 10th month - Enter 0.25 of Line 6	7c. _____
	1st day after close of fiscal year - Enter 0.25 of Line 6	7d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration.

1. Amended estimated tax. Enter here and in Item 1 of the appropriate installment	1.	\$ _____
2. Less:		
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. -	\$ _____
(b) Payments made on estimated tax declaration	2b. -	\$ _____
(c) Total of Lines 2(a) and 2(b)	2c.	\$ _____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$ _____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$ _____

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FEIN 59-1233120

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R. 01/01

FERNCREST UTILITIES, INC.

12/31/00

591233120	686800200	0	0
-81388100	-81388100	0	0
0	0	0	0
0	0	0	0
0	1.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	-81388100	0	0
0	0	0	0
	0	0	0
1	0	0	0.000000
2	0	0	0.000000
2	0	0	0.000000
2	0	0	1.000000
2	0	0	0
2	0	0	0
1	0	0	0
	0	0	0
8998900	0	0	0
-768188300	0	0	0

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FEIN 59-1233120

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R. 01/01

FERNCREST UTILITIES, INC.

12/31/00

591233120	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.000000	0	0
0	0.000000		
0	0	0	
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0	0	0	
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0	0	0	
0	0	0	
0	0	0	
0	0	0	

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L F-1120

Net Operating Loss Carryovers

Statement 1

Year of Loss	Apportionment Factor	Net Operating Loss Carryover	Loss Previously Deducted	Net Loss Remaining
1985	.000000	203,484.	0.	203,484.
1985	.000000	203,484.	203,484.	
1985	.000000	203,484.	203,484.	
1985	.000000	203,484.	203,484.	
1986	.000000	283,575.	0.	283,575.
1986	.000000	283,575.	283,575.	
1986	.000000	283,575.	283,575.	
1986	.000000	283,575.	283,575.	
1987	.000000	139,742.	0.	139,742.
1987	.000000	139,742.	139,742.	
1987	.000000	139,742.	139,742.	
1987	.000000	139,742.	139,742.	
1988	.000000	294,507.	0.	294,507.
1988	.000000	294,507.	294,507.	
1988	.000000	294,507.	294,507.	
1988	.000000	294,507.	294,507.	
1989	.000000	339,216.	0.	339,216.
1989	.000000	339,216.	339,216.	
1989	.000000	339,216.	339,216.	
1989	.000000	339,216.	339,216.	
1990	.000000	444,181.	0.	444,181.
1990	.000000	444,181.	444,181.	
1990	.000000	444,181.	444,181.	
1990	.000000	444,181.	444,181.	
1991	.000000	488,678.	0.	488,678.
1991	.000000	488,678.	488,678.	
1991	.000000	488,678.	488,678.	
1991	.000000	488,678.	488,678.	
1992	.000000	498,422.	0.	498,422.
1992	.000000	498,422.	498,422.	
1992	.000000	498,422.	498,422.	
1992	.000000	498,422.	498,422.	
1993	.000000	493,417.	0.	493,417.
1993	.000000	493,417.	493,417.	
1993	.000000	493,417.	493,417.	
1993	.000000	493,417.	493,417.	
1994	.000000	465,472.	0.	465,472.
1994	.000000	465,472.	465,472.	
1994	.000000	465,472.	465,472.	
1994	.000000	465,472.	465,472.	
1995	.000000	490,662.	0.	490,662.
1995	.000000	490,662.	379,759.	110,903.
1995	.000000	490,662.	490,662.	
1995	.000000	490,662.	490,662.	
1996	.000000	309,683.	0.	309,683.
1996	.000000	309,683.	0.	309,683.
1996	.000000	309,683.	309,683.	

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FERNCREST UTILITIES, INC.

59-1233120

1996	.000000	309,683.	216,403.	93,280.
1997	.000000	420,586.	0.	420,586.
1997	.000000	420,586.	0.	420,586.
1998	.000000	513,866.	0.	513,866.
1999	1	548,059.	0.	548,059.

Total Net Operating Loss Carryover Available

6,868,002.

000059B-11

Miscellaneous Tax Information

Florida Public Service Commission

Company: Ferncrest Utilities

Schedule: C-10

Docket No.: 011073-WS

Page 1 of 1

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: Provide answers to the following questions with respect to the applicant or its consolidated entity.

- | | | |
|-----|---------------------------------------------------------------------------------|---------------------------|
| (1) | What tax years are open with the Internal Revenue Service? | 2000, 1999, 1998 and 1997 |
| (2) | Is the treatment of customer deposits at issue with the IRS? | No |
| (3) | Is the treatment of contributions in aid of construction at issue with the IRS? | No |
| (4) | Is the treatment of unbilled revenues at issue with the IRS? | No |

090000

COST OF CAPITAL SECTION

Schedule of Requested Cost of Capital
Beginning and End of Year Average

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Schedule Year Ended:
Historic [X] or Projected []

Schedule: D-1
Page _1_ of _1_
Preparer: Robert V Salerno

Subsidiary [] or Consolidated []

Explanation: Provide a schedule which calculates the requested Cost of Capital on a beginning and end of year average basis. If a year-end basis is used submit an additional schedule reflecting year-end calculations.

Line No.	Class of Capital	(1) Reconciled To Requested Rate Base	(2) Ratio	(3) Cost Rate	(4) Weighted Cost
Long-Term Debt					
1	Silver Oaks	51,638	3.47%	11.30%	0.39%
2	Mortgage - Caribank	1,037,517	69.72%	10.80%	7.53%
3	Land Trust Distributee	4,613	0.31%	11.30%	0.04%
4	Land Trust Distributee	2,232	0.14%	11.30%	0.02%
5	HMF Distributee	2,232	0.14%	11.30%	0.02%
6	HMF Distributee	1,042	0.07%	11.30%	0.01%
7	HMF Distributee	2,232	0.14%	11.30%	0.02%
8	HMF Distributee	3,571	0.24%	11.30%	0.03%
9	BCF Distributee	4,018	0.27%	11.30%	0.03%
10	BCF Distributee	5,357	0.36%	11.30%	0.04%
11	BCF Distributee	2,232	0.14%	11.30%	0.02%
12	BCF Distributee	2,232	0.14%	11.30%	0.02%
13	Charles Forman	5,506	0.37%	11.30%	0.04%
14	Charles Forman	5,952	0.41%	11.30%	0.05%
15	Charles and Hamilton Forman	4,464	0.29%	11.20%	0.03%
16	Charles and Hamilton Forman	23,066	1.55%	11.20%	0.17%
		1,157,904	77.76%		8.44%
Short-Term Debt					
17	Hamilton Forman	894	0.05%	11.30%	0.01%
18	CANCO Enterprises	261,314	17.60%	11.30%	1.99%
19	M. Austin Forman	64,287	4.33%	11.30%	0.49%
20	Everglades Lakes MHP	3,720	0.26%	11.30%	0.03%
		330,215	22.24%		2.51%
Total		1,488,119	100.00%		10.95%

Supporting Schedules: D-2
Recap Schedules: A-1,A-2

000061

Company: Femcrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Schedule Year Ended:
Historic [X] or Projected []

Schedule: D-2
Page _1_ of _1_
Preparer: Robert V Salerno

Explanation: Provide a reconciliation of the simple average capital structure to requested rate base.
Explain all adjustments. Submit an additional schedule if a year-end basis is used.

Line No.	(1) Class of Capital	(2) Test Year Per Books	(4) Reconciliation Adjustments			(6) Reconciled To Requested Rate Base
			(3) Specific	(4) (Explain)	(5) Prorata *	
Long-Term Debt						
1	Silver Oaks	232,794	3.47%		181,156	51,638
2	Mortgage - Caribank	4,681,609	69.72%		3,644,092	1,037,517
3	Land Trust Distributee	21,000	0.31%		16,387	4,613
4	Land Trust Distributee	10,000	0.15%		7,768	2,232
5	HMF Distributee	10,000	0.15%		7,768	2,232
6	HMF Distributee	5,000	0.07%		3,958	1,042
7	HMF Distributee	10,000	0.15%		7,768	2,232
8	HMF Distributee	16,000	0.24%		12,429	3,571
9	BCF Distributee	18,000	0.27%		13,982	4,018
10	BCF Distributee	24,000	0.36%		18,643	5,357
11	BCF Distributee	10,000	0.15%		7,768	2,232
12	BCF Distributee	10,000	0.15%		7,768	2,232
13	Charles Forman	25,000	0.37%		19,494	5,506
14	Charles Forman	27,235	0.40%		21,283	5,952
15	Charles and Hamilton Forman	20,000	0.30%		15,536	4,464
16	Charles and Hamilton Forman	104,119	1.55%		81,053	23,066
		<u>5,224,757</u>	<u>77.81%</u>		<u>4,066,853</u>	<u>1,157,904</u>
Short-Term Debt						
17	Hamilton Forman	3,879	0.06%		2,985	894
18	CANCO Enterprises	1,179,153	17.56%		917,839	261,314
19	M. Austin Forman	290,474	4.32%		226,187	64,287
20	Everglades Lakes MHP	16,900	0.25%		13,180	3,720
		<u>1,490,406</u>	<u>22.19%</u>		<u>1,160,191</u>	<u>330,215</u>
10	Total	<u>6,715,163</u>	<u>100.00%</u>		<u>5,227,044</u>	<u>1,488,119</u>

* List corresponding adjustments to rate base below:

Description	Amount
-------------	--------

Reconciliation adjustments were calculated by deducting the difference between the requested rate base on schedules A-1 and A-2 and the simple average capital structure

Simple Average Cost of Short-Term Debt

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Utility [X] or Parent []
 Historic [X] or Projected []

Schedule: D-4
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide the following information on a beginning and end of year average basis. If the utility is an operating division or subsidiary, submit an additional schedule which reflects the same information for the parent level.

Line No.	Lender	(1) Total Interest Expense	(2) Maturity Date	(3) Simple Average Amt. Outstanding	(4) Effective Cost Rate
Long-Term Debt					
1	Silver Oaks	26,194	Demand	232,794	11.3%
2	Mortgage - Caribank	505,066	Demand	4,681,609	10.8%
3	Land Trust Distributee	2,378	Demand	21,000	11.3%
4	Land Trust Distributee	1,129	Demand	10,000	11.3%
5	HMF Distributee	1,132	Demand	10,000	11.3%
6	HMF Distributee	566	Demand	5,000	11.3%
7	HMF Distributee	1,132	Demand	10,000	11.3%
8	HMF Distributee	1,809	Demand	16,000	11.3%
9	BCF Distributee	2,042	Demand	18,000	11.3%
10	BCF Distributee	2,715	Demand	24,000	11.3%
11	BCF Distributee	1,129	Demand	10,000	11.3%
12	BCF Distributee	1,129	Demand	10,000	11.3%
13	Charles Forman	2,831	Demand	25,000	11.3%
14	Charles Forman	3,079	Demand	27,235	11.3%
15	Charles and Hamilton Forman	2,236	Demand	20,000	11.2%
16	Charles and Hamilton Forman	11,653	Demand	104,119	11.2%
		566,220		5,224,757	
Short-Term Debt					
17	Hamilton Forman	442	Demand	3,879	11.3%
18	CANCO Enterprises	133,421	Demand	1,179,153	11.3%
19	M. Austin Forman	32,867	Demand	290,474	11.3%
20	Everglades Lakes MHP	1,912	Demand	16,900	11.3%
		168,642		1,490,406	
		734,862		6,715,163	

000064

Cost of Variable Rate Long-Term Debt
Beginning and End of Year Average

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Utility [X] or Parent []
Historic [X] or Projected []

Explanation: Provide the specified data on variable cost long-term debt issues on a simple average basis. If the utility is an operating division or subsidiary, submit an additional schedule which reflects the same information for the parent level.

Schedule: D-6
Page 1 of 1
Preparer: Robert V Salerno

Line No.	(1) Description, Coupon Rate, Years of Life	(2) Issue Date-Maturity Date	(3) Principal Amount Sold (Face Value)	(4) Principal Amount Outstanding	(5) Amount Outstanding Within One Year	(6) Unamortized Discount (Premium) Associated With Col(4)	(7) Unamortized Issuing Expense Associated With Col(4)	(8) Annual Amortization of Discount (Premium) on Principal Outstanding	(9) Annual Amort. of Issuing Expense on Principal Outstanding	(10) Basis of Variable Rate (i.e. Prime + 2%)	(11) Interest Cost (Test Year Cost Rate X Col. (4))	(12) Total Interest Cost (8)+(9)+(11)	(13) Effective Cost Rate (12)/((4)-(6)-(7))
1	Silver Oaks	Various / Demand	232,794	232,794	232,794	0	0	0	0	Prime +2%	25,491	25,491	10.95%
2	Mortgage - Caribank	4/81 / Demand	4,681,609	4,681,609	4,681,609	0	0	0	0	Prime +2%	512,636	512,636	10.95%
3	Land Trust Distributee	9/20/82 / Demand	21,000	21,000	21,000	0	0	0	0	Prime +2%	2,300	2,300	10.95%
4	Land Trust Distributee	10/28/87 / Demand	10,000	10,000	10,000	0	0	0	0	Prime +2%	1,095	1,095	10.95%
5	HMF Distributee	1/10/85 / Demand	10,000	10,000	10,000	0	0	0	0	Prime +2%	1,095	1,095	10.95%
6	HMF Distributee	1/30/95 / Demand	5,000	5,000	5,000	0	0	0	0	Prime +2%	548	548	10.95%
7	HMF Distributee	10/28/87 / Demand	10,000	10,000	10,000	0	0	0	0	Prime +2%	1,095	1,095	10.95%
8	HMF Distributee	4/2/91 / Demand	16,000	16,000	16,000	0	0	0	0	Prime +2%	1,752	1,752	10.95%
9	BCF Distributee	Demand	18,000	18,000	18,000	0	0	0	0	Prime +2%	1,971	1,971	10.95%
10	BCF Distributee	1/10/85 / Demand	24,000	24,000	24,000	0	0	0	0	Prime +2%	2,628	2,628	10.95%
11	BCF Distributee	10/28/87 / Demand	10,000	10,000	10,000	0	0	0	0	Prime +2%	1,095	1,095	10.95%
12	BCF Distributee	4/27/90 / Demand	10,000	10,000	10,000	0	0	0	0	Prime +2%	1,095	1,095	10.95%
13	Charles Forman	Demand	25,000	25,000	25,000	0	0	0	0	Prime +2%	2,738	2,738	10.95%
14	Charles Forman	6/30/91 / Demand	27,235	27,235	27,235	0	0	0	0	Prime +2%	2,982	2,982	10.95%
15	Charles and Hamilton Forman	Demand	20,000	20,000	20,000	0	0	0	0	Prime +2%	2,190	2,190	10.95%
16	Charles and Hamilton Forman	Demand	104,119	104,119	104,119	0	0	0	0	Prime +2%	11,401	11,401	10.95%

Schedule of Customer Deposits

Florida Public Service Commission

Company: Ferncrest Utilities

Schedule: D-7

Docket No.: 011073-WS

Page 1 of 1

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Utility or Parent

Historic or Projected

Explanation: Provide a schedule of customer deposits as shown.

(1)	(2)	(3)	(4)	(5)
For the Year Ended	Beginning Balance	Deposits Received	Deposits Refunded	Ending Balance (2+3-4)
Dec 31,2000	47,570	8,312	3,958	51,924

000067

**RATE SCHEDULES
SECTION**

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [X] or Wastewater []

Schedule: E-1
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a schedule of present and proposed rates. State residential wastewater cap, if one exists.

(1) Class/Meter Size	(2) Present Rates	(3) Proposed Rates
Residential		
5/8" x 3/4"	\$11.00	\$12.89
3/4"	\$16.51	\$19.35
1"	\$27.59	\$32.34
1-1/2"	\$54.98	\$34.47
2"	\$87.99	\$103.19
3"	\$175.96	\$206.38
4"	\$274.92	\$322.21
6"	\$549.80	\$644.89
Gallonage charge/MG	\$2.58	\$3.04
General Service		
5/8" x 3/4"	\$11.00	\$12.89
3/4"	\$16.51	\$19.35
1"	\$27.59	\$32.34
1-1/2"	\$54.98	\$34.47
2"	\$87.99	\$103.19
3"	\$175.96	\$206.38
4"	\$274.92	\$322.21
6"	\$549.80	\$644.89
Gallonage charge/MG	\$2.58	\$3.04

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [] or Wastewater [X]

Schedule: E-1
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a schedule of present and proposed rates. State residential wastewater cap, if one exists.

(1) Class/Meter Size	(2) Present Rates	(3) Proposed Rates
	BFC	BFC
Residential		
5/8" x 3/4"	\$13.71	\$14.51
3/4"	\$20.58	\$21.77
1"	\$34.30	\$36.29
1-1/2"	\$68.61	\$72.59
2"	\$109.73	\$116.09
3"	\$219.49	\$232.19
4"	\$342.95	\$362.84
6"	\$685.88	\$725.66
Gallage charge/MG	\$4.21	\$4.46
Wastewater Cap	6,000 Gallons	
General Service		
5/8" x 3/4"	\$13.71	\$14.51
3/4"	\$20.58	\$21.77
1"	\$34.30	\$36.29
1-1/2"	\$68.61	\$72.59
2"	\$109.73	\$116.09
3"	\$219.49	\$232.19
4"	\$342.95	\$362.84
6"	\$685.88	\$725.66
Gallage charge/MG	\$5.03	\$5.32

Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [X] or Wastewater []

Final

Schedule: E-2
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4"	16529		11.00	181,819.00	12.89	213,058.81
M Gallons		59245	2.58	152,852.10	3.04	180,104.80
1" Etc.						
M Gallons Etc.						
Total Residential	16529	59245		334,671.10		393,163.61
Average Bill				20.25		23.79
General Service						
5/8" x 3/4"	448		11.00	4,928.00	12.89	5,774.72
M Gallons		10490	2.58	27,064.20	3.04	31,889.60
1"	168		27.59	4,635.12	32.34	5,433.12
M Gallons		5602	2.58	14,453.16	3.04	17,030.08
1 1/2"	72		54.98	3,958.56	64.47	4,641.84
M Gallons		2582	2.58	6,661.56	3.04	7,849.28
2"	168		87.99	14,782.32	103.19	17,335.92
M Gallons		14962	2.58	38,601.96	3.04	45,484.48
3"	120		175.96	21,115.20	206.38	24,765.60
M Gallons		33701	2.58	86,948.58	3.04	102,451.04
6"			549.80	0.00	644.89	0.00
M Gallons			2.58	0.00	3.04	0.00
Total Gen. Serv.	976	67337		223,148.66		262,655.68
Average Bill				228.64		269.11
List Other Classes				0.00		
As Above						
Totals	17505			0.00		
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				8,715.00		8,715.00
Total Revenue				566,534.76		664,534.29
Booked Revenue				542,282.00		
Difference (Explain)				(24,252.76)		

000070

Company: Ferncrest Utilities Inc

Schedule: E-2

Docket No.: 011073-WS

January thru June

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater []

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4"	8360		11.00	91,960.00	12.89	107,760.40
M Gallons		30124	2.58	77,719.92	3.04	91,576.96
1" Etc.						
M Gallons Etc.						
Total Residential	8360	30124		169,679.92		199,337.36
Average Bill				20.30		23.84
General Service						
5/8" x 3/4"	244		11.00	2,684.00	12.89	3,145.16
M Gallons		5153	2.58	13,294.74	3.04	15,665.12
1"	84		27.59	2,317.56	32.34	2,716.56
M Gallons		3063	2.58	7,902.54	3.04	9,311.52
1 1/2"	36		54.98	1,979.28	64.47	2,320.92
M Gallons		1376	2.58	3,550.08	3.04	4,183.04
2"	84		87.99	7,391.16	103.19	8,667.96
M Gallons		7604	2.58	19,618.32	3.04	23,116.16
3"	60		175.96	10,557.60	206.38	12,382.80
M Gallons		16920	2.58	43,653.60	3.04	51,436.80
6"			549.80	0.00	644.89	0.00
M Gallons			2.58	0.00	3.04	0.00
Total Gen. Serv.	508	34116		112,948.88		132,946.04
Average Bill				222.34		261.70
List Other Classes As Above				0.00		
Totals	8868			0.00		
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				4,357.50		8,715.00
Total Revenue				286,986.30		340,998.40
Booked Revenue				285,323.56		
Difference (Explain)				(1,662.74)		

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [X] or Wastewater []

July thru December

Schedule: E-2
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4"	8169		11.00	89,859.00	12.89	105,298.41
M Gallons		29121	2.58	75,132.18	3.04	88,527.84
1" Etc.						
M Gallons Etc.						
Total Residential	8169	29121		164,991.18		193,826.25
Average Bill				20.20		23.73
General Service						
5/8" x 3/4"	244		11.00	2,684.00	12.89	3,145.16
M Gallons		5337	2.58	13,769.46	3.04	16,224.48
1"	84		27.59	2,317.56	32.34	2,716.56
M Gallons		2539	2.58	6,550.62	3.04	7,718.56
1 1/2"	36		54.98	1,979.28	64.47	2,320.92
M Gallons		1206	2.58	3,111.48	3.04	3,666.24
2"	84		87.99	7,391.16	103.19	8,667.96
M Gallons		7358	2.58	18,983.64	3.04	22,368.32
3"	60		175.96	10,557.60	206.38	12,382.80
M Gallons		16781	2.58	43,294.98	3.04	51,014.24
6"			549.80	0.00	644.89	0.00
M Gallons			2.58	0.00	3.04	0.00
Total Gen. Serv.	508	33221		110,639.78		130,225.24
Average Bill				217.79		256.35
List Other Classes As Above				0.00		
Totals	8677			0.00		
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				4,357.50		8,715.00
Total Revenue				279,988.46		332,766.49
Booked Revenue				256,957.62		
Difference (Explain)				(23,030.84)		

Company: Ferncrest Utilities Inc
 Account No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [] or Wastewater [X]

Schedule: E-2
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4" M Gallons 1" Etc. M Gallons Etc.	16529	46521	13.71 4.21	226,612.59 195,853.41	14.26 4.40	235,703.54 204,692.40
Total Residential	16529	46521		422,466.00		440,395.94
Average Bill				25.56		26.64
General Service						
5/8" x 3/4" M Gallons 1" M Gallons 1 1/2" M Gallons 2" M Gallons 3" M Gallons 6" M Gallons	72 48 24 108 120	709 568 789 12385 33701 3114	13.71 5.03 34.30 5.03 68.61 5.03 109.73 5.03 219.46 5.03 685.88 5.03	987.12 3,566.27 1,646.40 2,857.04 1,646.64 3,968.67 11,850.84 62,296.55 26,335.20 169,516.03 15,663.42	14.26 5.24 35.73 5.24 71.46 5.24 114.37 5.24 228.72 5.24 714.69 5.24	1,026.72 3,715.16 1,715.04 2,976.32 1,715.04 4,134.36 12,351.96 64,897.40 27,446.40 176,593.24 8,576.28 16,317.36
Total Gen. Serv.	384	51266		308,564.74		321,465.28
Average Bill				803.55		837.15
List Other Classes As Above				0.00		0.00
Totals				731,030.74		761,861.22
Unbilled Revenues Other Revenue Misc. Serv. Charges				8,716.00		8,716.00
Total Revenue				739,746.74		770,577.22
Booked Revenue				683,771.00		
Difference (Explain)				(55,975.74)		

Company: Femcrest Utilities Inc

Schedule: E-2

Docket No.: 011073-WS

January thru June

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X]

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4" M Gallons	8360	23971	13.71	114,615.60	14.26	119,213.60
1" Etc. M Gallons Etc.			4.21	100,917.91	4.40	105,472.40
Total Residential	8360	23971		215,533.51		224,686.00
Average Bill				25.78		26.88
General Service						
5/8" x 3/4" M Gallons	36	314	13.71	493.56	14.26	513.36
1" M Gallons	24	284	5.03	1,579.42	5.25	1,648.50
1 1/2" M Gallons	12	278	34.30	823.20	35.72	857.28
2" M Gallons	54	6214	5.03	1,428.52	5.25	1,491.00
3" M Gallons	60	16920	68.61	823.32	71.47	857.64
6" M Gallons	6	1583	5.03	1,398.34	5.25	1,459.50
			109.73	5,925.42	114.36	6,175.44
			5.03	31,256.42	5.25	32,623.50
			219.46	13,167.60	228.71	13,722.60
			5.03	85,107.60	5.25	88,830.00
			685.88	4,115.28	714.69	4,288.14
			5.03	7,962.49	5.25	8,310.75
Total Gen. Serv.	192	25593		154,081.17		160,777.71
Average Bill				802.51		837.38
List Other Classes As Above				0.00		0.00
Totals				369,614.68		385,463.71
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				4,358.00		4,358.00
Total Revenue				373,972.68		389,821.71
Booked Revenue				683,771.00		
Difference (Explain)				309,798.32		

000074

Company: Ferncrest Utilities Inc

Schedule: E-2

Docket No.: 011073-WS

July thru December

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X]

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at Proposed Rates
Residential						
5/8" x 3/4"	8169		13.71	111,996.99	14.26	116,489.94
M Gallons		22550	4.21	94,935.50	4.40	99,220.00
1" Etc.						
M Gallons Etc.						
Total Residential	8169	22550		206,932.49		215,709.94
Average Bill				25.33		26.41
General Service						
5/8" x 3/4"	36		13.71	493.56	14.26	513.36
M Gallons		395	5.03	1,986.85	5.25	2,073.75
1"	24		34.30	823.20	35.72	857.28
M Gallons		284	5.03	1,428.52	5.25	1,491.00
1 1/2"	12		68.61	823.32	71.47	857.64
M Gallons		511	5.03	2,570.33	5.25	2,682.75
2"	54		109.73	5,925.42	114.36	6,175.44
M Gallons		6171	5.03	31,040.13	5.25	32,397.75
3"	60		219.46	13,167.60	228.71	13,722.60
M Gallons		16781	5.03	84,408.43	5.25	88,100.25
6"	6		685.88	4,115.28	714.69	4,288.14
M Gallons		1531	5.03	7,700.93	5.25	8,037.75
Total Gen. Serv.	192	25673		154,483.57		161,197.71
Average Bill				804.60		839.57
List Other Classes As Above				0.00		0.00
Totals				361,416.06		376,907.65
Unbilled Revenues						
Other Revenue						
Misc. Serv. Charges				4,358.00		4,358.00
Total Revenue				365,774.06		381,265.65
Booked Revenue				683,771.00		
Difference (Explain)				317,996.94		

Customer Monthly Billing Schedule

Florida Public Service Commission

Company: Femcrest Utilities Inc

Schedule: E-3

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater []

Explanation: Provide a schedule of monthly customers billed or served by class.

Line No.	(1) Month/ Year	(2) Residential	(3) General Service	(4) Multi-Family Dwelling	(5) Private Fire Protection	(6) Other (List)	(7) Total
1	Jan 00	1400	80	0	0	0	1480
2	Feb 00	1390	80	0	0	0	1470
3	Mar 00	1398	81	0	0	0	1479
4	April 00	1395	80	0	0	0	1475
5	May 00	1394	82	0	0	0	1476
6	June 00	1383	80	0	0	0	1463
7	July 00	1372	81	0	0	0	1453
8	Aug 00	1381	80	0	0	0	1461
9	Sept 00	1357	80	0	0	0	1437
10	Oct 00	1357	84	0	0	0	1441
11	Nov 00	1354	84	0	0	0	1438
12	Dec 00	1348	84	0	0	0	1432
	Total	16529	976	0	0	0	17505

000076

Customer Monthly Billing Schedule

Florida Public Service Commission

Company: Ferncrest Utilities Inc
 Jocket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [] or Wastewater [X]

Schedule: E-3
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a schedule of monthly customers billed or served by class.

Line No.	(1) Month/ Year	(2) Residential	(3) General Service	(4) Multi-Family Dwelling	(5) Private Fire Protection	(6) Other (List)	(7) Total
1	Jan 01	1400	32	0	0	0	1432
2	Feb 01	1390	32	0	0	0	1422
3	Mar 01	1398	32	0	0	0	1430
4	April 01	1395	32	0	0	0	1427
5	May 01	1394	32	0	0	0	1426
6	June 01	1383	32	0	0	0	1415
7	July 01	1372	32	0	0	0	1404
8	Aug 01	1381	32	0	0	0	1413
9	Sept 01	1357	32	0	0	0	1389
10	Oct 01	1357	32	0	0	0	1389
11	Nov 01	1354	32	0	0	0	1386
12	Dec 01	1348	32	0	0	0	1380
	Total	16529	384	0	0	0	16913

000077

Miscellaneous Service Charge Revenues

Florida Public Service Commission

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [] or Wastewater []

Schedule: E-5
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide a schedule of test year miscellaneous charges received by type. Provide an additional schedule for proposed charges, if applicable.

	(1) Initial Connection	(2) Normal Reconnect	(3) Violation Reconnect	(4) Premises Visit	(5) Other Charges	(6) Total
January	\$315		\$265		\$1,307	\$1,887
February	\$360		\$1,645		\$1,193	\$3,198
March	\$540		\$1,222		\$1,353	\$3,115
April	\$405		\$1,101		\$1,220	\$2,726
May	\$420		\$1,690		\$1,471	\$3,581
June	\$285		\$1,282		\$1,357	\$2,924
July	\$375		\$708		\$1,400	\$2,483
August	\$570		\$1,008		\$1,445	\$3,023
September	\$450		\$1,413		\$1,659	\$3,522
October	\$465		\$1,662		\$1,896	\$4,023
November	\$450		\$759		\$1,129	\$2,338
December	\$495		\$1,338		\$1,277	\$3,110
Total	\$5,130		\$14,093		\$16,707	\$35,930

62,0000

Public Fire Hydrants Schedule

Florida Public Service Commission

Company: Ferncrest Utilities Inc
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule: E-6
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide a schedule of public fire hydrants (including standpipes, etc.) by size. This schedule is not required for a wastewater only rate application.

(1) Line No.	(2) Size	(3) Type	(4) Quantity
1	6 Inch	Fire Hydrant	32
Total			32

080000

Private Fire Protection Service

Florida Public Service Commission

Company: Femcrest Utilities Inc

Docket No.: 011073-WS

Test Year Ended: December 31, 2000

Schedule: E-7

Page 1 of _1_

Preparer: Robert V Salerno

Explanation: Provide a schedule of private fire protection service by size of connection. This schedule is not required for a wastewater only rate application.

(1) Line No.	(2) Size	(3) Type	(4) Quantity
There is no private fire service.			
Total			----- =====

000081

Contracts and Agreements Schedule

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: E-8

Docket No.: 011073-WS

Page 1 of _1_

Fest Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: Provide a list of all outstanding contracts or agreements having rates or conditions different from those on approved tariffs. Describe with whom, the purpose and the elements of each contract shown.

(1) Line No.	(2) Type	(3) Description
-----------------	-------------	--------------------

There are no contracts or agreements having any condition different than our approved Tariffs.

000082

Tax or Franchise Fee Schedule

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: E-9

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: Provide a schedule of state, municipal, city or county franchise taxes or fees paid (or payable). State the type of agreement (i.e. contract, tax).

(1) Line No.	(2) Type Tax or Fee	(3) To Whom Paid	(4) Amount	(5) How Collected From Customers	(6) Type Agreement
--------------------	---------------------------	------------------------	---------------	----------------------------------------	--------------------------

There are no such fees paid

000083

Service Availability Charges Schedule

Company: Ferncrest Utilities Inc
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000
 Water [] or Wastewater []

Schedule: E-10
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide a schedule of present and proposed service availability charges. (See Rule 25-20.580, F.A.C.)
 If no change is proposed, then this schedule is not required.

(1) Type Charge	(2) Present Charges	(3) Proposed Charges
System Capacity Charge Residential-per ERC (____ GPD) All others-per Gallon/Day	No change is proposed, does not apply	
Plant Capacity Charge Residential-per ERC (____ GPD) All others-per Gallon/Day		280 280
Main Extension Charge Residential-per ERC (____ GPD) or-per Lot (____ Front Footage) All others-per Gallon/Day or-per Front Foot		
Meter Installation Charge 5/8" x 3/4" 1" 1-1/2" 2" Etc.		Actual Cost
Service (Lateral) Installation Charge 5/8" x 3/4" 1" 1-1/2" 2" Etc.		Actual Cost
Back Flow Preventor Installation Charge 5/8" x 3/4" 1" 1-1/2" 2" Etc.		
Plan Review Charge		
Inspection Charge		
Guaranteed Revenue Charge With prepayment of Serv. Avail. Charges Residential-per ERC (____ GPD)/Month All others-per Gallon/Month Without prepayment of Serv. Avail. Charges Residential-per ERC (____ GPD)/Month All others-per Gallon/Month		
Allowance for Funds Prudently Invested (AFPI) Provide a table of payments by month and years.		

Guaranteed Revenues Received

Florida Public Service Commission

Company: Ferncrest Utilities Inc
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Water [] or Wastewater []
Historic [] or Projected []

Schedule: E-11
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide copies of all guaranteed revenue contracts with a schedule of billing and receipts on an annual basis by class.

(1) For the Year Ended	(2) Residential	(3) General Service	(4) Other	(5) Total
------------------------------	--------------------	---------------------------	--------------	--------------

There are no guaranteed revenue contracts

000085

Class A Utility Cost of Service Study

Company: Ferncrest Utilities Inc
Docket No.: 011073-WS
Test Year Ended: December 31, 2000
Water [] or Wastewater []

Florida Public Service Commission

Schedule: E-12
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: **All** Class A utilities whose service classes include industrial customers, whose utilization exceeds an average of 350,000 GPD, shall provide a fully allocated class cost of service study showing customer, base (commodity), and extra capacity (demand) components under present and proposed rates. This study shall include rate of return by class and load (demand) research studies used in the cost allocation. The analysis shall be based upon the AWWA Manual No. 1 and shall comply with current AWWA procedures and standard industrial practices for utilities providing water and wastewater service.

We are not a Class A utility so this does not apply.

980000

**Pages 000088 through
000113 are in a
separate binder, as
required by Rule 25-30.437(4). F. A. C.**

ENGINEERING SCHEDULES SECTION

000113A

Gallons of Water Pumped, Sold and Unaccounted For
In Thousands of Gallons

Florida Public Service Commission

Company: Ferncrest Utilities Inc.
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule F-1
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide a schedule of gallons of water pumped, sold and unaccounted for each month of the test year. The gallons pumped should match the flows shown on the monthly operating reports sent to DEP. The other uses may include plant use, flushing of hydrants and water and wastewater lines, line breakages and fire flows. Provide all calculations to substantiate the other uses. If unaccounted for water is greater than 10%, provide an explanation as to the reasons why; if less than 10%, Columns 4 & 5 may be omitted.

Month/ Year	(1) Total Gallons Pumped	(2) Gallons Purchased	(3) Gallons Sold	(4) Other Uses	(5) Unaccounted For Water (1)+(2)-(3)-(4)	(6) % Unaccounted For Water
1	16.223	3.120	12.643	5.286	1.414	7.31%
2	16.223	2.013	12.635	5.328	0.273	1.50%
3	16.366	2.462	11.380	6.457	0.991	5.26%
4	15.791	2.271	12.994	5.408	(0.340)	-1.88%
5	17.123	1.291	11.824	7.215	(0.625)	-3.39%
6	16.131	1.012	10.875	6.690	(0.422)	-2.46%
7	16.567	1.183	8.927	6.731	2.092	11.79%
8	16.271	1.562	9.726	7.518	0.589	3.30%
9	15.791	1.708	10.072	6.366	1.061	6.06%
10	15.452	3.346	8.855	7.147	2.796	14.87%
11	16.049	2.101	12.091	6.052	0.007	0.04%
12	16.690	2.494	10.127	6.521	2.536	13.22%
Total	194.677	24.563	132.149	76.719	10.372	4.73%

- Estimated use meter inoperable

Water purchased from Town of Davie to supply industrial section east of Florida Turnpike
Our large user agreement allows us to pay for only the water we bill out. We read the meters
and tell the Town how much water we used. The Town then bills us for that amount of water.

Other uses include water used in both the water and wastewater as well as hydrant flushing.

Unaccounted for water varies greatly due to the difference in reporting dates. The dates used
for the operating reports are beginning to end of month while those used for billing are the 10th of the
month to the tenth of the next month.

Gallons of Wastewater Treated
In Thousands of Gallons

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule F-2
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide a schedule of gallons of wastewater treated by individual plant for each month of the historical test year. Flow data should match the the monthly operating reports sent to DEP.

Month/ Year	(1)	(2) Individual Plant Flows			(5)	(6)
	Ferncrest				Total Plant Flows	Total Purch. Sewage Treatment
1	13,190,000				13,330,000	0
2	12,940,000				13,340,000	0
3	13,660,000				13,640,000	0
4	12,210,000				13,200,000	0
5	10,470,000				12,400,000	0
6	11,530,000				11,400,000	0
7	11,660,000				11,470,000	0
8	11,630,000				11,400,000	0
9	11,820,000				11,780,000	0
10	15,870,000				13,330,000	0
11	10,900,000				11,700,000	0
12	12,180,000				13,020,000	0
Total	148,060,000				150,010,000	0

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule F-3
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide the following information for each water treatment plant. If the system has water plants that are interconnected, the data for these plants may be combined. All flow data must be obtained from the monthly operating reports (MORs) sent to the Department of Environmental Protection.

		DATE	GPD
1.	Plant Capacity		1,000,000
	The hydraulic rated capacity. If different from that shown on the DER operating or construction permit, provide an explanation.		
2.	Maximum Day	12/13/00	715,000
	The single day with the highest pumpage rate for the test year. Explain, on a separate page, if fire flow, line-breaks or other unusual occurrences affected the flow this day.		
3.	Five-Day Max Year	(1) 12/09/00	601,000
		(2) 12/12/00	604,000
		(3) 12/13/00	715,000
		(4) 12/24/00	626,000
		(5) 12/26/00	664,000
		AVERAGE	642,000
4.	Average Daily Flow		533,000
5.	Required Fire Flow		120,000
	The standards will be those as set by the Insurance Service Organization or by a governmental agency ordinance. Provide documents to support this calculation.		

Wastewater Treatment Plant Data

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule F-4
 Page 1 of _1_
 Preparer: Robert V Salerno

Explanation: Provide the following information for each wastewater treatment plant. All flow data must be obtained from the monthly operating reports (MORs) sent to the Department of Environmental Protection.

		MONTH	GPD
1.	Plant Capacity The hydraulic rated capacity. If different from that shown on the DER operating or construction permit, provide an explanation.		600,000
2.	Average Daily Flow Max Month An average of the daily flows during the peak usage month during the test year. Explain, on a separate page, if this peak-month was influenced by abnormal infiltration due to rainfall periods.	October	512,000

Used and Useful Calculations
Water Treatment Plant

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule F-5
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water treatment plant(s) for the historical test year and the projected test year (if applicable).

Palm Trace Landings apartment complex is preparing for a third expansion. Using the same formula the commission staff used in the last rate case the used and useful calculations are as follows.

Phase Three Palm Trace Landings	288 units	
Use per unit	250 gallon per day	
Projected demand from future units	72,000 gallons per day	
Water plant design	1,000,000 gallons per day	
Plant Used and useful	92.80%	
Transmission distribution and storage (as in prior cases)	100.00%	
Total Treatment Plant	612,851	Schedule A-5
Used and Useful Plant	568,725	
Non-Used and Useful Plant	44,126	

Recap Schedules: A-5,A-9,B-13

000118

Used and Useful Calculations
Wastewater Treatment Plant

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule F-6
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the wastewater treatment plant(s) for the historical test year and the projected test year (if applicable).

Palm Trace Landings apartment complex is preparing for a third expansion. Using the same formula the commission staff used in the last rate case the used and useful calculations are as follows.

Phase Three Palm Trace Landings	288 units	
Use per unit	250 gallon per day	
Projected demand from future units	72,000 gallons per day	
Wastewater Plant Design	600,000 gallons per day	
Plant Used and Useful	88%	
Collection System Used and Useful	100%	
Total Treatment Plant	540,650	Schedule A-6
Used and Useful Plant	475,727	
Non-Used and Useful Plant	64,878	

Recap Schedules: A-6,A-10,B-14

Used and Useful Calculations
Water Distribution and Wastewater Collection Systems

Florida Public Service Commission

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Schedule F-7
Page 1 of _1_
Preparer: Robert V Salerno

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water distribution and wastewater collection systems for the historical and the projected test year (if applicable). The capacity should be in terms of ability to serve a designated number of connections. It should then be related to actual connected density for historical year calculations. Explain all assumptions for projected calculations. If the distribution and collection systems are entirely contributed or built-out, this schedule is not required.

As per the last rate case the water distribution and wastewater collection systems remain built out and are therefore 100% used and useful.

Recap Schedules: A-5,A-6,A-9,A-10,B-13,B-14

Margin Reserve Calculations

Florida Public Service Commission

Company: Ferncrest Utilities

Schedule F-8

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Explanation: If a margin reserve is requested, provide all calculations and analyses used to determine the amount of margin reserve for each portion of used and useful plant.

None Requested

Recap Schedules: F-5,F-6,F-7

Equivalent Residential Connections - Water

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule F-9
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide the following information in order to calculate the average growth in ERCs for the last five years, including the test year. If the utility does not have single-family residential (SFR) customers, the largest customer class should be used as a substitute.

Line No.	(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)
	Year	Beginning	SFR Customers		Average	SFR Gallons Sold	Gallons/SFR (5)/(4)	Total Gallons Sold	Total ERCs (7)/(6)	Annual % Incr. in ERCs
1	TY-4	1430	1456		1443	68,255	47	102,052	2,171	---
2	TY-3	1456	1470		1463	68,064	47	119,137	2,535	14.4%
3	TY-2	1470	1485		1478	68,784	47	119,137	2,535	0.0%
4	TY-1	1485	1398		1442	66,024	46	122,421	2,661	4.7%
5	TY	1398	1397		1398	65,668	47	132,149	2,812	5.4%
Average Growth Through 5-Year Period (Col. 8)										6.1%

000122

Equivalent Residential Connections - Wastewater

Florida Public Service Commission

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

Schedule F-10
 Page 1 of 1
 Preparer: Robert V Salerno

Explanation: Provide the following information in order to calculate the average growth in ERCs for the last five years, including the test year. If the utility does not have single-family residential (SFR) customers, the largest customer class should be used as a substitute.

Line No.	(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)
	Year	Beginning	SFR Customers		Average	SFR Gallons Treated	Gallons/SFR (5)/(4)	Total Gallons Treated	Total ERCs (7)/(6)	Annual % Incr. in ERCs
			Ending							
1	TY-4	1457	1456		1457	65,686	45	98,039	2,179	---
2	TY-3	1456	1470		1463	85,453	58	149,917	2,585	15.7%
3	TY-2	1470	1485		1478	89,039	60	153,515	2,559	-1.0%
4	TY-1	1485	1398		1442	82,974	58	153,656	2,649	3.4%
5	TY	1398	1397		1398	74,029	53	148,059	2,794	5.2%
Average Growth Through 5-Year Period (Col. 8)										5.82%

000123

Billing Analysis

For

Ferncrest Utilities, Inc.

Filed With The

Florida Public Service Commission

In

Docket No. 011073-WS

EXHIBIT B

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water or Wastewater January Thru June 2000

Customer Class: Residential

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1) Consumpt. Level	(2) Number of Bills	(3) Cumulative Bills	(4) Consumed (1)x(2)	(5) Cumulative Gallons	(6) Reversed Bills	(7) Factor [(1)x(6)]+(5)	(8) Percentage of Total
0	1894	1894	0	0	6466	0	0.00%
1	992	2886	992	992	5474	6466	21.46%
2	1102	3988	2204	3196	4372	11940	39.64%
3	1006	4994	3018	6214	3366	16312	54.15%
4	882	5876	3528	9742	2484	19678	65.32%
5	675	6551	3375	13117	1809	22162	73.57%
6	433	6984	2598	15715	1376	23971	79.57%
7	434	7418	3038	18753	942	25347	84.14%
8	199	7617	1592	20345	743	26289	87.27%
9	216	7833	1944	22289	527	27032	89.74%
10	100	7933	1000	23289	427	27559	91.49%
11	97	8030	1067	24356	330	27986	92.90%
12	72	8102	864	25220	258	28316	94.00%
13	38	8140	494	25714	220	28574	94.85%
14	33	8173	462	26176	187	28794	95.58%
15	33	8206	495	26671	154	28981	96.21%
16	25	8231	400	27071	129	29135	96.72%
17	23	8254	391	27462	106	29264	97.15%
18	17	8271	306	27768	89	29370	97.50%
19	13	8284	247	28015	76	29459	97.79%
20	11	8295	220	28235	65	29535	98.04%
21	15	8310	315	28550	50	29600	98.26%
22	3	8313	66	28616	47	29650	98.43%
23	8	8321	184	28800	39	29697	98.58%
24	5	8326	120	28920	34	29736	98.71%
25	8	8334	200	29120	26	29770	98.82%
26	4	8338	104	29224	22	29796	98.91%
27	0	8338	0	29224	22	29818	98.98%
28	2	8340	56	29280	20	29840	99.06%
29	3	8343	87	29367	17	29860	99.12%
30	3	8346	90	29457	14	29877	99.18%
31	1	8347	31	29488	13	29891	99.23%
32	1	8348	32	29520	12	29904	99.27%
33	1	8349	33	29553	11	29916	99.31%
34	1	8350	34	29587	10	29927	99.35%
35	1	8351	35	29622	9	29937	99.38%
36	0	8351	0	29622	9	29946	99.41%
37	1	8352	37	29659	8	29955	99.44%
38	1	8353	38	29697	7	29963	99.47%
39	1	8354	39	29736	6	29970	99.49%
41	1	8355	41	29777	5	29982	99.53%
46	1	8356	46	29823	4	30007	99.61%
61	0	8356	0	29823	4	30067	99.81%
62	1	8357	62	29885	3	30071	99.82%
72	1	8358	72	29957	2	30101	99.92%
82	1	8359	82	30039	1	30121	99.99%
85	1	8360	85	30124	0	30124	100.00%

000088

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 2 of _2_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater []

July Thru December 2000

Customer Class: Residential

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	1704	1704	0	0	6465	0	0.00%
1	1221	2925	1221	1221	5244	6465	22.20%
2	1166	4091	2332	3553	4078	11709	40.21%
3	1041	5132	3123	6676	3037	15787	54.21%
4	891	6023	3564	10240	2146	18824	64.64%
5	566	6589	2830	13070	1580	20970	72.01%
6	403	6992	2418	15488	1177	22550	77.44%
7	194	7186	1358	16846	983	23727	81.48%
8	108	7294	864	17710	875	24710	84.85%
9	153	7447	1377	19087	722	25585	87.86%
10	137	7584	1370	20457	585	26307	90.34%
11	140	7724	1540	21997	445	26892	92.35%
12	114	7838	1368	23365	331	27337	93.87%
13	76	7914	988	24353	255	27668	95.01%
14	40	7954	560	24913	215	27923	95.89%
15	53	8007	795	25708	162	28138	96.62%
16	51	8058	816	26524	111	28300	97.18%
17	17	8075	289	26813	94	28411	97.56%
18	17	8092	306	27119	77	28505	97.88%
19	11	8103	209	27328	66	28582	98.15%
20	5	8108	100	27428	61	28648	98.38%
21	10	8118	210	27638	51	28709	98.59%
22	8	8126	176	27814	43	28760	98.76%
23	5	8131	115	27929	38	28803	98.91%
24	5	8136	120	28049	33	28841	99.04%
25	6	8142	150	28199	27	28874	99.15%
26	3	8145	78	28277	24	28901	99.24%
27	2	8147	54	28331	22	28925	99.33%
28	5	8152	140	28471	17	28947	99.40%
29	2	8154	58	28529	15	28964	99.46%
30	1	8155	30	28559	14	28979	99.51%
31	2	8157	62	28621	12	28993	99.56%
33	1	8158	33	28654	11	29017	99.64%
35	1	8159	35	28689	10	29039	99.72%
36	1	8160	36	28725	9	29049	99.75%
37	1	8161	37	28762	8	29058	99.78%
38	1	8162	38	28800	7	29066	99.81%
39	1	8163	39	28839	6	29073	99.84%
40	1	8164	40	28879	5	29079	99.86%
42	1	8165	42	28921	4	29089	99.89%
44	1	8166	44	28965	3	29097	99.92%
45	1	8167	45	29010	2	29100	99.93%
48	1	8168	48	29058	1	29106	99.95%
63	1	8169	63	29121	0	29121	100.00%

Billing Analysis Schedules

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 3

Test Year Ended: December 31, 2000

Preparer: Robert V Salemo

Water [X] or Wastewater [] January Thru June 2000

Customer Class: General Service

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	37	37	0	0	207	0	0.00%
1	9	46	9	9	198	207	4.02%
2	8	54	16	25	190	405	7.86%
3	8	62	24	49	182	595	11.55%
4	6	68	24	73	176	777	15.08%
5	10	78	50	123	166	953	18.49%
6	6	84	36	159	160	1119	21.72%
7	8	92	56	215	152	1279	24.82%
8	6	98	48	263	146	1431	27.77%
9	3	101	27	290	143	1577	30.60%
10	15	116	150	440	128	1720	33.38%
11	5	121	55	495	123	1848	35.86%
12	7	128	84	579	116	1971	38.25%
13	7	135	91	670	109	2087	40.50%
14	3	138	42	712	106	2196	42.62%
15	1	139	15	727	105	2302	44.67%
16	3	142	48	775	102	2407	46.71%
17	2	144	34	809	100	2509	48.69%
18	6	150	108	917	94	2609	50.63%
19	2	152	38	955	92	2703	52.45%
20	3	155	60	1015	89	2795	54.24%
21	0	155	0	1015	89	2884	55.97%
22	3	158	66	1081	86	2973	57.69%
23	2	160	46	1127	84	3059	59.36%
24	2	162	48	1175	82	3143	60.99%
25	13	175	325	1500	69	3225	62.58%
26	11	186	286	1786	58	3294	63.92%
27	2	188	54	1840	56	3352	65.05%
28	2	190	56	1896	54	3408	66.14%
29	3	193	87	1983	51	3462	67.18%
30	6	199	180	2163	45	3513	68.17%
31	1	200	31	2194	44	3558	69.05%
32	2	202	64	2258	42	3602	69.90%
33	3	205	99	2357	39	3644	70.72%
34	1	206	34	2391	38	3683	71.47%
35	1	207	35	2426	37	3721	72.21%
36	1	208	36	2462	36	3758	72.93%
37	2	210	74	2536	34	3794	73.63%
38	1	211	38	2574	33	3828	74.29%
39	1	212	39	2613	32	3861	74.93%
40	1	213	40	2653	31	3893	75.55%
41	1	214	41	2694	30	3924	76.15%
43	1	215	43	2737	29	3984	77.31%
44	1	216	44	2781	28	4013	77.88%

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45	3	219	135	2916	25	4041	78.42%
46	1	220	46	2962	24	4066	78.91%
47	3	223	141	3103	21	4090	79.37%
48	3	226	144	3247	18	4111	79.78%
52	1	227	52	3299	17	4183	81.18%
55	1	228	55	3354	16	4234	82.17%
56	1	229	56	3410	15	4250	82.48%
57	1	230	57	3467	14	4265	82.77%
59	1	231	59	3526	13	4293	83.31%
62	1	232	62	3588	12	4332	84.07%
68	1	233	68	3656	11	4404	85.46%
69	1	234	69	3725	10	4415	85.68%
70	1	235	70	3795	9	4425	85.87%
82	1	236	82	3877	8	4533	87.97%
86	1	237	86	3963	7	4565	88.59%
96	1	238	96	4059	6	4635	89.95%
113	1	239	113	4172	5	4737	91.93%
114	1	240	114	4286	4	4742	92.02%
158	1	241	158	4444	3	4918	95.44%
160	1	242	160	4604	2	4924	95.56%
201	1	243	201	4805	1	5006	97.15%
348	1	244	348	5153	0	5153	100.00%

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Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] July thru December 2000

Customer Class: General Service

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	40	40	0	0	204	0	0.00%
1	20	60	20	20	184	204	3.82%
2	18	78	36	56	166	388	7.27%
3	7	85	21	77	159	554	10.38%
4	8	93	32	109	151	713	13.36%
5	5	98	25	134	146	864	16.19%
6	7	105	42	176	139	1010	18.92%
7	4	109	28	204	135	1149	21.53%
8	2	111	16	220	133	1284	24.06%
9	8	119	72	292	125	1417	26.55%
10	15	134	150	442	110	1542	28.89%
11	6	140	66	508	104	1652	30.95%
12	2	142	24	532	102	1756	32.90%
13	4	146	52	584	98	1858	34.81%
14	4	150	56	640	94	1956	36.65%
15	1	151	15	655	93	2050	38.41%
16	2	153	32	687	91	2143	40.15%
17	2	155	34	721	89	2234	41.86%
18	0	155	0	721	89	2323	43.53%
19	2	157	38	759	87	2412	45.19%
20	2	159	40	799	85	2499	46.82%
21	1	160	21	820	84	2584	48.42%
22	4	164	88	908	80	2668	49.99%
23	2	166	46	954	78	2748	51.49%
24	2	168	48	1002	76	2826	52.95%
25	5	173	125	1127	71	2902	54.38%
26	4	177	104	1231	67	2973	55.71%
27	1	178	27	1258	66	3040	56.96%
28	0	178	0	1258	66	3106	58.20%
29	0	178	0	1258	66	3172	59.43%
30	14	192	420	1678	52	3238	60.67%
31	2	194	62	1740	50	3290	61.65%
32	0	194	0	1740	50	3340	62.58%
33	1	195	33	1773	49	3390	63.52%
34	1	196	34	1807	48	3439	64.44%
35	2	198	70	1877	46	3487	65.34%
36	2	200	72	1949	44	3533	66.20%
37	1	201	37	1986	43	3577	67.02%
39	2	203	78	2064	41	3663	68.63%
40	5	208	200	2264	36	3704	69.40%
41	2	210	82	2346	34	3740	70.08%
42	2	212	84	2430	32	3774	70.71%
43	1	213	43	2473	31	3806	71.31%
44	2	215	88	2561	29	3837	71.89%

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45	3	218	135	2696	26	3866	72.44%
47	0	218	0	2696	26	3918	73.41%
48	1	219	48	2744	25	3944	73.90%
49	1	220	49	2793	24	3969	74.37%
53	1	221	53	2846	23	4065	76.17%
54	2	223	108	2954	21	4088	76.60%
56	1	224	56	3010	20	4130	77.38%
59	1	225	59	3069	19	4190	78.51%
66	3	228	198	3267	16	4323	81.00%
79	1	229	79	3346	15	4531	84.90%
80	1	230	80	3426	14	4546	85.18%
81	1	231	81	3507	13	4560	85.44%
87	1	232	87	3594	12	4638	86.90%
112	1	233	112	3706	11	4938	92.52%
113	2	235	226	3932	9	4949	92.73%
115	2	237	230	4162	7	4967	93.07%
126	2	239	252	4414	5	5044	94.51%
130	1	240	130	4544	4	5064	94.88%
132	2	242	264	4808	2	5072	95.03%
142	1	243	142	4950	1	5092	95.41%
387	1	244	387	5337	0	5337	100.00%

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Billing Analysis Schedules

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] January thru June 2000

Customer Class: General Service

Meter Size: 1 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	5	5	0	0	79	0	0.00%
1	8	13	8	8	71	79	2.58%
2	3	16	6	14	68	150	4.90%
3	4	20	12	26	64	218	7.12%
5	3	23	15	41	61	346	11.30%
6	3	26	18	59	58	407	13.29%
7	4	30	28	87	54	465	15.18%
8	4	34	32	119	50	519	16.94%
10	4	38	40	159	46	619	20.21%
11	1	39	11	170	45	665	21.71%
12	3	42	36	206	42	710	23.18%
13	2	44	26	232	40	752	24.55%
14	2	46	28	260	38	792	25.86%
15	2	48	30	290	36	830	27.10%
16	2	50	32	322	34	866	28.27%
17	4	54	68	390	30	900	29.38%
19	5	59	95	485	25	960	31.34%
20	7	66	140	625	18	985	32.16%
23	1	67		625	17	1016	33.17%
24	1	68	24	649	16	1033	33.73%
25	2	70	50	699	14	1049	34.25%
27	1	71	27	726	13	1077	35.16%
32	1	72	32	758	12	1142	37.28%
36	1	73	36	794	11	1190	38.85%
38	2	75	76	870	9	1212	39.57%
47	1	76	47	917	8	1293	42.21%
48	1	77	48	965	7	1301	42.47%
59	1	78	59	1024	6	1378	44.99%
87	1	79	87	1111	5	1546	50.47%

99	1	80	99	1210	4	1606	52.43%
100	1	81	100	1310	3	1610	52.56%
125	1	82	125	1435	2	1685	55.01%
135	1	83	135	1570	1	1705	55.66%
1493	1	84	1493	3063	0	3063	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] July thru December 2000

Customer Class: General Service

Meter Size: 1 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	5	5	0	0	79	0	0.00%
1	3	8	3	3	76	79	3.11%
2	1	9	2	5	75	155	6.10%
3	1	10	3	8	74	230	9.06%
5	1	11	5	13	73	378	14.89%
6	1	12	6	19	72	451	17.76%
7	2	14	14	33	70	523	20.60%
8	1	15	8	41	69	593	23.36%
9	1	16	9	50	68	662	26.07%
10	2	18	20	70	66	730	28.75%
11	2	20	22	92	64	796	31.35%
12	1	21	12	104	63	860	33.87%
13	2	23	26	130	61	923	36.35%
14	4	27	56	186	57	984	38.76%
15	1	28	15	201	56	1041	41.00%
16	3	31	48	249	53	1097	43.21%
17	2	33	34	283	51	1150	45.29%
18	4	37	72	355	47	1201	47.30%
19	3	40	57	412	44	1248	49.15%
20	2	42	40	452	42	1292	50.89%
21	2	44	42	494	40	1334	52.54%
22	3	47	66	560	37	1374	54.12%
25	5	52	125	685	32	1485	58.49%
26	1	53	26	711	31	1517	59.75%
28	4	57	112	823	27	1579	62.19%
30	4	61	120	943	23	1633	64.32%
31	2	63	62	1005	21	1656	65.22%
32	1	64	32	1037	20	1677	66.05%
33	4	68	132	1169	16	1697	66.84%
39	3	71	117	1286	13	1793	70.62%
50	4	75	200	1486	9	1936	76.25%
54	2	77	108	1594	7	1972	77.67%
124	2	79	248	1842	5	2462	96.97%
135	1	80	135	1977	4	2517	99.13%
140	2	82	280	2257	2	2537	99.92%
141	2	84	282	2539	0	2539	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] January thru June 2000

Customer Class: General Service

Meter Size: 1 1/2 inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	5	5	0	0	30	0	0.00%
1	1	6	1	1	29	30	2.18%
2	2	8	4	5	27	59	4.29%
3	1	9	3	8	26	86	6.25%
4	2	11	8	16	24	112	8.14%
9	1	12	9	25	23	232	16.86%
11	1	13	11	36	22	278	20.20%
14	1	14	14	50	21	344	25.00%
16	1	15	16	66	20	386	28.05%
17	2	17	34	100	18	406	29.51%
20	1	18	20	120	17	460	33.43%
21	2	20	42	162	15	477	34.67%
23	1	21	23	185	14	507	36.85%
24	1	22	24	209	14	545	39.61%
25	2	24	50	259	12	559	40.63%
34	1	25	34	293	11	667	48.47%
37	1	26	37	330	10	700	50.87%
38	1	27	38	368	9	710	51.60%
45	1	28	45	413	8	773	56.18%
50	1	29	50	463	7	813	59.08%
60	1	30	60	523	6	883	64.17%
82	1	31	82	605	5	1015	73.76%
93	1	32	93	698	4	1070	77.76%
121	1	33	121	819	3	1182	85.90%
130	1	34	130	949	2	1209	87.86%
193	1	35	193	1142	1	1335	97.02%
234	1	36	234	1376	0	1376	100.00%

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] July thru December 2000

Customer Class: General Service

Meter Size: 1 1/2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	7	7	0	0	29	0	0.00%
2	2	9	4	4	27	58	4.81%
4	2	11	8	12	25	112	9.29%
5	1	12	5	17	24	137	11.36%
9	1	13	9	26	23	233	19.32%
12	2	15	24	50	21	302	25.04%
18	1	16	18	68	20	428	35.49%
19	1	17	19	87	19	448	37.15%
22	4	21	88	175	15	505	41.87%
24	1	22	24	199	14	535	44.36%
25	1	23	25	224	13	549	45.52%
27	1	24	27	251	12	575	47.68%
29	1	25	29	280	11	599	49.67%
47	1	26	47	327	10	797	66.09%
51	1	27	51	378	9	837	69.40%
72	1	28	72	450	8	1026	85.07%
74	1	29	74	524	7	1042	86.40%
77	1	30	77	601	6	1063	88.14%
84	1	31	84	685	5	1105	91.63%
87	1	32	87	772	4	1120	92.87%
89	1	33	89	861	3	1128	93.53%
105	1	34	105	966	2	1176	97.51%
112	1	35	112	1078	1	1190	98.67%
128	1	36	128	1206	0	1206	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] January thru June 2000

Customer Class: General Service

Meter Size: 2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	2	2	0	0	82	0	0.00%
1	1	3	1	1	81	82	1.08%
2	1	4	2	3	80	163	2.14%
3	1	5	3	6	79	243	3.20%
5	1	6	5	11	78	401	5.27%
7	1	7	7	18	77	557	7.33%
8	4	11	32	50	73	634	8.34%
9	4	15	36	86	69	707	9.30%
10	1	16	10	96	68	776	10.21%
11	2	18	22	118	66	844	11.10%
13	3	21	39	157	63	976	12.84%
14	1	22	14	171	62	1039	13.66%
15	1	23	15	186	61	1101	14.48%
16	1	24	16	202	60	1162	15.28%
17	3	27	51	253	57	1222	16.07%
19	2	29	38	291	55	1336	17.57%
20	2	31	40	331	53	1391	18.29%
25	1	32	25	356	52	1656	21.78%
37	1	33	37	393	51	2280	29.98%
43	1	34	43	436	50	2586	34.01%
47	2	36	94	530	48	2786	36.64%
49	2	38	98	628	46	2882	37.90%
50	2	40	100	728	44	2928	38.51%
51	2	42	102	830	42	2972	39.08%
54	2	44	108	938	40	3098	40.74%
56	1	45	56	994	39	3178	41.79%
59	1	46	59	1053	38	3295	43.33%
61	1	47	61	1114	37	3371	44.33%
64	2	49	128	1242	35	3482	45.79%

000093

65	1	50	65	1307	34	3517	46.25%
66	2	52	132	1439	32	3551	46.70%
72	1	53	72	1511	31	3743	49.22%
74	1	54	74	1585	30	3805	50.04%
75	1	55	75	1660	29	3835	50.43%
76	1	56	76	1736	28	3864	50.82%
78	1	57	78	1814	27	3920	51.55%
80	1	58	80	1894	26	3974	52.26%
81	1	59	81	1975	25	4000	52.60%
84	1	60	84	2059	24	4075	53.59%
93	1	61	93	2152	23	4291	56.43%
96	1	62	96	2248	22	4360	57.34%
99	1	63	99	2347	21	4426	58.21%
103	1	64	103	2450	20	4510	59.31%
108	1	65	108	2558	19	4610	60.63%
116	2	67	232	2790	17	4762	62.62%
181	1	68	181	2971	16	5867	77.16%
194	1	69	194	3165	15	6075	79.89%
222	1	70	222	3387	14	6495	85.42%
225	1	71	225	3612	13	6537	85.97%
228	1	72	228	3840	12	6576	86.48%
234	2	74	468	4308	10	6648	87.43%
265	2	76	530	4838	8	6958	91.50%
279	2	78	558	5396	6	7070	92.98%
342	2	80	684	6080	4	7448	97.95%
355	1	81	355	6435	3	7500	98.63%
368	1	82	368	6803	2	7539	99.15%
380	1	83	380	7183	1	7563	99.46%
421	1	84	421	7604	0	7604	100.00%

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Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] July thru December 2000

Customer Class: General Service

Meter Size: 2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	2	2	0	0	82	0	0.00%
3	1	3	3	3	81	246	3.34%
4	3	6	12	15	78	327	4.44%
6	2	8	12	27	76	483	6.56%
8	3	11	24	51	73	635	8.63%
9	2	13	18	69	71	708	9.62%
10	1	14	10	79	70	779	10.59%
11	1	15	11	90	69	849	11.54%
14	1	16	14	104	68	1056	14.35%
15	1	17	15	119	67	1124	15.28%
17	1	18	17	136	66	1258	17.10%
18	2	20	36	172	64	1324	17.99%
19	2	22	38	210	62	1388	18.86%
22	1	23	22	232	61	1574	21.39%
23	2	25	46	278	59	1635	22.22%
29	1	26	29	307	58	1989	27.03%
30	1	27	30	337	57	2047	27.82%
32	2	29	64	401	55	2161	29.37%
36	1	30	36	437	54	2381	32.36%
38	1	31	38	475	53	2489	33.83%
43	1	32	43	518	52	2754	37.43%
44	1	33	44	562	51	2806	38.14%
49	1	34	49	611	50	3061	41.60%
51	2	36	102	713	48	3161	42.96%
52	1	37	52	765	47	3209	43.61%
53	1	38	53	818	46	3256	44.25%
54	1	39	54	872	45	3302	44.88%
58	2	41	116	988	43	3482	47.32%
60	1	42	60	1048	42	3568	48.49%

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61	1	43	61	1109	41	3610	49.06%
63	1	44	63	1172	40	3692	50.18%
64	1	45	64	1236	39	3732	50.72%
66	2	47	132	1368	37	3810	51.78%
68	1	48	68	1436	36	3884	52.79%
69	1	49	69	1505	35	3920	53.28%
72	1	50	72	1577	34	4025	54.70%
73	1	51	73	1650	33	4059	55.16%
75	1	52	75	1725	32	4125	56.06%
76	1	53	76	1801	31	4157	56.50%
77	2	55	154	1955	29	4188	56.92%
80	2	57	160	2115	27	4275	58.10%
82	3	60	246	2361	24	4329	58.83%
84	2	62	168	2529	22	4377	59.49%
87	1	63	87	2616	21	4443	
91	1	64	91	2707	20	4527	61.52%
92	1	65	92	2799	19	4547	61.80%
93	1	66	93	2892	18	4566	62.05%
114	1	67	114	3006	17	4944	
170	3	70	510	3516	14	5896	80.13%
199	2	72	398	3914	12	6302	85.65%
210	1	73	210	4124	11	6434	87.44%
222	1	74	222	4346	10	6566	89.24%
250	2	76	500	4846	8	6846	93.04%
254	1	77	254	5100	7	6878	93.48%
264	1	78	264	5364	6	6948	94.43%
278	1	79	278	5642	5	7032	95.57%
285	1	80	285	5927	4	7067	96.05%
305	1	81	305	6232	3	7147	97.13%
351	1	82	351	6583	2	7285	99.01%
384	1	83	384	6967	1	7351	99.90%
391	1	84	391	7358	0	7358	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] January thru June 2000

Customer Class: General Service

Meter Size: 3 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
85	1	1	85	85	59	5100	30.14%
86	1	2	86	171	58	5159	30.49%
95	2	4	190	361	56	5681	33.58%
96	1	5	96	457	55	5737	33.91%
100	1	6	100	557	54	5957	35.21%
101	1	7	101	658	53	6011	35.53%
104	1	8	104	762	52	6170	36.47%
107	1	9	107	869	51	6326	37.39%
110	1	10	110	979	50	6479	38.29%
113	1	11	113	1092	49	6629	39.18%
114	1	12	114	1206	48	6678	39.47%
118	2	14	236	1442	46	6870	40.60%
119	1	15	119	1561	45	6916	40.87%
127	1	16	127	1688	44	7276	43.00%
130	1	17	130	1818	43	7408	43.78%
132	1	18	132	1950	42	7494	44.29%
133	1	19	133	2083	41	7536	44.54%
134	1	20	134	2217	40	7577	44.78%
136	3	23	408	2625	37	7657	45.25%
142	1	24	142	2767	36	7879	46.57%
146	1	25	146	2913	35	8023	47.42%
147	1	26	147	3060	34	8058	47.62%
155	1	27	155	3215	33	8330	49.23%
158	1	28	158	3373	32	8429	49.82%
163	1	29	163	3536	31	8589	50.76%
165	1	30	165	3701	30	8651	51.13%
167	1	31	167	3868	29	8711	51.48%
169	1	32	169	4037	28	8769	51.83%
175	1	33	175	4212	27	8937	52.82%
177	1	34	177	4389	26	8991	53.14%
178	1	35	178	4567	25	9017	53.29%
187	2	37	374	4941	23	9242	54.62%
197	3	40	591	5532	20	9472	55.98%
198	1	41	198	5730	19	9492	56.10%
208	2	43	416	6146	17	9682	57.22%
216	1	44	216	6362	16	9818	58.03%
217	1	45	217	6579	15	9834	58.12%
243	2	47	486	7065	13	10224	60.43%
318	1	48	318	7383	12	11199	66.19%
330	2	50	660	8043	10	11343	67.04%
339	3	53	1017	9060	7	11433	67.57%
464	1	54	464	9524	6	12308	72.74%
996	2	56	1992	11516	4	15500	91.61%
1245	2	58	2490	14006	2	16496	97.49%
1274	1	59	1274	15280	1	16554	97.84%
1640	1	60	1640	16920	0	16920	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [X] or Wastewater [] June thru December 2000

Customer Class: General Service

Meter Size: 3 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt.	Number	Cumulative	Gallons Consumed	Cumulative	Reversed	Consolidated	Percentage
Level	of Bills	Bills	(1)x(2)	Gallons	Bills	Factor	of Total
						[(1)x(6)]+(5)	
-	-	-	-	-	-	-	-
0	1	1	0	0	59	0	0.00%
75	1	2	75	75	58	4425	26.37%
80	1	3	80	155	57	4715	28.10%
102	1	4	102	257	56	5969	35.57%
103	1	5	103	360	55	6025	35.90%
105	1	6	105	465	54	6135	36.56%
111	1	7	111	576	53	6459	38.49%
112	1	8	112	688	52	6512	38.81%
117	1	9	117	805	51	6772	40.36%
120	1	10	120	925	50	6925	41.27%
121	1	11	121	1046	49	6975	41.56%
122	2	13	244	1290	47	7024	41.86%
135	1	14	135	1425	46	7635	45.50%
137	1	15	137	1562	45	7727	46.05%
138	1	16	138	1700	44	7772	46.31%
139	1	17	139	1839	43	7816	46.58%
141	1	18	141	1980	42	7902	47.09%
143	1	19	143	2123	41	7986	47.59%
144	2	21	288	2411	39	8027	47.83%
146	1	22	146	2557	38	8105	48.30%
151	1	23	151	2708	37	8295	49.43%
153	1	24	153	2861	36	8369	49.87%
154	1	25	154	3015	35	8405	50.09%
157	3	28	471	3486	32	8510	50.71%
159	2	30	318	3804	30	8574	51.09%
168	1	31	168	3972	29	8844	52.70%
173	2	33	346	4318	27	8989	53.57%
175	1	34	175	4493	26	9043	53.89%
178	1	35	178	4671	25	9121	54.35%

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182	1	36	182	4853	24	9221	54.95%
187	1	37	187	5040	23	9341	55.66%
188	1	38	188	5228	22	9364	55.80%
194	3	41	582	5810	19	9496	56.59%
196	1	42	196	6006	18	9534	56.81%
198	1	43	198	6204	17	9570	57.03%
203	1	44	203	6407	16	9655	57.54%
209	1	45	209	6616	15	9751	58.11%
214	1	46	214	6830	14	9826	58.55%
217	1	47	217	7047	13	9868	58.80%
222	1	48	222	7269	12	9933	59.19%
228	1	49	228	7497	11	10005	59.62%
247	1	50	247	7744	10	10214	60.87%
371	1	51	371	8115	9	11454	68.26%
381	2	53	762	8877	7	11544	68.79%
506	1	54	506	9383	6	12419	74.01%
624	2	56	1248	10631	4	13127	78.23%
1474	3	59	4422	15053	1	16527	98.49%
1728	1	60	1728	16781	0	16781	100.00%

000099A

Billing Analysis Schedules

Florida Public Service Commission

Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X]

January Thru June 2000

Customer Class: Residential

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	1894	1894	0	0	6466	0	0.00%
1	992	2886	992	992	5474	6466	26.97%
2	1102	3988	2204	3196	4372	11940	49.81%
3	1006	4994	3018	6214	3366	16312	68.05%
4	882	5876	3528	9742	2484	19678	82.09%
5	675	6551	3375	13117	1809	22162	92.45%
6	1809	8360	10854	23971	0	23971	100.00%

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Billing Analysis Schedules

Florida Public Service Commission

Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X]

July Thru December 2000

Customer Class: Residential

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

000101

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	1704	1704	0	0	6465	0	0.00%
1	1221	2925	1221	1221	5244	6465	28.67%
2	1166	4091	2332	3553	4078	11709	51.92%
3	1041	5132	3123	6676	3037	15787	70.01%
4	891	6023	3564	10240	2146	18824	83.48%
5	566	6589	2830	13070	1580	20970	92.99%
6	1580	8169	9480	22550	0	22550	100.00%

Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of _2_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] January Thru June 2000

Customer Class: General Service

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
0	11	11	0	0	25	0	0.00%
1	7	18	7	7	18	25	7.96%
2	1	19	2	9	17	43	13.69%
3	1	20	3	12	16	60	19.11%
7	1	21	7	19	15	124	39.49%
8	3	24	24	43	12	139	44.27%
12	1	25	12	55	11	187	59.55%
13	2	27	26	81	9	198	63.06%
14	1	28	14	95	8	207	65.92%
17	1	29	17	112	7	231	73.57%
23	2	31	46	158	5	273	86.94%
24	1	32	24	182	4	278	88.54%
30	1	33	30	212	3	302	96.18%
32	1	34	32	244	2	308	98.09%
33	1	35	33	277	1	310	98.73%
37	1	36	37	314	0	314	100.00%

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water or Wastewater July Thru December 2000

Customer Class: General Service

Meter Size: 5/8 X 3/4

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	7	7	0	0	29	0	0.00%
1	7	14	7	7	22	29	7.34%
2	3	17	6	13	19	51	12.91%
4	3	20	12	25	16	89	22.53%
5	3	23	15	40	13	105	26.58%
6	3	26	18	58	10	118	29.87%
9	1	27	9	67	9	148	37.47%
11	1	28	11	78	8	166	42.03%
13	1	29	13	91	7	182	46.08%
30	2	31	60	151	5	301	76.20%
31	1	32	31	182	4	306	77.47%
36	2	34	72	254	2	326	82.53%
54	1	35	54	308	1	362	91.65%
87	1	36	87	395	0	395	100.00%

000103

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

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Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] January thru June 2000

Customer Class: General Service

Meter Size: 1 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	3	3	0	0	21	0	0.00%
1	5	8	5	5	16	21	7.39%
2	2	10	4	9	14	37	13.03%
3	1	11	3	12	13	51	17.96%
5	1	12	5	17	12	77	27.11%
7	1	13	7	24	11	101	35.56%
10	2	15	20	44	9	134	47.18%
11	1	16	11	55	8	143	50.35%
12	1	17	12	67	7	151	53.17%
16	1	18	16	83	6	179	63.03%
19	1	19	19	102	5	197	69.37%
23	1	20	23	125	4	217	76.41%
25	1	21	25	150	3	225	79.23%
38	1	22	38	188	2	264	92.96%
48	2	24	96	284	0	284	100.00%

000104

Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of _1_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] July thru December

Customer Class: General Service

Meter Size: 1 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	11	11	0	0	13	0	0.00%
1	1	12	1	1	12	13	4.58%
10	1	13	10	11	11	121	42.61%
13	1	14	13	24	10	154	54.23%
15	2	16	30	54	8	174	61.27%
18	1	17	18	72	7	198	69.72%
19	2	19	38	110	5	205	72.18%
22	1	20	22	132	4	220	77.46%
30	1	21	30	162	3	252	88.73%
33	1	22	33	195	2	261	91.90%
39	1	23	39	234	1	273	96.13%
50	1	24	50	284	0	284	100.00%

Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] January thru June 2000

Customer Class: General Service

Meter Size: 1 1/2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
11	1	1	11	0	11	121	43.53%
14	1	2	14	14	10	154	55.40%
16	1	3	16	30	9	174	62.59%
17	2	5	34	64	7	183	65.83%
20	1	6	20	84	6	204	73.38%
21	1	7	21	105	5	210	75.54%
23	1	8	23	128	4	220	79.14%
25	1	9	25	153	3	228	82.01%
37	1	10	37	190	2	264	94.96%
38	1	11	38	228	1	266	95.68%
50	1	12	50	278	0	278	100.00%

Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of _2_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] July thru December 2000

Customer Class: General Service

Meter Size: 1 1/2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	1	1	0	0	11	0	0.00%
18	1	2	18	18	10	198	38.75%
19	1	3	19	37	9	208	40.70%
22	1	4	22	59	8	235	45.99%
24	1	5	24	83	7	251	49.12%
27	1	6	27	110	6	272	53.23%
29	1	7	29	139	5	284	55.58%
47	1	8	47	186	4	374	73.19%
51	1	9	51	237	3	390	76.32%
72	1	10	72	309	2	453	88.65%
74	1	11	74	383	1	457	89.43%
128	1	12	128	511	0	511	100.00%

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] January thru June 2000

Customer Class: General Service

Meter Size: 2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
8	1	1	8	0	53	424	6.82%
9	1	2	9	9	52	477	7.68%
10	1	3	10	19	51	529	8.51%
11	1	4	11	30	50	580	9.33%
13	1	5	13	43	49	680	10.94%
15	1	6	15	58	48	778	12.52%
16	1	7	16	74	47	826	13.29%
17	1	8	17	91	46	873	14.05%
19	1	9	19	110	45	965	15.53%
25	1	10	25	135	44	1235	19.87%
26	1	11	26	161	43	1279	20.58%
28	1	12	28	189	42	1365	21.97%
38	1	13	38	227	41	1785	28.73%
39	1	14	39	266	40	1826	29.39%
41	1	15	41	307	39	1906	30.67%
43	1	16	43	350	38	1984	31.93%
46	2	18	92	442	36	2098	33.76%
47	1	19	47	489	35	2134	34.34%
49	1	20	49	538	34	2204	35.47%
51	1	21	51	589	33	2272	36.56%
54	1	22	54	643	32	2371	38.16%
56	1	23	56	699	31	2435	39.19%
59	1	24	59	758	30	2528	40.68%
64	1	25	64	822	29	2678	43.10%
65	1	26	65	887	28	2707	43.56%
66	1	27	66	953	27	2735	44.01%
72	1	28	72	1025	26	2897	46.62%
74	1	29	74	1099	25	2949	47.46%
75	1	30	75	1174	24	2974	47.86%

76	1	31	76	1250	23	2998	48.25%
78	1	32	78	1328	22	3044	48.99%
80	1	33	80	1408	21	3088	49.69%
81	1	34	81	1489	20	3109	50.03%
93	1	35	93	1582	19	3349	53.89%
96	1	36	96	1678	18	3406	54.81%
99	1	37	99	1777	17	3460	55.68%
108	2	39	216	1993	15	3613	58.14%
116	1	40	116	2109	14	3733	60.07%
121	2	42	242	2351	12	3803	61.20%
125	1	43	125	2476	11	3851	61.97%
225	2	45	450	2926	9	4951	79.67%
265	1	46	265	3191	8	5311	85.47%
355	3	49	1065	4256	5	6031	97.06%
368	2	51	736	4992	3	6096	98.10%
380	1	52	380	5372	2	6132	98.68%
421	2	54	842	6214	0	6214	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of _2_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] July thru December 2000

Customer Class: General Service

Meter Size: 2 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
10	1	1	10	0	53	530	8.59%
11	1	2	11	11	52	583	9.45%
15	1	3	15	26	51	791	12.82%
18	3	6	54	80	48	944	15.30%
19	1	7	19	99	47	992	16.08%
23	1	8	23	122	46	1180	19.12%
29	1	9	29	151	45	1456	23.59%
32	1	10	32	183	44	1591	25.78%
36	1	11	36	219	43	1767	28.63%
45	1	12	45	264	42	2154	34.91%
46	1	13	46	310	41	2196	35.59%
49	1	14	49	359	40	2319	37.58%
50	1	15	50	409	39	2359	38.23%
51	1	16	51	460	38	2398	38.86%
52	1	17	52	512	37	2436	39.47%
58	1	18	58	570	36	2658	43.07%
60	1	19	60	630	35	2730	44.24%
61	1	20	61	691	34	2765	44.81%
64	1	21	64	755	33	2867	46.46%
66	1	22	66	821	32	2933	47.53%
68	1	23	68	889	31	2997	48.57%
87	1	24	87	976	30	3586	58.11%
72	1	25	72	1048	29	3136	50.82%
73	1	26	73	1121	28	3165	51.29%
74	1	27	74	1195	27	3193	51.74%
75	1	28	75	1270	26	3220	52.18%
77	1	29	77	1347	25	3272	53.02%
80	1	30	80	1427	24	3347	54.24%
82	2	32	164	1591	22	3395	55.02%

84	1	33	84	1675	21	3439	55.73%
92	2	35	184	1859	19	3607	58.45%
93	2	37	186	2045	17	3626	58.76%
114	1	38	114	2159	16	3983	64.54%
121	2	40	242	2401	14	4095	66.36%
124	1	41	124	2525	13	4137	67.04%
170	2	43	340	2865	11	4735	76.73%
222	2	45	444	3309	9	5307	86.00%
278	3	48	834	4143	6	5811	94.17%
285	1	49	285	4428	5	5853	94.85%
305	2	51	610	5038	3	5953	96.47%
351	1	52	351	5389	2	6091	98.70%
391	2	54	782	6171	0	6171	100.00%

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Company: Femcrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of _2_

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] January thru June 2000

Customer Class: General Service

Meter Size: 3 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt.	Number	Cumulative	Gallons Consumed	Cumulative	Reversed	Consolidated	Percentage
Level	of Bills	Bills	(1)x(2)	Gallons	Bills	Factor	of Total
						[(1)x(6)]+(5)	
-	-	-	-	-	-	-	-
85	1	1	85	85	59	5100	30.14%
86	1	2	86	171	58	5159	30.49%
95	2	4	190	361	56	5681	33.58%
96	1	5	96	457	55	5737	33.91%
100	1	6	100	557	54	5957	35.21%
101	1	7	101	658	53	6011	35.53%
104	1	8	104	762	52	6170	36.47%
107	1	9	107	869	51	6326	37.39%
110	1	10	110	979	50	6479	38.29%
113	1	11	113	1092	49	6629	39.18%
114	1	12	114	1206	48	6678	39.47%
118	2	14	236	1442	46	6870	40.60%
119	1	15	119	1561	45	6916	40.87%
127	1	16	127	1688	44	7276	43.00%
130	1	17	130	1818	43	7408	43.78%
132	1	18	132	1950	42	7494	44.29%
133	1	19	133	2083	41	7536	44.54%
134	1	20	134	2217	40	7577	44.78%
136	3	23	408	2625	37	7657	45.25%
142	1	24	142	2767	36	7879	46.57%
146	1	25	146	2913	35	8023	47.42%
147	1	26	147	3060	34	8058	47.62%
155	1	27	155	3215	33	8330	49.23%
158	1	28	158	3373	32	8429	49.82%
163	1	29	163	3536	31	8589	50.76%
165	1	30	165	3701	30	8651	51.13%
167	1	31	167	3868	29	8711	51.48%
169	1	32	169	4037	28	8769	51.83%
175	1	33	175	4212	27	8937	52.82%

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177	1	34	177	4389	26	8991	53.14%
178	1	35	178	4567	25	9017	53.29%
187	2	37	374	4941	23	9242	54.62%
197	3	40	591	5532	20	9472	55.98%
198	1	41	198	5730	19	9492	56.10%
208	2	43	416	6146	17	9682	57.22%
216	1	44	216	6362	16	9818	58.03%
217	1	45	217	6579	15	9834	58.12%
243	2	47	486	7065	13	10224	60.43%
318	1	48	318	7383	12	11199	66.19%
330	2	50	660	8043	10	11343	67.04%
339	3	53	1017	9060	7	11433	67.57%
464	1	54	464	9524	6	12308	72.74%
996	2	56	1992	11516	4	15500	91.61%
1245	2	58	2490	14006	2	16496	97.49%
1274	1	59	1274	15280	1	16554	97.84%
1640	1	60	1640	16920	0	16920	100.00%

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Billing Analysis Schedules

Florida Public Service Commission

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] June thru December 2000

Customer Class: General Service

Meter Size: 3 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
0	1	1	0	0	59	0	0.00%
75	1	2	75	75	58	4425	26.37%
80	1	3	80	155	57	4715	28.10%
102	1	4	102	257	56	5969	35.57%
103	1	5	103	360	55	6025	35.90%
105	1	6	105	465	54	6135	36.56%
111	1	7	111	576	53	6459	38.49%
112	1	8	112	688	52	6512	38.81%
117	1	9	117	805	51	6772	40.36%
120	1	10	120	925	50	6925	41.27%
121	1	11	121	1046	49	6975	41.56%
122	2	13	244	1290	47	7024	41.86%
135	1	14	135	1425	46	7635	45.50%
137	1	15	137	1562	45	7727	46.05%
138	1	16	138	1700	44	7772	46.31%
139	1	17	139	1839	43	7816	46.58%
141	1	18	141	1980	42	7902	47.09%
143	1	19	143	2123	41	7986	47.59%
144	2	21	288	2411	39	8027	47.83%
146	1	22	146	2557	38	8105	48.30%
151	1	23	151	2708	37	8295	49.43%
153	1	24	153	2861	36	8369	49.87%
154	1	25	154	3015	35	8405	50.09%
157	3	28	471	3486	32	8510	50.71%
159	2	30	318	3804	30	8574	51.09%
168	1	31	168	3972	29	8844	52.70%
173	2	33	346	4318	27	8989	53.57%
175	1	34	175	4493	26	9043	53.89%
178	1	35	178	4671	25	9121	54.35%

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182	1	36	182	4853	24	9221	54.95%
167	1	37	167	5040	23	9341	55.66%
188	1	38	188	5228	22	9364	55.80%
194	3	41	582	5810	19	9496	56.59%
196	1	42	196	6006	18	9534	56.81%
198	1	43	198	6204	17	9570	57.03%
203	1	44	203	6407	16	9655	57.54%
209	1	45	209	6616	15	9751	58.11%
214	1	46	214	6830	14	9826	58.55%
217	1	47	217	7047	13	9868	58.80%
222	1	48	222	7269	12	9933	59.19%
228	1	49	228	7497	11	10005	59.62%
247	1	50	247	7744	10	10214	60.87%
371	1	51	371	8115	9	11454	68.26%
381	2	53	762	8877	7	11544	68.79%
506	1	54	506	9383	6	12419	74.01%
624	2	56	1248	10631	4	13127	78.23%
1474	3	59	4422	15053	1	16527	98.49%
1728	1	60	1728	16781	0	16781	100.00%

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Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of _2_

Test Year Ended: December 31, 2000

Preparer: Robert V Salemo

Water [] or Wastewater [X] January thru June 2000

Customer Class: General Service

Meter Size: 6 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
188	1	1	188	0	5	940	59.38%
195	1	2	195	195	4	975	61.59%
264	1	3	264	459	3	1251	79.03%
268	1	4	268	727	2	1263	79.79%
427	1	5	427	1154	1	1581	99.87%
429	1	6	429	1583	0	1583	100.00%

Company: Ferncrest Utilities Inc

Schedule: E-14

Docket No.: 011073-WS

Page 1 of 2

Test Year Ended: December 31, 2000

Preparer: Robert V Salerno

Water [] or Wastewater [X] July thru December 2000

Customer Class: General Service

Meter Size: 6 Inch

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons & begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Consumpt. Level	Number of Bills	Cumulative Bills	Gallons Consumed (1)x(2)	Cumulative Gallons	Reversed Bills	Consolidated Factor [(1)x(6)]+(5)	Percentage of Total
-	-	-	-	-	-	-	-
213	1	1	213	0	5	1065	69.56%
220	1	2	220	220	4	1100	71.85%
294	1	3	294	514	3	1396	91.18%
307	1	4	307	821	2	1435	93.73%
325	1	5	325	1146	1	1471	96.08%
385	1	6	385	1531	0	1531	100.00%

Class B

Water and Wastewater Utilities

Additional Engineering Information

Of

Ferncrest Utilities, Inc.

Filed With The

Florida Public Service Commission

In

Docket No. ~~011073~~ - WS

For Test Year Ended

December 31, 2000

EXHIBIT C

**Ferncrest Utilities, Inc
Additional Engineering Information
In
Docket No. 011073 – WS**

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Most Recent Chemical Analyses	
Operating Reports	
Sanitary Survey	
Permits	
Violation Notices	
List of Employees	
List of Vehicles	
Customer Complaint Log	

**2000 LIST OF
CHEMICALS**

Ferncrest Utilities Inc
Chemicals Used, Unit Cost, and Dosage Rates

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

Water

Month	Lbs of Cl2 Gas	Cost	Cost per Lbs	Lbs of Lime	Cost	Cost per Lbs	Lbs of F-	Cost	Cost per Lbs	Total Cost of Chemicals
January-00	6000	\$ 1,256.10	\$0.21	51240	\$ 2,596.33	\$0.05	0	\$ -		\$ 3,852.43
February-00	0	\$ -		0	\$ -		2145	\$245.71	\$0.11	\$ 245.71
March-00	0	\$ -		50420	\$ 2,554.78	\$0.05	0	\$ -		\$ 2,554.78
April-00	6000	\$ 1,185.00	\$0.20	0	\$ -		0	\$ -		\$ 1,185.00
May-00	0	\$ -		52800	\$ 2,675.38	\$0.05	0	\$ -		\$ 2,675.38
June-00	0	\$ -		0	\$ -		0	\$ -		\$ -
July-00	6000	\$ 1,416.94	\$0.24	0	\$ 2,577.08		0	\$ -		\$ 3,994.02
August-00	4000	\$ 841.64	\$0.21	0	\$ -		0	\$ -		\$ 841.64
September-00	0	\$ -		51000	\$ 2,584.18	\$0.05	0	\$ -		\$ 2,584.18
October-00	0	\$ -		0	\$ -		0	\$ -		\$ -
November-00	8000	\$ 1,674.80	\$0.21	50260	\$ 2,555.97	\$0.05	2120	\$239.56	\$0.11	\$ 4,470.33
December-00	0	\$ -		52136	\$ 2,606.82	\$0.05	0	\$ -		\$ 2,606.82
										\$ -
Total	30000	\$ 6,374.48		307856	\$ 18,150.54		4265	\$485.27		\$25,010.29
Average	2500	\$ 531.21	\$0.21	25655	\$ 1,512.55	\$0.06	355.42	\$ 40.44	\$0.11	\$ 2,084.19

Ferncrest Utilities Inc

Chemicals Used, Unit Cost, and Dosage Rates

Company: Ferncrest Utilities

Docket No.: 011073-WS

Test Year Ended: December 31, 2000

Sewer

<u>Month</u>	<u>Lbs of Cl₂ Gas</u>	<u>Cost</u>	<u>Cost per Lbs</u>
January-00	1800	\$ 826.80	\$0.46
February-00	900	\$ 413.40	\$0.46
March-00	900	\$ 484.50	\$0.54
April-00	900	\$ 413.40	\$0.46
May-00	900	\$ 417.64	\$0.46
June-00	0	\$ -	
July-00	1800	\$ 807.64	\$0.45
August-00	900	\$ 417.64	
September-00	900	\$ 417.64	\$0.46
October-00	900	\$ 419.76	\$0.47
November-00	900	\$ 419.76	\$0.47
December-00	0	\$ -	
Total	10800	\$ 5,038.18	
Average	900	\$ 419.85	\$0.47

**2001 DRINKING WATER
ANALYSIS**

PUBLIC DRINKING WATER ANALYSIS

-PUBLIC WATER SYSTEM INFORMATION:

System Name: Ferncrest Utilities I.D.# 4060419
Address: 3015 SW 54TH Avenue, Ft Lauderdale, Fl 33314 Phone: 954-587-8833
Type: (X) Community () Nontransient Non-community () Non-Community

-SAMPLE INFORMATION:

Sample Date: 09/17/01 Sample Time: 11:00AM
Sample Location: COMPOSITE Sample #: 01719
Sampler Name & Phone: Maria Allpiste 954-316-8792

Sampler's Signature:  Title: Technician

Check Type(s): () Distribution () Recheck of MCL () Resample of Lab Invalidated Sample
() Clearance () THM Max Res Time () Plant Tap
() Distrib entry pt (X) Raw () Composite of multiple Sites - Attach a format
for each site

-LABORATORY CERTIFICATION INFORMATION:

Lab Name: Environmental Reagent Service HRS #: E86563 Expiration Date: June 30, 2002
Address: 4650 SW 51st Davie, Florida 33314 Phone: 954-316-8792
Subcontracted Lab HRS #: E56565, E84129 Groups Analyzed: see analyst

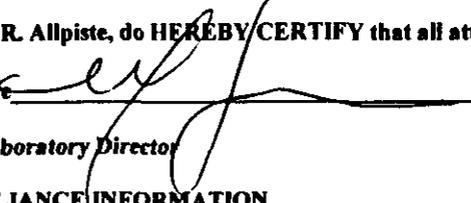
-ANALYSIS INFORMATION

Date Sample(s) Received: 09/18/01
Group(s) analyzed & results attached for compliance with 62-550, F.A.C.

(X) Nitrate	(X) Nitrite	() Asbestos	() Trihalomethanes
Inorganics (X) all 17 () Partial	Volatile Organics (X) All 21 () Partial	Secondaries () All 14 () Partial	Pesticides/PCBs (A) All 30 () Partial
Group I Unregulated () All 13 () Partial	Group II Unregulateds () All 23 () Partial	Group III Unregulateds () All 11 () Partial	Radiochemicals () Single Sample () Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Maria R. Allpiste, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director

Date: 10/25/01

-COMPLIANCE INFORMATION

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested For: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DER/ACPHU Reviewing Official: _____

INORGANIC ANALYSIS
62-550.310(1)
(PWS030)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1005	Arsenic (.05)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1010	Barium (2)	0.052	SM3113B	0.005	10/17/01	E56565	01719
1015	Cadmium (.005)	<0.0010	SM3113B	0.001	10/16/01	E56565	01719
1020	Chromium (0.1)	<0.005	SM3113B	0.005	10/16/01	E56565	01719
1024	Cyanide (0.2)	<0.004	EPA335.2	0.004	10/05/01	E56565	01719
1025	Fluoride (4)	0.31	SM4500FC	0.100	09/18/00	MA	01719
1030	Lead (0.15)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1035	Mercury (0.002)	<0.001	EPA245.1	0.001	10/13/00	E56565	01719
1036	Nickel (0.1)	<0.005	SM3113B	0.005	10/15/01	E56565	01719
1040	Nitrate (10)	0.486	SM4500NO3E	0.02	09/21/01	MA	01719
1041	Nitrite (1)	<0.02	SM4500NO3E	0.02	09/21/01	MA	01719
1045	Selenium (0.05)	<0.005	SM3113B	0.005	10/17/01	E56565	01719
1052	Sodium (160)	23.0	SM3113B	1.0	10/17/01	E56565	01719
1074	Antimony (0.006)	<0.005	SM3113B	0.005	10/17/01	E56565	01719
1075	Beryllium (0.004)	<0.001	SM3113B	0.001	10/17/01	E56565	01719
1085	Thallium (0.002)	<0.001	EPA200.9	0.001	10/06/01	E56565	01719

SECONDARY CHEMICAL ANALYSIS
62-550.320
(PWS031)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1002	Aluminium (0.2)		SM3113B	0.20			
1017	Chloride (250)		EPA325.3	1.0			
1022	Copper (1)		SM3113B	0.005			
1025	Fluoride (2.0)	0.254	SM4500FC	0.10	09/21/01	MA	01719
1028	Iron (0.3)		SM3113B	0.05			
1032	Manganese (0.05)		SM3113B	0.005			
1050	Silver (0.1)		SM3113B	0.005			
1055	Sulfate (250)		EPA375.4	1.0			
1095	Zinc (5)		SM3113B	0.010			
1905	Color (15 color units)		EPA110.2	5.0			
1920	Odor (3 threshold odor number)		EPA140.1	1.0			
1925	pH (6.5 - 8.5)		EPA150.1				
1930	Total Dissolved Solids (500)		EPA160.1	1.0			
2905	Foaming Agents (0.5)		EPA425.1	0.02			

TRIHALOMETHANE ANALYSIS
62-550.310(2)(a)
(PWS027)

Parameter ID	Name(MCL mg/L)	Chlorine Residual	Analysis Result (mg/L)	Method	MDL	Date	Lab ID
2950	Total THMs (0.10)		<0.0010	502.2	0.0010	09/26/01	E56565

VOLATILE ORGANIC ANALYSIS
62-550.310(2)(b)
(PWS028)

Parameter ID	Name(MCL ug/L)	Analysis Result (ug/L)	Method	MDL	Date	Analyst ID	Lab ID
2378	1,2,4-Trichlorobenzene (70)	<0.5	502.2	0.5	09/26/01	E56565	01719
2380	cis-1,2-Dichloroethylene (70)	<0.5	502.2	0.5	09/26/01	E56565	01719
2955	Xylenes (10,000)	<0.5	502.2	0.5	09/26/01	E56565	01719
2964	Dichloromethane (5)	<0.5	502.2	0.5	09/26/01	E56565	01719
2968	o-Dichlorobenzene (600)	<0.5	502.2	0.5	09/26/01	E56565	01719
2969	para-Dichlorobenzene (75)	<0.5	502.2	0.5	09/26/01	E56565	01719
2976	Vinyl chloride (1)	<0.5	502.2	0.5	09/26/01	E56565	01719
2977	1,1-Dichloroethylene (7)	<0.5	502.2	0.5	09/26/01	E56565	01719
2979	trans-1,2-Dichloroethylene (100)	<0.5	502.2	0.5	09/26/01	E56565	01719
2980	1,2-Dichloroethane (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2981	1,1,1-Trichloroethane (200)	<0.5	502.2	0.5	09/26/01	E56565	01719
2982	Carbon tetrachloride (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2983	1,2-Dichloropropane (5)	<0.5	502.2	0.5	09/26/01	E56565	01719
2984	Trichloroethylene (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2985	1,1,2-Trichloroethane (5)	<0.5	502.2	0.5	09/26/01	E56565	01719
2987	Tetrachloroethylene (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2989	Monochlorobenzene (100)	<0.5	502.2	0.5	09/26/01	E56565	01719
2990	Benzene (1)	<0.5	502.2	0.5	09/26/01	E56565	01719
2991	Toluene (1,000)	<0.5	502.2	0.5	09/26/01	E56565	01719
2992	Ethylbenzene (700)	<0.5	502.2	0.5	09/26/01	E56565	01719
2996	Styrene (100)	<0.5	502.2	0.5	09/26/01	E56565	01719

PESTICIDE & PCB CHEMICAL ANALYSIS
62-550.310(2)(C)
(PWS029)

Parameter ID	Name(MCL ug/L)	Analysis Result (ug/L)	Method	MD L	Date	Analyst	Lab ID
2005	Endrin (2)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2010	Lindane (.2)	<0.05	EPA525.2	0.05	10/01/01	E56565	01719
2015	Methoxychlor (40)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2020	Toxaphene (3)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2031	Dalapon (200)	<0.20	EPA515.1	0.20	10/01/01	E56565	01719
2032	Diquat (20)	<1.0	EPA549.1	1.0	09/27/01	E84129	01719
2033	Endothall (100)	<10.0	EPA548.1	10.0	09/25/01	E84129	01719
2034	Glyphosate (700)	<10.0	EPA547	10.0	09/21/01	E84129	01719
2035	Di(2-ethylhexyl)adipate (400)	<0.40	EPA525.2	0.40	10/01/01	E56565	01719
2036	Oxamyl (Vydate) (200)	<0.50	EPA531.1	0.50	10/02/01	E84129	01719
2037	Simazine (4)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2039	Di(2-ethylhexyl)phthalate (6)	<0.40	EPA525.2	0.40	10/01/01	E56565	01719
2040	Picloram (500)	<0.25	EPA515.1	0.25	10/01/01	E56565	01719
2041	Dinoseb (7)	<0.12	EPA515.1	0.12	10/01/01	E56565	01719
2042	Hexachlorocyclopentadiene (50)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2046	Carbofuran (40)	<0.50	EPA531.1	0.50	10/02/01	E84129	01719
2050	Atrazine (3)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2051	Alachlor (2)	<0.40	EPA525.2	0.40	10/01/01	E56565	01719
2063	2,3,7,8-TCDD (Dioxin) (.00003)						
2065	Heptachlor (.4)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2067	Heptachlor Epoxide (.2)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2105	2,4-D (70)	<0.40	EPA515.1	0.40	10/01/01	E56565	01719
2110	2,4,5-TP (Silvex) (50)	<0.20	EPA515.1	0.20	10/01/01	E56565	01719
2274	Hexachlorobenzene (1)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2306	Benzo(a)pyrene (.2)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2326	Pentachlorophenol (1)	<0.20	EPA515.1	0.20	10/01/01	E56565	01719
2383	PCB (.5)	<0.10	EPA508	0.10	10/01/01	E56565	01719
2931	Dibromochloropropane (.2)	<0.05	EPA504.1	0.05	10/01/01	E56565	01719
2946	Ethylene dibromide	<0.50	EPA504.1	0.50	10/01/01	E56565	01719
2959	Chlordane (2)	<0.20	EPA525.1	0.20	10/01/01	E56565	01719

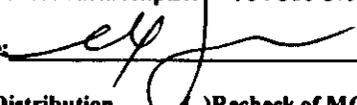
PUBLIC DRINKING WATER ANALYSIS

-PUBLIC WATER SYSTEM INFORMATION:

System Name: Ferncrest Utilities I.D.# 4060419
Address: 3015 SW 54TH Avenue, Ft Lauderdale, Fl 33314 Phone: 954-587-8833
Type: Community Nontransient Non-community Non-Community

-SAMPLE INFORMATION:

Sample Date: 09/17/01 Sample Time: 11:00am
Sample Location: FINISHED WATER Sample #: 01719
Sampler Name & Phone: Maria Allpiste 954-316-8792

Sampler's Signature:  Title: Technician

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance THM Max Res Time Plant Tap
 Distrib entry pt Raw Composite of multiple Sites - Attach a format for each site

-LABORATORY CERTIFICATION INFORMATION:

Lab Name: Environmental Reagent Service HRS #: E86563 Expiration Date: June 30, 2002
Address: 4650 SW 51ST Davie, Florida 33314 Phone: 954-316-8792
Subcontracted Lab HRS #: E842129, E56565 Groups Analyzed: see analyst

-ANALYSIS INFORMATION

Date Sample(s) Received: 09/18/01
Group(s) analyzed & results attached for compliance with 62-550, F.A.C.

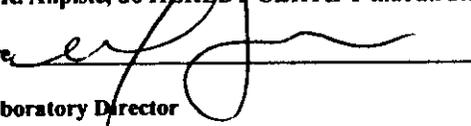
Nitrate Nitrite Asbestos Trihalomethanes

Inorganics Volatile Organics Secondaries Pesticides/PCBs
 all 17 Partial All 21 Partial All 14 Partial All 30 Partial

Group I Unregulated Group II Unregulateds Group III Unregulateds Radiochemicals
 All 13 Partial All 23 Partial All 11 Partial Single Sample
 Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Maria R. Allpiste, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director

Date: 10/25/01

-COMPLIANCE INFORMATION

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested For: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DER/ACPHU Reviewing Official: _____

INORGANIC ANALYSIS
62-550.310(1)
(PWS030)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1005	Arsenic (.05)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1010	Barium (2)	0.019	SM3113B	0.005	10/17/01	E56565	01719
1015	Cadmium (.005)	<0.0010	SM3113B	0.001	10/16/01	E56565	01719
1020	Chromium (0.1)	<0.005	SM3113B	0.005	10/16/00	E56565	01719
1024	Cyanide (0.2)	<0.004	EPA335.2	0.004	10/05/01	E56565	01719
1025	Fluoride (4)	0.93	SM4500FC	0.100	10/26/01	MA	01719
1030	Lead (0.15)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1035	Mercury (0.002)	<0.001	EPA245.1	0.001	10/15/01	E56565	01719
1036	Nickel (0.1)	<0.005	SM3113B	0.005	10/17/01	E56565	01719
1040	Nitrate (10)	0.30	SM4500NO3E	0.02	09/21/01	MA	01719
1041	Nitrite (1)	<0.02	SM4500NO3E	0.02	09/21/01	MA	01719
1045	Selenium (0.05)	<0.005	SM3113B	0.005	10/17/01	E56565	01719
1052	Sodium (160)	20.6	SM3113B	1.0	10/17/01	E56565	01719
1074	Antimony (0.006)	<0.005	SM3113B	0.005	10/17/01	E56565	01719
1075	Beryllium (0.004)	<0.001	SM3113B	0.001	10/17/01	E56565	01719
1085	Thallium (0.002)	<0.001	EPA200.9	0.001	10/16/01	E56565	01719

SECONDARY CHEMICAL ANALYSIS
62-550.320
(PWS031)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1002	Aluminium (0.2)	0.033	SM3113B	0.01	10/18/01	E56565	01719
1017	Chloride (250)	61.5	EPA325.3	1.0	10/02/01	MA	01719
1022	Copper (1)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1025	Fluoride (2.0)	0.93	SM4500FC	0.10	10/26/01	MA	01719
1028	Iron (0.3)	0.028	SM3113B	0.005	10/12/01	E56565	01719
1032	Manganese (0.05)	<0.005	SM3113B	0.005	10/18/01	E56565	01719
1050	Silver (0.1)	<0.005	SM3113B	0.005	10/15/01	E56565	01719
1055	Sulfate (250)	<1.0	EPA375.4	1.0	10/10/01	MA	01719
1095	Zinc (5)	<0.010	SM3113B	0.010	10/15/01	E56565	01719
1905	Color (15 color units)	3.3	EPA110.2	1.0	09/20/01	MA	01719
1920	Odor (3 threshold odor number)	<1.0	EPA140.1	1.0	09/18/01	MA	01719
1925	pH (6.5 - 8.5)	7.29	EPA150.1		09/21/01	MA	01719
1930	Total Dissolved Solids (500)	240.0	EPA160.1	1.0	09/28/01	MA	01719
2905	Foaming Agents (0.5)	0.031	EPA425.1	0.02	09/28/01	MA	01719

TRIHALOMETHANE ANALYSIS

62-550.310(2)(a)

(PWS027)

Parameter ID	Name(MCL mg/L)	Chlorine Residual	Analysis Result (mg/L)	Method	MDL	Date	Lab ID
2950	Total THMs (0.10)		0.037	502.2	0.0010	09/26/01	E56565

VOLATILE ORGANIC ANALYSIS

62-550.310(2)(b)

(PWS028)

Parameter ID	Name(MCL ug/L)	Analysis Result (ug/L)	Method	MDL	Date	Analyst ID	Lab ID
2378	1,2,4-Trichlorobenzene (70)	<0.5	502.2	0.5	09/26/01	E56565	01719
2380	cis-1,2-Dichloroethylene (70)	<0.5	502.2	0.5	09/26/01	E56565	01719
2955	Xylenes (10,000)	<0.5	502.2	0.5	09/26/01	E56565	01719
2964	Dichloromethane (5)	<0.5	502.2	0.5	09/26/01	E56565	01719
2968	o-Dichlorobenzene (600)	<0.5	502.2	0.5	09/26/01	E56565	01719
2969	para-Dichlorobenzene (75)	<0.5	502.2	0.5	09/26/01	E56565	01719
2976	Vinyl chloride (1)	<0.5	502.2	0.5	09/26/01	E56565	01719
2977	1,1-Dichloroethylene (7)	<0.5	502.2	0.5	09/26/01	E56565	01719
2979	trans-1,2-Dichloroethylene (100)	<0.5	502.2	0.5	09/26/01	E56565	01719
2980	1,2-Dichloroethane (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2981	1,1,1-Trichloroethane (200)	<0.5	502.2	0.5	09/26/01	E56565	01719
2982	Carbon tetrachloride (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2983	1,2-Dichloropropane (5)	<0.5	502.2	0.5	09/26/01	E56565	01719
2984	Trichloroethylene (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2985	1,1,2-Trichloroethane (5)	<0.5	502.2	0.5	09/26/01	E56565	01719
2987	Tertrachloroethylene (3)	<0.5	502.2	0.5	09/26/01	E56565	01719
2989	Monochlorobenzene (100)	<0.5	502.2	0.5	09/26/01	E56565	01719
2990	Benzene (1)	<0.5	502.2	0.5	09/26/01	E56565	01719
2991	Toluene (1,000)	<0.5	502.2	0.5	09/26/01	E56565	01719
2992	Ethylbenzene (700)	<0.5	502.2	0.5	09/26/01	E56565	01719
2996	Styrene (100)	<0.5	502.2	0.5	09/26/01	E56565	01719

PESTICIDE & PCB CHEMICAL ANALYSIS
62-550.310(2)(C)
(PWS029)

Parameter ID	Name(MCL ug/L)	Analysis Result (ug/L)	Method	MD L	Date	Analyst	Lab ID
2005	Endrin (2)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2010	Lindane (.2)	<0.05	EPA525.2	0.05	10/01/01	E56565	01719
2015	Methoxychlor (40)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2020	Toxaphene (3)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2031	Dalapon (200)	<0.20	EPA515.1	0.20	10/01/01	E56565	01719
2032	Diquat (20)	<1.0	EPA549.1	1.0	09/27/01	E84129	01719
2033	Endothall (100)	<10.0	EPA548.1	10.0	09/15/01	E84129	01719
2034	Glyphosate (700)	<10.0	EPA547	10.0	09/21/01	E84129	01719
2035	Di(2-ethylhexyl)adipate (400)	<0.40	EPA525.2	0.40	10/01/01	E56565	01719
2036	Oxamyl (Vydate) (200)	<0.50	EPA531.1	0.50	10/02/01	E84129	01719
2037	Simazine (4)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2039	Di(2-ethylhexyl)phthalate (6)	<0.40	EPA525.2	0.40	10/01/01	E56565	01719
2040	Picloram (500)	<0.25	EPA515.1	0.25	10/01/01	E56565	01719
2041	Dinoseb (7)	<0.12	EPA515.1	0.12	10/01/01	E56565	01719
2042	Hexachlorocyclopentadiene (50)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2046	Carbofuran (40)	<0.50	EPA531.1	0.50	10/02/01	E84129	01719
2050	Atrazine (3)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2051	Alachlor (2)	<0.40	EPA525.2	0.40	10/01/01	E56565	01719
2063	2,3,7,8-TCDD (Dioxin) (.00003)						
2065	Heptachlor (.4)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2067	Heptachlor Epoxide (.2)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2105	2,4-D (70)	<0.40	EPA515.1	0.40	10/01/01	E56565	01719
2110	2,4,5-TP (Silvex) (50)	<0.20	EPA515.1	0.20	10/01/01	E56565	01719
2274	Hexachlorobenzene (1)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2306	Benzo(a)pyrene (.2)	<0.20	EPA525.2	0.20	10/01/01	E56565	01719
2326	Pentachlorophenol (1)	<0.20	EPA515.1	0.20	10/01/01	E56565	01719
2383	PCB (.5)	<0.10	EPA508	0.10	10/01/01	E56565	01719
2931	Dibromochloropropane (.2)	<0.05	EPA504.1	0.05	10/01/01	E56565	01719
2946	Ethylene dibromide	<0.50	EPA504.1	0.50	10/01/01	E56565	01719
2959	Chlordane (2)	<0.20	EPA525.1	0.20	10/01/01	E56565	01719

PUBLIC DRINKING WATER ANALYSIS

-PUBLIC WATER SYSTEM INFORMATION:

System Name: Ferncrest Utilities I.D.# 4060419
Address: 3015 SW 54TH Avenue, Ft Lauderdale, Fl 33314 Phone: 954-587-8833
Type: (X) Community () Nontransient Non-community () Non-Community

-SAMPLE INFORMATION:

Sample Date: 09/17/01 Sample Time: 11:00AM
Sample Location: PW-1 Sample #: 01719
Sampler Name & Phone: Maria Allpiste 954-316-8792

Sampler's Signature:  Title: Technician

Check Type(s): () Distribution () Recheck of MCL () Resample of Lab Invalidated Sample
() Clearance () THM Max Res Time () Plant Tap
() Distrib entry pt (X) Raw () Composite of multiple Sites - Attach a format for each site

-LABORATORY CERTIFICATION INFORMATION:

Lab Name: Environmental Reagent Service HRS #: E86563 Expiration Date: June 30, 2002
Address: 4650 SW 51ST Davie, Florida 33314 Phone: 954-316-8792
Subcontracted Lab HRS #: E56565 Groups Analyzed: see analyst ID

-ANALYSIS INFORMATION

Date Sample(s) Received: 09/18/01
Group(s) analyzed & results attached for compliance with 62-550, F.A.C.

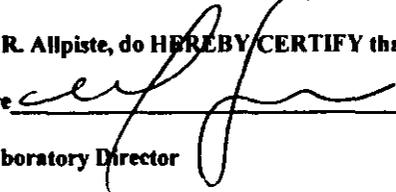
() Nitrate () Nitrite () Asbestos () Trihalomethanes

Inorganics Volatile Organics Secondaries Pesticides/PCBs
() All 17 () Partial () All 21 () Partial (X) All 14 () Partial (A) All 30 () Partial

Group I Unregulated Group II Unregulateds Group III Unregulateds Radiochemicals
() All 13 () Partial () All 23 () Partial () All 11 () Partial () Single Sample
() Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Maria R. Allpiste, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director

Date: 10/25/01

-COMPLIANCE INFORMATION

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested For: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DER/ACPHU Reviewing Official: _____

INORGANIC ANALYSIS
62-550.310(1)
(PWS030)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1005	Arsenic (.05)		SM3113B	0.005			
1010	Barium (2)		SM3113B	0.005			
1015	Cadmium (.005)		SM3113B	0.001			
1020	Chromium (0.1)		SM3113B	0.005			
1024	Cyanide (0.2)		EPA335.2	0.004			
1025	Fluoride (4)	0.26	SM4500FC	0.100	09/21/01	MA	01719
1030	Lead (0.15)		SM3113B	0.005			
1035	Mercury (0.002)		EPA245.1	0.001			
1036	Nickel (0.1)		SM3113B	0.005			
1040	Nitrate (10)		SM4500NO3E	0.02			
1041	Nitrite (1)		SM4500NO3E	0.02			
1045	Selenium (0.05)		SM3113B	0.005			
1052	Sodium (160)		SM3113B	1.0			
1074	Antimony (0.006)		SM3113B	0.005			
1075	Beryllium (0.004)		SM3113B	0.001			
1085	Thallium (0.002)		EPA200.9	0.001			

SECONDARY CHEMICAL ANALYSIS
62-550.320
(PWS031)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1002	Aluminium (0.2)	<0.01	SM3113B	0.01	10/18/01	E56565	01719
1017	Chloride (250)	40.5	EPA325.3	1.0	10/02/01	MA	01719
1022	Copper (1)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1025	Fluoride (2.0)	0.26	SM4500FC	0.10	09/21/01	MA	01719
1028	Iron (0.3)	0.08	SM3113B	0.05	10/12/01	E56565	01719
1032	Manganese (0.05)	0.108	SM3113B	0.005	10/18/01	E56565	01719
1050	Silver (0.1)	<0.005	SM3113B	0.005	10/15/01	E56565	01719
1055	Sulfate (250)	3.39	EPA375.4	1.0	10/10/01	MA	01719
1095	Zinc (5)	0.45	SM3113B	0.010	10/15/01	E56565	01719
1905	Color (15 color units)	46.3	EPA110.2	5.0	09/20/01	MA	01719
1920	Odor (3 threshold odor number)	<1.0	EPA140.1	1.0	09/18/01	MA	01719
1925	pH (6.5 - 8.5)	7.52	EPA150.1		09/21/01	MA	01719
1930	Total Dissolved Solids (500)	270.0	EPA160.1	1.0	09/28/01	MA	01719
2905	Foaming Agents (0.5)	0.066	EPA425.1	0.02	09/28/01	MA	01719

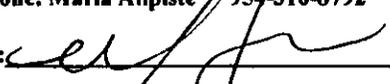
PUBLIC DRINKING WATER ANALYSIS

-PUBLIC WATER SYSTEM INFORMATION:

System Name: Ferncrest Utilities I.D.# 4060419
Address: 3015 SW 54TH Avenue, Ft Lauderdale, Fl 33314 Phone: 954-587-8833
Type: Community Nontransient Non-community Non-Community

-SAMPLE INFORMATION:

Sample Date: 09/17/01 Sample Time: 11:00AM
Sample Location: PW-2 Sample #: 01719
Sampler Name & Phone: Maria Allpiste 954-316-8792

Sampler's Signature:  Title: Technician

Check Type(s): Distribution Recheck of MCL Resample of Lab Invalidated Sample
 Clearance THM Max Res Time Plant Tap
 Distrib entry pt Raw Composite of multiple Sites - Attach a format for each site

-LABORATORY CERTIFICATION INFORMATION:

Lab Name: Environmental Reagent Service HRS #: E86563 Expiration Date: June 30, 2002
Address: 4650 SW 51ST Davie, Florida 33314 Phone: 954-316-8792
Subcontracted Lab HRS #: E56565 Groups Analyzed: see analyst ID

-ANALYSIS INFORMATION

Date Sample(s) Received: 09/18/01
Group(s) analyzed & results attached for compliance with 62-550, F.A.C.

Nitrate Nitrite Asbestos Trihalomethanes
Inorganics Volatile Organics Secondaries Pesticides/PCBs
 all 17 Partial All 21 Partial All 14 Partial (A) All 30 Partial
Group I Unregulated Group II Unregulateds Group III Unregulateds Radiochemicals
 All 13 Partial All 23 Partial All 11 Partial Single Sample
 Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, Maria R. Allpiste, do HEREBY CERTIFY that all attached analytical data are correct.

Signature: 

Title: Laboratory Director

Date: 10/25/01

-COMPLIANCE INFORMATION

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested For: _____ Reason: _____

Person notified to resample: _____ Date Notified: _____

DER/ACPHU Reviewing Official: _____

INORGANIC ANALYSIS
62-550.310(1)
(PWS030)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1005	Arsenic (.05)		SM3113B	0.005			
1010	Barium (2)		SM3113B	0.005			
1015	Cadmium (.005)		SM3113B	0.001			
1020	Chromium (0.1)		SM3113B	0.005			
1024	Cyanide (0.2)		EPA335.2	0.004			
1025	Fluoride (4)	0.26	SM4500FC	0.100	09/21/01	MA	01719
1030	Lead (0.15)		SM3113B	0.005			
1035	Mercury (0.002)		EPA245.1	0.001			
1036	Nickel (0.1)		SM3113B	0.005			
1040	Nitrate (10)		SM4500NO3E	0.02			
1041	Nitrite (1)		SM4500NO3E	0.02			
1045	Selenium (0.05)		SM3113B	0.005			
1052	Sodium (160)		SM3113B	1.0			
1074	Antimony (0.006)		SM3113B	0.005			
1075	Beryllium (0.004)		SM3113B	0.001			
1085	Thallium (0.002)		EPA200.9	0.001			

SECONDARY CHEMICAL ANALYSIS
62-550.320
(PWS031)

Parameter ID	Name(MCL mg/L)	Analysis Result (mg/L)	Method	MDL	Date	Analyst ID	Lab ID
1002	Aluminium (0.2)	<0.01	SM3113B	0.01	10/18/01	E56565	01719
1017	Chloride (250)	22.5	EPA325.3	1.0	10/02/01	MA	01719
1022	Copper (1)	<0.005	SM3113B	0.005	10/12/01	E56565	01719
1025	Fluoride (2.0)	0.25	SM4500FC	0.10	09/21/01	MA	01719
1028	Iron (0.3)	0.08	SM3113B	0.05	10/12/01	E56565	01719
1032	Manganese (0.05)	0.108	SM3113B	0.005	10/18/01	E56565	01719
1050	Silver (0.1)	<0.005	SM3113B	0.005	10/15/01	E56565	01719
1055	Sulfate (250)	4.31	EPA375.4	1.0	10/10/01	MA	01719
1095	Zinc (5)	0.45	SM3113B	0.010	10/15/01	E56565	01719
1905	Color (15 color units)	58.5	EPA110.2	5.0	09/20/01	MA	01719
1920	Odor (3 threshold odor number)	<1.0	EPA140.1	1.0	09/18/01	MA	01719
1925	pH (6.5 - 8.5)	7.34	EPA150.1		09/20/01	MA	01719
1930	Total Dissolved Solids (500)	400.0	EPA160.1	1.0	09/28/01	MA	01719
2905	Foaming Agents (0.5)	0.026	EPA425.1	0.02	09/28/01	MA	01719

**2000 WATER
OPERATING REPORTS**

HRS Browa
Water Treatment

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: Al Salerno
Fred Edmiston (c-9399) JR
Mike Creamer, Kevin Foley, Mel
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED							
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.512	*	8	8	8	.000	555		70	6				
2	1	.497		1	1	1	.011	539		1	1				
3		.555					.125	602							
4		.505					.000	547							
5		.589					.080	638							
6		.510					.017	553							
7		.450					.047	488							
8		.494					.047	535							
9		.508					.024	551							
10		.490					.046	531							
11		.751					.180	814							
12		.521					.081	565							
13		.492					.021	533							
14		.487					.044	528							
15		.494					.053	535							
16		.572					.044	620							
17		.669					.130	725							
18		.654					.071	709							
19		.528					.035	572							
20		.687					.054	745							
21		.724					.136	785							
22		.472					.044	512							
23		.487					.002	528							
24		.481					.038	521							
25		.483					.051	523							
26		.486					.000	526							
27		.483					.049	523							
28		.497					.068	539							
29		.486					.028	526							
30		.489	✓	✓	✓		.044	530		✓	✓				
31	24	.606	*	8	8	8	.005	657		70	6				
TOTAL	744	16.659		298	298	298	1.598	17,235		2170	186				
MAX.	24	.751		8	8	8	.180	814		70	6				
MIN.	24	.450		8	8	8	.000	488		70	6				
Average	24	.537		8	8	8	.052	572		70	6				

* - installing new electronic service & repairing pumps,

State of Florida
 County Public Health Unit
Plant Operation Report

JAN 2000

Cert No. B-4511
Area - M.K. WOODSIDE
Machinist, Leon LIBRERO

Name of Plant: Greeneast Utilities
 Utility Company: "
 Month: JANUARY
 Telephone Number: 954-887-5833

County: Broward
 I.D. No.: 4060415
 Year: 2000

		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
DOSAGES (mg/l)						RAW							SETTLED						FINISHED													
Chlorine Pre	Chlorine Post	OTHER					PH	M.O. ALK	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₂				PH	P. ALK	M. ALK	Total Hdrns	Calcium Hdrns	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Iron		
		Fluoride As F							Total	Calcium	Magnesium						P. ALK	M. ALK	Total Hdrns	CA Hdrns												
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
16.4																9.8	24	54	74	52	7.4	0	30	76	54	12	5	74	14	.01		
16.4																9.9	39	68	81	58	8.4	17	52	88	67	12	5	92	15	.01		
15.1							7.4	230	278	218	60		1.5	50		9.8	33	64	80	60	8.8	7	33	79	54	11	5	73	16	.01		
16.6																9.9	30	54	78	54	2.0	0	32	78	52	13	5	105	16	.01		
14.3																9.7	30	62	79	57	7.0	0	28	71	50	14	5	87	16	.01		
16.5																9.6	27	64	76	55	7.1	0	26	67	49	14	5	82	13	.01		
18.7																9.7	28	56	70	47	7.1	0	27	79	54	14	5	70	16	.01		
17.1																9.9	30	59	77	53	2.2	0	27	74	52	14	5	57	16	.01		
16.5							7.6	228	260	224	36		1.5	50		10.0	33	68	78	56	7.6	0	28	76	52	13	5	80	14	.01		
14.3																10.0	33	78	93	72	7.7	0	29	80	58	13	5	76	14	.01		
11.2																10.0	27	71	84	62	2.2	0	35	77	53	13	5	79	14	.01		
16.1																10.0	35	62	74	54	7.1	0	31	72	51	13	5	50	16	.01		
14.3																9.4	36	62	79	55	7.2	0	27	75	53	13	5	86	16	.01		
14.3																9.6	30	63	85	60	7.3	0	25	76	53	13	5	70	22	.01		
14.3																9.6	29	70	85	60	7.2	0	32	77	54	13	5	93	19	.01		
14.7							7.5	216	240	186	54		1.5	50		9.7	23	68	88	59	7.2	0	37	80	59	14	5	77	25	.01		
12.5																9.7	34	75	93	69	7.3	0	31	76	51	13	5	100	17	.01		
12.8																10.1	38	72	84	64	2.3	0	32	78	52	13	5	87	14	.01		
15.9																9.4	38	83	95	68	7.5	0	42	90	64	13	5	76	15	.01		
12.2																9.8	38	70	89	65	8.1	7	37	82	61	13	5	74	14	.01		
11.6																9.6	30	66	73	57	7.3	0	32	76	55	13	5	95	13	.01		
17.8																9.9	32	54	75	52	7.1	0	27	76	53	13	5	90	14	.01		
17.2																9.8	32	63	77	54	7.5	0	26	76	55	13	5	66	15	.01		
17.5																9.7	31	58	76	54	7.5	0	31	77	53	13	5	100	14	.01		
10.9																9.6	29	53	72	48	7.1	0	24	71	50	13	5	72	13	.01		
17.2																9.7	33	57	76	53	6.9	0	24	73	53	13	5	86	14	.01		
17.4																9.7	35	62	86	61	7.1	0	29	79	54	13	5	91	13	.01		
16.9																9.7	32	59	83	59	7.6	1	28	75	53	13	5	96	14	.01		
17.2							7.6	202	238	146	42		1.5	50		9.7	32	60	81	60	8.0	2	34	83	61	13	5	94	14	.01		
13.5																9.8	32	59	85	58	8.0	8	34	82	62	13	5	72	17	.01		
13.9							7.3	224	252	222	30		1.5	50		9.9	38	65	82	62	8.8	5	39	78	60	13	5	84	17	.01		
18.2							7.4	1130	1265	1046	222		7.5	250		30.7	106	117	143	111	23.9	81	972	247	1702	155	164	445	.31			
18.7							7.6	210	278	224	60		1.5	50		10.1	39	83	95	72	8.8	17	52	90	67	13	5	106	25	.01		
11.2							7.3	202	238	146	30		1.5	50		9.6	27	53	70	52	6.9	0	24	67	49	13	5	66	13	.01		
15.6							7.5	226	253	209	44		1.5	50		9.8	32	63	78	58	7.4	2	31	77	55	13	5	85	16	.01		

running fire pumps



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. MONTH January YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			2	1	7	0	0	0
3. Total - Add Lines 1 & 2			2	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	<u>Leon Libecus</u>	<u>Trainee</u>		
2nd Shift 8 a.m. - 4 p.m.	<u>Al Salerno</u>	<u>lead operator</u>	<u>B</u>	<u>4511</u>
3rd Shift 4 p.m. - 12 mid.	<u>Mike Woodside</u>	<u>Trainee</u>		
Relief Shift	<u>Mike Martinez</u>	<u>Trainee</u>		

Submitted by Albert M. Salerno lead operator B-4511 2/14/00
Signature Title and Level of Certification Date



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. MONTH January YEAR 2000

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Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			2	1	7	0	0	0
3. Total - Add Lines 1 & 2			2	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
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2nd Shift 8 a.m. - 4 p.m.	<u>Al Salerno</u>	<u>lead operator</u>	B	4511
3rd Shift 4 p.m. - 12 mid.	<u>Mike Woodside</u>	<u>Trainee</u>		
Relief Shift	<u>Mike Martinez</u>	<u>Trainee</u>		

Submitted by Albert M. Salerno lead operator B-4511 2/14/00
Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 01/19/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 01/19/00 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00039-1	5260 SW 35 TH COURT	0.4/0.9			A		
2	00039-2	2950 SW 50 TH TERRACE	0.4/1.0			A		
3	00039-3	PALM TRACE BLDG #10	0.8/1.2			A		
4	00039-4	PALM TRACE BLDG #2	0.7/1.1			A		
5	00039-5	TREES	0.5/0.9			A		
6	00039-6	3501 SW 61 ST AVENUE	0.4/0.9			A		
7	00039-7	5600 SW 36 TH STREET	0.6/1.3			A		
8	00039-8	PLANT	1.2/1.5			A		
9	00039-9	WELL #1				A		
10	00039-10	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present
A- Coliforms are absent

C-Confluent growth TA- Turbid/Absence of gas or acid
 TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 01/19/00 3:00PM
 DATE & TIME READ (OUT): 01/20/00 3:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

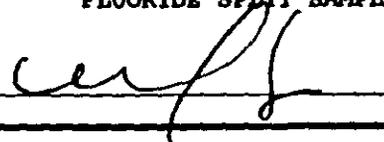
Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 1/31/00

SYSTEM: Ferncrest Utilities
JOB: 00039
COUNTY: BROWARD

COLLECTOR: A. Malerno
DATE COLLECTED: 01/19/00
DATE RECEIVED: 01/19/00

SAMPLE: 00039-1

DESCRIPTION: (1) 5260 SWTH3BOURT
Date and Time Analyzed: 01/21/00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 1.11
System Value (mg/l): 0.85

SAMPLE: 00039-2

DESCRIPTION: (2) 3501 SWST6AVENUE
Date and Time Analyzed: 01/21/00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.99
System Value (mg/l): 0.77

Our laboratory is certified by Florida HRS (Lab#86439). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater '18 edition 1992.

Environmental Reagent Service

Maria Allipate
 4650 SW 51st Street
 Davie, Florida 33314

Telephone 954-316-8792

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314
 COLLECTOR: M. CREAMER
 DATE & TIME COLLECTED: 01/19/00
 DATE & RECEIVED BY LAB: 01/19/00

SYSTEM ID NO. _____
 SYSTEM PHONE NO.: 954-587-8833
 LAB ID NO.: 86439
 LAB PHONE NO.: 954-316-8792
 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
 MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	C12 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00039-1	5260 SW 35 TH COURT	0.4/0.9			A		
2	00039-2	2950 SW 50 TH TERRACE	0.4/1.0			A		
3	00039-3	PALM TRACE BLDG #10	0.8/1.2			A		
4	00039-4	PALM TRACE BLDG #2	0.7/1.1			A		
5	00039-5	TREES	0.5/0.9			A		
6	00039-6	3501 SW 61 ST AVENUE	0.4/0.9			A		
7	00039-7	5600 SW 36 TH STREET	0.6/1.3			A		
8	00039-8	PLANT	1.2/1.5			A		
9	00039-9	WELL #1				A		
10	00039-10	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

Bacteriologically safe for drinking purposes at time of collection.

DATE & TIME TESTED (IN): 01/19/00 3:00PM
 DATE & TIME READ (OUT): 01/20/00 3:00PM
 ANALYST (NAME & TITLE): MARIA ALLIPATE
 SIGNATURE: _____

Broward County Public Health Unit



Thomas K. Mueller
 Professional Engineer

HRS Browne
Water Treatment

Lead Operator Signature: Robert M. Johnson
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: A. Salency
F. Gibson (6-8384) TRU
Mike Marbury, Kevin Foley, L
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	24	1490	*	8	8	8	.060	531		70	6				
2	1	1486		8	8	8	.035	527		1	1				
3		502					.025	544							
4		495					.038	537							
5		487					.030	528							
6		496					.024	538							
7		621					.019	673							
8		529					.100	573							
9		485					.103	526							
10		519					.106	563							
11		494					.104	536							
12		501					.104	543							
13		577					.102	625							
14		555					.159	580							
15		701					.088	760							
16		513					.008	556							
17		478					.107	518							
18		485					.100	526							
19		481					.102	521							
20		671					.108	727							
21		485					.104	526							
22		563					.084	610							
23		482					.102	522							
24		452					.106	523							
25		508					.107	538							
26		772					.058	837							
27		803					.273	870							
28		628					.127	681							
29	24	670	*	8	8	8	.166	726		70	6				
30															
31															
TOTAL	696	16,000		832	832	832	2.023	17,343		2030	174				
MAX.	24	.803		8	8	8	.273	870		70	6				
MIN.	24	.478		8	8	8	.000	518		70	6				
Average	24	.552		8	8	8	.1070	590		70	6				

* Electrical work, finished 2/24/00 late afternoon

Plant Operation Report

Feb 2000

Cert. No. B-4511 Name of Plant: Fernest Utilities County: Broward
 By: Mike Woodsley, Mike Crummen Utility Company: " " I.D. No.: 4060419
Liberus Month: February Year: 2000
1659 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
Chlorine Pre	Chlorine Post	OTHER						RAW						SETTLED						FINISHED												
		Fluoride As F	20	21	22	23	PH	M.O. AIR	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. AIR	M. AIR	Total Hdn.	Calcium Hdn.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Iron		
									Total	Calcium	Magnesium						P. AIR	M. AIR	Total Hdn.	CA Hdn.												
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
17.1																	9.9	39	56	79	58	9.3	4	36	80	60	5	101	16	.01		
17.5																	9.6	29	66	84	61	8.0	1	30	75	57	5	80	17	.01		
16.7																	9.6	29	66	86	60	6.5	0	40	83	57	5	72	18	.01		
17.0																	9.4	29	64	80	61	7.0	0	41	84	64	5	88	18	.01		
17.3																	9.6	30	65	81	57	6.8	0	42	89	67	5	88	17	.01		
16.5							7.3	210	250	220	30		1.5	50			9.8	35	56	75	54	6.9	0	26	73	51	5	78	17	.01		
14.5																	9.8	38	66	84	61	7.4	0	29	74	52	5	77	15	.01		
15.9																	9.9	35	60	75	55	7.1	0	28	74	51	5	82	14	.01		
17.3																	9.8	29	57	76	53	2.5	0	24	69	52	5	82	13	.01		
16.2																	10.2	38	63	82	57	9.0	10	37	80	60	5	80	16	.01		
17.0																	9.4	29	65	81	58	8.3	11	40	87	67	5	87	13	.01		
16.7																	9.7	32	55	76	55	6.9	0	30	80	55	5	96	12	.01		
14.4							7.3	210	220	200	70		1.5	50			9.6	34	76	86	68	7.1	0	38	73	60	5	82	13	.01		
15.7																	9.8	31	60	79	55	2.0	0	32	76	58	5	84	14	.01		
12.0																	9.9	38	59	76	55	2.0	0	32	72	56	5	88	17	.01		
16.4																	9.7	27	83	105	81	7.5	0	28	71	57	5	105	15	.01		
12.5																	10.0	44	72	114	69	7.3	0	41	78	65	5	83	13	.01		
17.3																	9.8	35	63	80	65	7.8	0	28	76	55	5	79	15	.01		
17.5																	9.5	24	79	99	73	2.4	0	32	78	57	5	68	15	.01		
12.5							7.3	212	240	200	40		1.5	50			10.2	38	66	78	62	7.7	0	78	136	108	5	75	14	.01		
17.3																	9.7	32	62	80	58	2.0	0	68	112	90	5	82	16	.01		
14.9																	9.8	30	68	84	62	2.0	0	46	94	72	5	85	19	.01		
17.4																	10.0	30	80	90	70	6.8	0	28	78	56	5	104	14	.01		
12.4																	9.6	26	90	136	80	6.9	10	32	100	80	5	86	16	.01		
14.3																	9.4	36	80	96	74	6.4	0	59	104	78	5	84	15	.01		
10.4																	9.8	38	68	78	64	2.5	0	70	106	94	5	82	16	.01		
10.5							7.3	210	240	200	40		1.5	50			9.5	40	64	81	60	7.4	0	42	88	69	5	77	17	.01		
13.4																	9.8	33	62	79	59	8.0	1	32	77	59	5	88	14	.01		
12.5																	10.4	37	58	69	55	2.3	0	26	69	53	5	86	13	.01		
11.4																	10.2	38	58	69	55	2.3	0	26	69	53	5	86	13	.01		
17.5							7.3	242	270	220	70		1.5	50			10.2	44	90	136	81	9.0	11	70	136	108	5	105	14	.01		
10.8							7.3	210	240	200	40		1.5	50			9.4	24	55	69	53	6.8	0	26	69	51	5	84	13	.01		
15.4							7.3	218	250	205	45		1.5	50			9.7	33	66	84	62	7.3	1	38	84	64	5	86	15	.01		

Environmental Reagent Service

Maria Allpiste
4650 SW 51st Street
Davie, Florida 33314

Telephone 954-316-8792

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 02/09/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 02/09/00 5:00PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS	METHOD:
MF MTF MMO-MUG PA	

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir ^m Total	Confirm Fecal
1	00088-1	5260 SW 35 TH COURT	0.3/0.8			A		
2	00088-2	2950 SW 50 TH TERRACE	0.4/0.8			A		
3	00088-3	PALM TRACE BLDG #10	0.4/0.9			A		
4	00088-4	PALM TRACE BLDG #2	0.4/0.8			A		
5	00088-5	TREES	0.5/0.9			A		
6	00088-6	3501 SW 61 ST AVENUE	0.4/0.9			A		
7	00088-7	5600 SW 36 TH STREET	0.5/0.9			A		
8	00088-8	PLANT	1.2/1.7			A		
9	00098-9	WELL #1				A		
10	00088-10	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 02/09/00 5:45PM
 DATE & TIME READ (OUT): 02/10/00 5:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____



South Florida Water Management District Pumpage Report

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

PLEASE COMPLETE ITEMS 1 THRU 9

1. Permit Number:	06-00170-W
2. Issued to:	Ferncrest Utilities
Address:	3015 SW 54 th Avenue
City, State, Zip:	Fort Lauderdale, FL 33314
Phone Number:	
3. Recording Period:	AS REQUIRED BY YOUR PERMIT
4. Report Due:	AS REQUIRED BY YOUR PERMIT

5. Month Feb. Year 2000

1	m	Gallons	16	m	Gallons
2	.486	Gallons	17	.478	Gallons
3	.502	Gallons	18	.485	Gallons
4	.495	Gallons	19	.481	Gallons
5	.487	Gallons	20	.671	Gallons
6	.496	Gallons	21	.485	Gallons
7	.621	Gallons	22	.563	Gallons
8	.529	Gallons	23	.482	Gallons
9	.485	Gallons	24	.483	Gallons
10	.514	Gallons	25	.568	Gallons
11	.444	Gallons	26	.772	Gallons
12	.501	Gallons	27	.803	Gallons
13	.577	Gallons	28	.628	Gallons
14	.535	Gallons	29	.670	Gallons
15	.701	Gallons	30		Gallons
			31		Gallons

TOTAL MONTHLY PUMPAGE

GALLONS

16,000 m.g.

6. ACCOUNTING METHOD

FLOW METER TIME CLOCK FUEL OTHER

7. DATE OF LAST CALIBRATION Feb. 2000

8. Name of Person Completing Form: (print or type) Al Salerno

9. Signature: A.M. Salerno Date: 3/10/00

RETURN TO: South Florida Water Management District
ATTENTION: Regulation Department/Water Use Division
PO Box 24680
West Palm Beach, FL 33416-4680



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 8th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. **MONTH** February **YEAR** 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			2	1	7	0	0	0
3. Total - Add Lines 1 & 2			2	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	<u>K. Foley</u>	<u>Trainee</u>		
2nd Shift 8 a.m. - 4 p.m.	<u>A. Salinas</u>	<u>lead operator</u>	B	4511
	<u>L. Liberos</u>	<u>Trainee</u>		
3rd Shift 4 p.m. - 12 mid.	<u>M. Workside</u>	<u>Trainee</u>		
Relief Shift	<u>M. Martinez</u>	<u>Trainee</u>		

Submitted by A. M. Salinas lead operator B-4511 3/13/00
Signature Title and Level of Certification Date

Environmental Reagent Service

Marie Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 02/09/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 02/09/00 5:00PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00088-1	5260 SW 35 TH COURT	0.3/0.8			A		
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3	00088-3	PALM TRACE BLDG #10	0.4/0.9			A		
4	00088-4	PALM TRACE BLDG #2	0.4/0.8			A		
5	00088-5	TREES	0.5/0.9			A		
6	00088-6	3501 SW 61 ST AVENUE	0.4/0.9			A		
7	00088-7	5600 SW 36 TH STREET	0.5/0.9			A		
8	00088-8	PLANT	1.2/1.7			A		
9	00088-9	WELL #1				A		
10	00088-10	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 02/09/00 5:45PM
 DATE & TIME READ (OUT): 02/10/00 5:00PM
 ANALYST (NAME & TITLE): MARIE ALLPISTE
 SIGNATURE: _____

Bacteriologically safe for drinking purposes at time of collection.

Broward County Public Health Unit.

Thomas K. Mueller
Professional Engineer



HRS Brown
Water Treatment

Lead Operator Signature: Albert M Salas
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: A. Salas
E. Edmundson (Co #399)
M. Martinez, Leon Liberis
 Total Metered Services at End of Month: 4

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.650	.552	8	8	8	.125	705			70	6			
2		.660	.446	1	1	1	.215	715			1	1			
3		.523	.481				.222	621							
4		.705	.535				.166	764							
5		.615	.442				.052	671							
6		.607	.534				.111	658							
7		.615	.445				.038	671							
8		.606	.525				.143	657							
9		.604	.476				.044	655							
10		.610	.538				.014	661							
11		.605	.510				.132	656							
12		.604	.504				.110	655							
13		.602	.500				.132	653							
14		.608	.521				.104	654							
15		.584	.515				.072	633							
16		.512	.514				.125	555							
17		.682	.535				.052	739							
18		.590	.534				.074	640							
19		.590	.555				.052	640							
20		.603	.557				.102	656							
21		.578	.526				.094	627							
22		.587	.551				.112	636							
23		.505	.515				.042	552							
24		.501	.551				.034	543							
25		.443	.472				.058	534							
26		.525	.550				.024	523							
27		.718	.516				.116	728							
28		.506	.523				.091	549							
29		.441	.538				.022	532							
30		.500	.541				.037	542							
31	24	.445	.562	8	8	8	.041	537			70	6			
TOTAL	744	18140	16366	248	248	248	2.774	19367			270	186			
MAX.	24	.718	.506	8	8	8	.222	728			70	6			
MIN.	24	.441	.446	8	8	8	.019	522			70	6			
Average	24	.585	.528	8	8	8	.089	625			70	6			

State of Florida
 County Public Health Unit
 Water Treatment Plant Operation Report

March
 2000

Cert No. B-451 Name of Plant: Ferncrest Utilities County: Broward
 by M. Woodley, K. Foley Utility Company: " " I.D. No.: 4060919
 Month: March Year: 2000
 Telephone Number: 954-557-8833

CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
DOSAGES (mg/l)						RAW							SETTLED						FINISHED											
Chlorine Pre	Chlorine Post	Fluoride As F	OTHER				PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CaCO ₃					PH	P. Alk.	M. Alk.	Total Hdn.	Calcium Hdn.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Iron
			19	20	21	22			23	26	27					28	35	36	37	38										
12.9														9.8	32	55	72	53	70	0	36	78	61	14	5	55	14	.01		
12.7														9.8	27	63	78	55	72	0	24	65	45	11	5	55	17	.01		
14.1														9.8	24	67	83	63	70	0	28	70	48	12	5	54	14	.01		
11.9														9.8	26	59	78	55	69	0	26	72	53	13	5	54	14	.01		
13.1						7.3	220	740	700	40		15	50	9.8	27	63	82	60	71	0	27	75	56	13	5	53	14	.01		
13.8														9.9	28	71	86	63	87	4	24	82	60	14	5	52	13	.01		
13.6														9.7	33	61	78	61	76	18	29	84	65	13	5	55	15	.01		
12.8														9.4	29	71	83	62	74	1	24	72	54	13	5	53	15	.01		
13.8														9.5	28	68	83	61	68	0	23	77	56	13	5	55	15	.01		
13.7														9.7	24	69	86	64	68	0	26	73	57	13	5	54	15	.01		
13.8						7.3	220	290	220	20		15	50	9.7	24	64	81	59	68	0	24	74	52	13	5	57	14	.01		
13.8														9.8	26	60	80	58	69	0	25	69	53	13	5	50	13	.01		
13.9														10.0	31	61	81	58	72	0	27	76	53	13	5	54	13	.01		
13.8														9.9	35	62	76	55	72	0	26	70	51	13	5	52	15	.01		
14.4														9.9	33	61	77	56	70	0	23	61	48	13	5	58	14	.01		
12.4														9.9	33	55	75	55	75	0	21	64	48	13	5	50	17	.01		
12.3														9.4	35	55	74	57	77	0	24	69	51	13	5	54	12	.01		
14.2						7.3	220	290	200	40		15	50	9.8	32	58	75	55	73	0	23	74	54	13	5	51	12	.01		
14.2														10.0	32	54	74	53	73	0	22	74	52	13	5	52	11	.01		
13.2														9.9	31	56	77	55	79	1	25	71	52	13	5	52	13	.01		
14.5														9.6	26	54	75	51	71	0	23	68	50	13	5	68	13	.01		
14.8														9.7	27	53	68	50	71	0	22	66	48	13	5	57	15	.01		
11.5														9.8	29	53	73	54	74	0	25	68	51	13	5	59	13	.01		
11.7														9.7	28	54	70	53	70	0	23	67	50	13	5	52	14	.01		
12.0						7.3	220	220	210	10		15	50	9.5	25	55	75	55	71	0	25	73	53	13	5	52	14	.01		
13.9														9.5	27	61	84	57	69	0	28	73	54	13	5	51	12	.01		
11.7														9.6	33	62	81	59	70	0	47	92	75	13	5	69	14	.01		
11.1														10.0	32	52	70	51	69	0	25	74	55	13	5	52	13	.01		
12.1														9.9	24	49	72	49	78	0	20	66	47	13	5	78	14	.01		
11.8														9.9	24	57	74	56	75	0	23	69	49	13	5	51	12	.01		
12.0														9.7	33	61	80	57	70	0	25	72	49	13	5	50	13	.01		
11.9														10.0	32	52	70	51	69	0	25	74	55	13	5	52	13	.01		
11.7														9.4	25	49	68	49	68	0	20	64	47	13	5	69	11	.01		
11.5														9.8	32	60	78	57	73	1	27	70	53	13	5	57	14	.01		



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. **MONTH** March **YEAR** 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			2	1	7	0	0	0
3. Total - Add Lines 1 & 2			2	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	K. Foley	Trainee		
2nd Shift 8 a.m. - 4 p.m.	A. Salinas	lead operator	B	4511
3rd Shift 4 p.m. - 12 mid.	M. Woodside	Trainee		
Relief Shift	M. Martinez	Trainee		

Submitted by Richard M Salinas lead operator B4511 4/13/00
 Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste
 4650 SW 51st Street
 Davie, Florida 33314

Telephone 954-316-8792

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 03/15/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 03/15/00 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS	METHOD:
MF MTF MMO-MUG PA	

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir ^m Total	Confirm Fecal
1	00165-1	5260 SW 35 TH COURT	0.8/1.2			A		
2	00165-2	2950 SW 50 TH TERRACE	1.0/1.4			A		
3	00165-3	PALM TRACE BLDG #10	1.0/1.5			A		
4	00165-4	PALM TRACE BLDG #2	0.9/1.4			A		
5	00165-5	TREES	0.9/1.3			A		
6	00165-6	3501 SW 61 ST AVENUE	1.1/1.5			A		
7	00165-7	5600 SW 36 TH STREET	1.0/1.4			A		
8	00165-8	PLANT	1.6/2.1			A		
9	00165-9	WELL #1				A		
10	00165-10	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 03/15/00 4:45PM
 DATE & TIME READ (OUT): 03/16/00 4:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

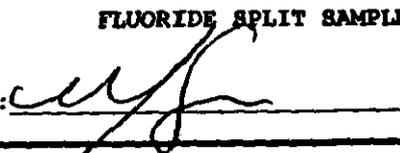
Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 3/16/00

SYSTEM: Ferncrest Utilities
JOB: 00165
COUNTY: BROWARD

COLLECTOR: A.M. Salerno
DATE COLLECTED: 03/15/00
DATE RECEIVED: 03/15/00

SAMPLE: 00165-1

DESCRIPTION: (1) 5360 SW 35TH COURT
Date and Time Analyzed: 03/15/00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 1.01
System Value (mg/l): 0.90

SAMPLE: 00165-2

DESCRIPTION: (2) 3501 SW 61ST AVENUE
Date and Time Analyzed: 03/15/00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 1.04
System Value (mg/l): 0.93

Our laboratory is certified by Florida HRS (Lab#86439). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.

Environmental Reagent Service

Maria Allpiste
 4650 SW 51st Street
 Davie, Florida 33314

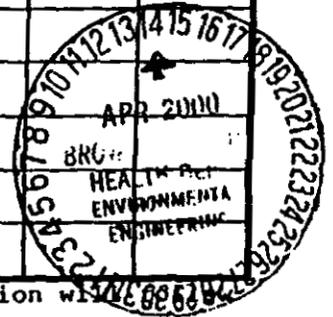
Telephone 954-316-8792

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 03/15/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 03/15/00 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
 MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	C12 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir ^m Total	Confirm Fecal
1	00165-1	5260 SW 35 TH COURT	0.8/1.2			A		
2	00165-2	2950 SW 50 TH TERRACE	1.0/1.4			A		
3	00165-3	PALM TRACE BLDG #10	1.0/1.5			A		
4	00165-4	PALM TRACE BLDG #2	0.9/1.4			A		
5	00165-5	TREES	0.9/1.3			A		
6	00165-6	3501 SW 61 ST AVENUE	1.1/1.5			A		
7	00165-7	5600 SW 36 TH STREET	1.0/1.4			A		
8	00165-8	PLANT	1.6/2.1			A		
9	00165-9	WELL #1				A		
10	00165-10	WELL #2	Bacteriologically safe for drinking purposes at time of collection.			A		
Broward County Public Health Unit.								
<i>Thomas K. Mueller</i>								



Result in this column are preliminary. Total and Fecal coliform confirmation within 24-48 hrs. when necessary. Professional Engineer

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 03/15/00 4:45PM
 DATE & TIME READ (OUT): 03/16/00 4:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

HRS Br
Water Treatr

Lead Operator Signature: Albert M. Salerna
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: Al Salerna
F. Edmundson (c-3399) Train
K. Foley, L. Liberis
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
												12	13	14	15
1	24	.447	.528	8	8	8	.034	534		70	6				
2		.475	.510				.070	515							
3		.500	.574				.020	542							
4		.440	.502				.022	531							
5		.443	.542				.034	534							
6		.488	.504				.029	529							
7		.502	.548				.067	544							
8		.446	.506				.034	538							
9		.442	.507				.014	533							
10		.444	.542				.067	538							
11		.567	.524				.109	615							
12		.590	.545				.127	640							
13		.542	.498				.099	588							
14		.587	.485				.089	636							
15		.407	.452				.133	441							
16		.500	.440				.054	542							
17		.508	.536				.071	551							
18		.489	.504				.079	638							
19		.442	.512				.016	533							
20		.448	.518				.057	540							
21		.501	.533				.088	543							
22		.448	.571				.021	540							
23		.651	.565				.068	706							
24		.444	.550				.036	535							
25		.444	.547				.036	535							
26		.443	.448				.037	534							
27		.445	.550				.024	536							
28		.444	.549				.046	541							
29		.633	.545				.094	686							
30	24	.739	.558	8	8	8	.165	801		70	6				
31															
TOTAL	720	15.604	15.711	240	240	240	1.855	11,021		2100	180				
MAX.	24	.739	.574	8	8	8	.165	801		70	6				
MIN.	24	.407	.452	8	8	8	.016	441		70	6				
Average	24	.520	.526	8	8	8	.061	567		70	6				

State of Florida
 County Public Health Unit
 Plant Operation Report

April 2000

Cert. No. B-4511 Name of Plant: Fernest Utilities County: 4060919
 M. Woodside, M. Murchison, Utility Company: " " I.D. No.: 310ward
 Month: APRIL Year: 2000
 Telephone Number: 954-587-8837

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																															
Chlorine Pre	Chlorine Post	OTHER						RAW					SETTLED					FINISHED															
		Fluoride As F						PH	M.O. ALK.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. ALK.	M. ALK.	Total Hdrns.	Ca Hdrns.	P. ALK.	M. ALK.	Total Hdrns.	Calcium Hdrns.	Residual Chlorine	Color	Fluoride As F
Total	Calcium	Magnesium	P. ALK.	M. ALK.	Total Hdrns.	CA Hdrns.																											
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	
16.9							7.3	200	240	210	30		1.5	50		9.8	32	54	75	55	8.0	1	24	72	55	12	5	1.94	12	.01			
17.7							7.3	200	240	210	30		1.5	50		9.8	31	57	76	57	6.9	0	28	76	55	12	5	1.90	13	.01			
16.8																9.7	33	57	76	54	6.9	0	24	68	51	12	5	1.94	12	.01			
17.1																9.9	32	55	73	56	7.5	0	22	67	50	12	5	1.86	13	.01			
12.0																9.8	29	57	72	52	7.0	0	20	66	49	12	5	1.90	13	.01			
12.2																10.0	33	52	69	51	8.0	0	29	67	47	12	5	1.85	16	.01			
16.7																9.8	31	57	74	54	7.8	1	24	68	52	12	5	1.93	13	.01			
16.9							7.3	200	230	210	20		1.5	50		9.7	33	57	78	58	7.3	0	23	66	52	12	5	1.85	13	.01			
17.1																9.6	32	59	76	57	7.1	0	25	68	53	12	5	1.90	13	.01			
12.0																9.8	32	61	75	59	6.9	0	24	62	50	12	5	1.83	13	.01			
14.8																9.8	34	62	72	61	7.1	0	27	62	50	12	5	1.91	13	.01			
14.2																7.6	28	66	76	61	8.6	5	23	70	53	12	5	1.85	14	.01			
15.5																9.7	32	53	67	51	6.9	0	22	65	49	12	5	1.95	14	.01			
14.3																9.7	31	61	76	57	6.8	0	24	68	52	12	5	1.88	13	.01			
10.6																9.7	32	62	76	58	6.8	0	25	67	51	12	5	1.87	13	.01			
11.8							7.9	200	210	210	30		1.5	50		9.7	31	60	77	56	6.9	0	27	67	53	12	5	1.92	13	.01			
16.5																9.7	34	66	81	64	6.9	0	20	64	53	12	5	1.84	14	.01			
12.3																9.6	32	65	74	62	6.9	0	28	66	54	12	5	1.96	13	.01			
12.1																9.8	32	59	72	54	7.2	0	26	65	48	12	5	1.82	12	.01			
16.9																9.9	30	53	63	47	7.6	0	16	63	42	12	5	1.72	14	.01			
16.7																10.0	36	58	73	56	7.5	0	25	68	51	12	5	1.93	13	.01			
16.9																9.8	28	57	73	50	7.5	0	22	67	50	12	5	1.94	14	.01			
12.9							7.3	240	240	220	40		1.5	50		9.6	32	66	82	61	7.1	0	27	75	63	12	5	1.84	14	.01			
12.0																9.8	33	58	72	56	6.9	0	29	69	52	12	5	1.82	13	.01			
17.0																9.9	32	55	70	53	7.2	0	26	66	51	12	5	1.96	13	.01			
12.0																9.7	27	55	72	59	7.3	0	21	66	45	12	5	1.95	14	.01			
16.9																9.9	33	56	68	49	7.6	0	21	64	45	12	5	1.93	15	.01			
16.8																9.8	33	56	81	59	7.8	0	26	71	52	12	5	1.85	13	.01			
13.3																9.8	32	66	81	63	7.7	1	29	76	56	12	5	1.95	13	.01			
16.7							7.4	222	236	218	18		1.5	50		9.8	30	62	77	59	7.2	0	27	67	52	12	5	1.94	13	.01			
14.0																9.7	29	54	72	61	7.1	0	25	65	48	12	5	1.82	12	.01			
10.1							7.9	240	240	218	40		1.5	50		10.0	36	66	82	64	8.6	5	37	79	63	12	5	1.66	16	.01			
11.7							7.3	200	230	200	18		1.5	50		9.6	27	52	63	47	6.8	0	16	62	42	12	5	1.73	12	.01			
16.3							7.4	212	237	210	28		1.5	50		9.7	31	58	74	56	7.3	0	25	67	51	12	5	1.92	13	.01			

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

1850 SW 51st Street
Davie, Florida 33314

RESULTS OF ANALYSIS

CLIENT: FERNCREST UTILITIES
SAMPLE NUMBER: 00236-1
LOCATION: MONITOR WELL #5
SAMPLED BY: MARIA ALLPISTE
DATE SAMPLED: 04/28/00
DATE REPORTED: 05/01/00

FL DRINKING WATER : #86439
FL ENVIRONMENTAL : #E86563
FDER COAP: #970157
DATE RECEIVED: 04/28/00
SAMPLE MATRIX: WATER

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>ANALYSIS DATE & TIME</u>	<u>ANALYST</u>
WATER LEVEL	N/A	4.4 "	FT	04/28/00	MA
CHLORIDE	SM4500 CLB	36.0	mg/L	05/01/00	MA

LABORATORY DIRECTOR: 

MARIA ALLPISTE

Our laboratory is certified by Florida HRS (Lab#86439, E86563) All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8793

1650 SW 51st Street
Davie, Florida 33311

RESULTS OF ANALYSIS

CLIENT: FERNCREST UTILITIES
SAMPLE NUMBER: 00236
LOCATION: MONITOR WELL #6
SAMPLED BY: MARIA ALLPISTE
DATE SAMPLED: 04/28/00
DATE REPORTED: 05/01/00

FL DRINKING WATER :#86439
FL ENVIRONMENTAL :#E86563
FDER COMP: #970157
DATE RECEIVED: 04/28/00
SAMPLE MATRIX: WATER

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>ANALYSIS DATE & TIME</u>	<u>ANALYST</u>
WATER LEVEL	N/A	3'1	FT	04/28/00	MA
CHLORIDE	SM4500 CLB	30.0	mg/L	05/01/00	MA

LABORATORY DIRECTOR:


MARIA ALLPISTE

Our laboratory is certified by Florida HRS (Lab#86439, E86563) All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.



South Florida Water Management District Pumpage Report

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

PLEASE COMPLETE ITEMS 1 THRU 9

1. Permit Number:	06-00170-W
2. Issued to:	Femcrest Utilities
Address:	3015 SW 54 th Avenue
City, State, Zip:	Fort Lauderdale, FL 33314
Phone Number:	954-587-8833
3. Recording Period:	AS REQUIRED BY YOUR PERMIT
4. Report Due:	AS REQUIRED BY YOUR PERMIT

5. Month April Year 2000

1	.497 m	Gallons	16	.500 m	Gallons
2	.475 m	Gallons	17	.508 m	Gallons
3	.500 m	Gallons	18	.489 m	Gallons
4	.490 m	Gallons	19	.442 m	Gallons
5	.493 m	Gallons	20	.448 m	Gallons
6	.488 m	Gallons	21	.501 m	Gallons
7	.502 m	Gallons	22	.448 m	Gallons
8	.496 m	Gallons	23	.451 m	Gallons
9	.442 m	Gallons	24	.494 m	Gallons
10	.444 m	Gallons	25	.444 m	Gallons
11	.567 m	Gallons	26	.443 m	Gallons
12	.540 m	Gallons	27	.445 m	Gallons
13	.542 m	Gallons	28	.444 m	Gallons
14	.587 m	Gallons	29	.633 m	Gallons
15	.407 m	Gallons	30	.739 m	Gallons
			31		Gallons

TOTAL MONTHLY PUMPAGE

GALLONS

15.604 m.g.

6. ACCOUNTING METHOD

FLOW METER TIME CLOCK FUEL OTHER

7. DATE OF LAST CALIBRATION February 2000

8. Name of Person Completing Form: (print or type) Albert M. Salerno

9. Signature: Albert M. Salerno Date: 5/2/00

RETURN TO:

South Florida Water Management District
ATTENTION: Regulation Department/Water Use Division
PO Box 24680
West Palm Beach, FL 33416-4680



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. MONTH April YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			2	1	7	0	0	0
3. Total - Add Lines 1 & 2			2	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	Leon Librus	Trainee		
2nd Shift 8 a.m. - 4 p.m.	Al Salerno	lead operator	B	4511
3rd Shift 4 p.m. - 12 mid.	Mike Woodside	Trainee		
Relief Shift	Mike Martinez	Trainee		

Submitted by Albert M. Salerno lead operator B-4511 5/9/00
Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 04/12/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 04/12/00 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS	METHOD:
MF MTF	MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00203-1	5260 SW 35 TH COURT	0.5/1.0			A		
2	00203-2	2930 SW 50 TH TERRACE	0.7/1.3			A		
3	00203-3	PALM TRACE BLDG #11	0.7/1.4			A		
4	00203-4	PALM TRACE BLDG #2	0.7/1.4			A		
5	00203-5	TREES	0.8/1.4			A		
6	00203-6	3501 SW 61 ST AVENUE	0.9/1.0			A		
7	00203-7	5600 SW 36 TH STREET	0.7/1.3			A		
8	00203-8	PLANT	1.1/1.9			A		
9	00203-9	WELL #1				A		
10	00203-10	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 04/12/00 5:30PM
 DATE & TIME READ (OUT): 04/13/00 5:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

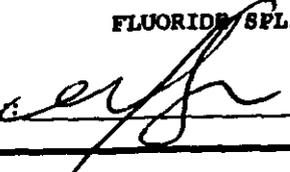
Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 4/26/00

SYSTEM: Ferncrest Utilities
JOB: 00203
COUNTY: BROWARD

COLLECTOR: A.M. Salerno
DATE COLLECTED: 04/12/00
DATE RECEIVED: 04/12/00

SAMPLE: 00203-1

DESCRIPTION: (1) 2039 SW 50TH TERRACE
Date and Time Analyzed: 04/21/00
Analyst Name: MARIA ALLPISTE
Lab Value (mg/l): 1.06
System Value (mg/l): 0.82

SAMPLE: 00203-2

DESCRIPTION: (2) 3501 SW 61ST AVENUE
Date and Time Analyzed: 04/21/00
Analyst Name: MARIA ALLPISTE
Lab Value (mg/l): 1.05
System Value (mg/l): 0.84

Our laboratory is certified by Florida HRS (Lab#86439). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: <u>FERNCREST UTILITY</u>	SYSTEM ID NO. _____
ADDRESS: <u>3015 SW 54TH AVENUE DAVIE, FLORIDA 33314</u>	SYSTEM PHONE NO.: <u>954-587-8833</u>
COLLECTOR: <u>M. CREAMER</u>	LAB ID NO.: <u>86439</u>
DATE & TIME COLLECTED: <u>04/12/00</u>	LAB PHONE NO.: <u>954-316-8792</u>
DATE & RECEIVED BY LAB: <u>04/12/00</u>	TYPE OF SAMPLE: _____
	ROUTINE _____ REPEAT _____
	DISTRIBUTION _____ WELL _____
	OTHER _____

ANALYSIS -- METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	C12 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00203-1	5260 SW 35 TH COURT	0.5/1.0			A		
2	00203-2	2930 SW 50 TH TERRACE	0.7/1.3			A		
3	00203-3	PALM TRACE BLDG #11	0.7/1.4			A		
4	00203-4	PALM TRACE BLDG #2	0.7/1.4			A		
5	00203-5	TREES	0.8/1.4			A		
6	00203-6	3501 SW 61 ST AVENUE	0.9/1.0			A		
7	00203-7	5600 SW 36 TH STREET	0.7/1.3			A		
8	00203-8	PLANT	1.1/1.9			A		
9	00203-9	WELL #1				A		
10	00203-10	WELL #2				A		
			Bacteriologically safe for drinking purposes at time of collection.					
			Broward County Public Health Unit.					
			<i>[Signature]</i>					

Result in this column are preliminary. pH, turbidity and fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present
A- Coliforms are absent

C-Confluent growth TA- Turbid/Absence of gas or acid
TNTC-Too numerous to count MD-Moderate growth
LT-Light growth

DATE & TIME TESTED (IN): 04/12/00 5:30PM
 DATE & TIME READ (OUT): 04/13/00 5:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: *[Signature]*

HRS Brown
Water Treatment

Lead Operator Signature: Robert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.40 mgd

Operators' Name: Al Salerno
F. Edmondson (c. 3359) T. Quinn
L. Libanus, M. Sullivan
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED							
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.450	.520	8	8	8	.024	488		70	6				
2	1	.552	.554	1	1	1	.052	598		1	1				
3		.553	.514				.088	544							
4		.491	.547				.028	532							
5		.440	.533				.032	531							
6		.524	.561				.042	568							
7		.483	.539				.020	524							
8		.556	.565				.044	603							
9		.735	.545				.126	797							
10		.491	.541				.048	532							
11		.440	.565				.025	531							
12		.442	.540				.030	533							
13		.510	.552				.008	553							
14		.563	.557				.067	610							
15		.707	.590				.130	766							
16		.442	.524				.020	533							
17		.513	.503				.057	556							
18		.745	.551				.251	808							
19		.745	.538				.210	808							
20		.558	.556				.198	605							
21		.751	.569				.072	814							
22		.855	.567				.153	927							
23		.743	.532				.276	806							
24		.783	.558				.220	849							
25		.791	.539				.194	857							
26		.766	.523				.223	830							
27		.719	.576				.147	779							
28		.706	.577				.082	765							
29		.697	.542				.107	756							
30	✓	.761	.660	✓	✓	✓	.119	825		✓	✓				
31	24	.692	.535	8	8	8	.346	750		70	6				
TOTAL	744	19,404	17,123	048	048	048	3.499	21033		2170	186				
MAX.	24	.855	.660	8	8	8	.346	927		70	6				
MIN.	24	.450	.503	8	8	8	.008	524		70	6				
Average	24	.626	.552	8	8	8	0.112	678		70	6				

State of Florida
 3 County Public Health Unit
 it Plant Operation Report

MAY 2000

Cert. No. B4511 Name of Plant: Ferncrest Utilities County: Broward
 by M. Woodruff Utility Company: " I.D. No: 4060415
1510 Month: MAY Year: 2000
 Telephone Number: 954-587-8833

Line	CHEMICAL AND PHYSICAL RESULTS (mg/l)																																															
	DOSAGES (mg/l)							RAW										SETTLED							FINISHED																							
	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER				PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdrns.	CA Hdrns.	PH	P. Alk.	M. Alk.	Total Hdrns.	Calcium Hdrns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	TCO ₂													
				20	21	22	23			Total	Calcium	Magnesium					PH	P. Alk.	M. Alk.	Total Hdrns.																CA Hdrns.												
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49															
30	15.7																	9.6	24	43	68	51	7.7	2	29	70	31	1.1	5	1.13	16	0.1																
	15.2																	9.9	32	60	75	55	7.2	0	26	67	50	1.2	5	1.13	15	0.1																
	15.2																	9.4	36	64	74	55	8.1	2	25	63	48	1.3	5	1.06	14	0.1																
	17.1																	10.0	36	62	70	56	8.0	3	28	63	49	1.3	5	1.00	13	0.1																
	17.1																	10.0	38	59	74	58	7.6	0	28	63	49	1.1	5	1.08	13	0.1																
	16.0																	9.7	34	74	55	69	7.3	0	30	65	57	1.2	5	1.04	13	0.1																
	17.4																	9.9	39	64	79	59	7.0	0	27	66	50	1.2	5	1.09	14	0.1																
	15.1							7.4	210	270	200	20		1.5	50			9.6	31	64	72	66	8.0	4	26	68	53	1.7	5	1.12	14	0.1																
	11.4																	9.8	39	66	75	58	6.9	0	39	70	55	1.4	5	1.08	13	0.1																
	17.1																	9.9	34	58	67	49	7.1	0	27	71	49	1.0	5	1.10	15	0.1																
	17.1																	9.9	34	56	65	51	7.4	0	29	60	48	1.0	5	1.00	13	0.1																
	17.1																	9.9	37	62	72	57	7.6	0	23	68	51	1.2	5	1.00	14	0.1																
	16.8																	9.7	42	73	85	66	7.3	0	24	69	52	1.3	5	1.07	13	0.1																
	14.9							7.5	210	270	200	20		1.5	50			9.7	36	68	83	62	6.9	0	36	76	57	1.1	5	1.08	14	0.1																
	11.9																	9.7	35	64	72	57	6.7	0	34	63	53	1.2	5	1.01	15	0.1																
	17.1																	9.7	32	56	67	52	6.8	0	30	62	49	1.2	5	1.11	15	0.1																
	16.8																	9.8	33	60	67	54	7.1	0	25	62	48	1.1	5	1.09	12	0.1																
	11.3																	10.1	30	66	73	60	7.3	0	26	59	47	1.0	5	1.03	13	0.1																
	11.3																	9.8	38	69	76	61	7.2	0	25	62	45	1.0	5	1.01	14	0.1																
	15.1																	10.0	40	58	78	60	7.4	0	24	65	46	1.0	5	1.05	14	0.1																
	11.2							7.5	210	270	200	20		1.5	50			9.8	42	75	57	65	9.6	30	48	98	78	1.0	5	1.08	14	0.1																
	9.8																	9.5	37	71	78	63	9.1	16	48	74	60	1.0	5	1.01	15	0.1																
	11.3																	10.0	44	71	52	64	7.2	0	30	68	51	1.0	5	1.03	16	0.1																
	10.7																	9.8	37	68	77	64	7.2	0	26	63	49	1.0	5	1.05	15	0.1																
	13.8																	9.7	38	75	81	65	7.0	0	41	74	61	1.0	5	1.04	15	0.1																
	10.9																	9.7	38	73	80	62	6.9	0	37	72	60	1.0	5	1.05	15	0.1																
	11.7																	9.7	40	73	80	64	6.8	0	32	65	57	1.0	5	1.03	13	0.1																
	11.9							7.4	210	240	200	10		1.5	50			9.9	37	72	83	61	8.4	15	40	69	58	1.0	5	1.04	14	0.1																
	12.0																	9.7	37	65	76	63	9.1	12	37	73	55	1.0	5	1.07	15	0.1																
	11.0																	9.7	40	71	79	65	8.6	6	35	68	47	1.0	5	1.10	20	0.1																
	12.1																	9.7	38	67	80	62	7.0	0	26	64	46	1.0	5	1.07	14	0.1																
	15.2							9.8	340	570	900	70		6.0	200			10.8	11.4	20.4	22.0	15.0	12.0	8.7	48.1	10.4	11.2	1.0	5	1.55	10.5	1.61	0.31															
	15.7							7.5	210	210	200	20		1.5	50			10.1	44	75	87	64	9.6	30	58	91	78	1.0	5	1.13	28	0.1																
	9.8							7.4	210	200	200	10		1.5	50			9.5	44	43	65	44	6.7	0	23	58	45	1.0	5	1.04	13	0.1																
	14.0							7.4	210	270	200	17		1.5	50			9.8	36	65	76	60	7.5	3	31	65	53	1.0	5	1.08	15	0.1																



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. MONTH MAY YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed	Number of Samples Analyzed			Number of Unsatisfactory Samples								
	Well	Plant	Distribution	Well	Plant	Dist.						
<table border="1"> <tr> <td>Well</td> <td>Plant</td> <td>Distribution</td> </tr> <tr> <td align="center">2</td> <td align="center">1</td> <td align="center">7</td> </tr> </table>	Well	Plant	Distribution	2	1	7						
Well	Plant	Distribution										
2	1	7										
1. Collected by Utility Analyzed by HRS Miami Lab												
2. Collected by Utility Analyzed by Plant Lab	2	1	7	0	0	0						
3. Total - Add Lines 1 & 2	2	1	7	0	0	0						

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	Lam Liberis	Trainee		
2nd Shift 8 a.m. - 4 p.m.	Al Salerno	lead operator	B	4511
3rd Shift 4 p.m. - 12 mid.	Mike Martinez	Trainee		
Relief Shift	Mike Woodside	Trainee		

Submitted by Albert M Salerno 4511 lead operator 6/12/00
Signature Title and Level of Certification Date

Water Treatment

HRS Brown

Lead Operator Signature: Ally M. Safford
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd
 Operators' Name: A. Safford
Travis - M. Woodard, M.M.
C. DeGuzman
 Total Metered Services at End of Month: _____

Filter Data	POUNDS USED				Date
	Fluoride Chemical	Chlorine Post	Chlorine Pre	OTHER	
Total	851	70			1
Maximum	150				2
Minimum	125				3
Hours filter runs between washings	862				4
Total Water Treated Leaving Plant (Gallons)	822				5
Total Water Pumped (Gallons)	822				6
Total	822				7
Maximum	207				8
Minimum	136				9
Hours filter runs between washings	650				10
Total Water Treated Leaving Plant (Gallons)	598				11
Total Water Pumped (Gallons)	598				12
Total	800				13
Maximum	250				14
Minimum	224				15
Hours filter runs between washings	782				16
Total Water Treated Leaving Plant (Gallons)	799				17
Total Water Pumped (Gallons)	799				18
Total	803				19
Maximum	220				20
Minimum	154				21
Hours filter runs between washings	777				22
Total Water Treated Leaving Plant (Gallons)	787				23
Total Water Pumped (Gallons)	787				24
Total	793				25
Maximum	256				26
Minimum	164				27
Hours filter runs between washings	793				28
Total Water Treated Leaving Plant (Gallons)	827				29
Total Water Pumped (Gallons)	827				30
Total	827				31
Maximum	223				32
Minimum	149				33
Hours filter runs between washings	760				34
Total Water Treated Leaving Plant (Gallons)	760				35
Total Water Pumped (Gallons)	760				36
Total	760				37
Maximum	218				38
Minimum	119				39
Hours filter runs between washings	702				40
Total Water Treated Leaving Plant (Gallons)	702				41
Total Water Pumped (Gallons)	702				42
Total	702				43
Maximum	230				44
Minimum	179				45
Hours filter runs between washings	700				46
Total Water Treated Leaving Plant (Gallons)	700				47
Total Water Pumped (Gallons)	700				48
Total	700				49
Maximum	230				50
Minimum	179				51
Hours filter runs between washings	700				52
Total Water Treated Leaving Plant (Gallons)	700				53
Total Water Pumped (Gallons)	700				54
Total	700				55
Maximum	230				56
Minimum	179				57
Hours filter runs between washings	700				58
Total Water Treated Leaving Plant (Gallons)	700				59
Total Water Pumped (Gallons)	700				60
Total	700				61
Maximum	230				62
Minimum	179				63
Hours filter runs between washings	700				64
Total Water Treated Leaving Plant (Gallons)	700				65
Total Water Pumped (Gallons)	700				66
Total	700				67
Maximum	230				68
Minimum	179				69
Hours filter runs between washings	700				70
Total Water Treated Leaving Plant (Gallons)	700				71
Total Water Pumped (Gallons)	700				72
Total	700				73
Maximum	230				74
Minimum	179				75
Hours filter runs between washings	700				76
Total Water Treated Leaving Plant (Gallons)	700				77
Total Water Pumped (Gallons)	700				78
Total	700				79
Maximum	230				80
Minimum	179				81
Hours filter runs between washings	700				82
Total Water Treated Leaving Plant (Gallons)	700				83
Total Water Pumped (Gallons)	700				84
Total	700				85
Maximum	230				86
Minimum	179				87
Hours filter runs between washings	700				88
Total Water Treated Leaving Plant (Gallons)	700				89
Total Water Pumped (Gallons)	700				90
Total	700				91
Maximum	230				92
Minimum	179				93
Hours filter runs between washings	700				94
Total Water Treated Leaving Plant (Gallons)	700				95
Total Water Pumped (Gallons)	700				96
Total	700				97
Maximum	230				98
Minimum	179				99
Hours filter runs between washings	700				100

Filter Data	POUNDS USED	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total	851	70															
Maximum	150																
Minimum	125																
Hours filter runs between washings	862																
Total Water Treated Leaving Plant (Gallons)	822																
Total Water Pumped (Gallons)	822																
Total	822																
Maximum	207																
Minimum	136																
Hours filter runs between washings	650																
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Total Water Treated Leaving Plant (Gallons)	799																
Total Water Pumped (Gallons)	799																
Total	803																
Maximum	220																
Minimum	154																
Hours filter runs between washings	777																
Total Water Treated Leaving Plant (Gallons)	787																
Total Water Pumped (Gallons)	787																
Total	793																
Maximum	256																
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Hours filter runs between washings	793																
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Total Water Pumped (Gallons)	827																
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Hours filter runs between washings	702																
Total Water Treated Leaving Plant (Gallons)	702																
Total Water Pumped (Gallons)	702																
Total	702																
Maximum	230																
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Hours filter runs between washings	700																
Total Water Treated Leaving Plant (Gallons)	700																
Total Water Pumped (Gallons)	700																
Total	700																
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Hours filter runs between washings	700																
Total Water Treated Leaving Plant (Gallons)	700																
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Hours filter runs between washings	700																
Total Water Treated Leaving Plant (Gallons)	700																
Total Water Pumped (Gallons)	700																
Total	700																
Maximum	230																
Minimum	179																
Hours filter runs between washings	700																
Total Water Treated Leaving Plant (Gallons)	700																
Total Water Pumped (Gallons)	700																

Plant Operation Report

June 2000

Cert No. B-4511 Name of Plant: Fernest Utilities County: Broward
 Since Liberus Utility Company: " I.D. No.: 4060419
Broward (6-8399) Month: JUNE Year: 2000
 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
Chlorine Pre	Chlorine Post	OTHER					RAW						SETTLED					FINISHED														
		Fluoride As F					PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdrns.	Calcium Hdrns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	TSS			
Total	Calcium	Magnesium	P. Alk.	M. Alk.	Total Hdrns.	CA Hdrns.																										
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
	10.7															9.8	38	63	75	58	7.0	0	26	63	44	13	5	.85	.13	.01		
	10.6															9.7	37	64	77	54	7.0	0	24	57	45	13	5	.87	.13	.01		
	11.1															10.0	36	53	64	51	7.0	0	25	57	47	13	5	.84	.13	.01		
	12.9						7.4	190	210	200	10		6.6	50		9.8	34	57	70	56	8.2	3	27	63	50	13	5	.98	.14	.01		
	14.0															9.8	36	62	75	58	7.2	0	36	71	63	13	5	.86	.14	.01		
	15.7															9.9	32	53	67	53	7.4	0	23	65	50	13	5	1.08	.18	.01		
	11.4															9.9	36	51	72	51	7.5	0	22	62	47	13	5	1.04	.20	.01		
	11.6															9.8	39	55	72	57	7.4	0	22	63	48	13	5	.87	.16	.01		
	11.5															9.8	37	61	76	64	7.1	0	22	60	51	13	5	.87	.24	.01		
	11.4															9.8	37	73	85	70	7.0	0	24	68	54	13	5	.85	.18	.01		
	11.6															10.0	39	57	74	61	7.5	0	25	69	51	13	5	.88	.14	.01		
	11.7						7.4	180	240	140	20		1.5	50		9.9	38	52	74	52	7.5	0	22	64	45	13	5	.90	.17	.01		
	11.6															9.9	35	45	65	53	7.5	0	22	65	50	13	5	.89	.17	.01		
	11.5															9.8	33	53	64	51	7.1	0	24	65	50	13	5	1.01	.18	.01		
	11.0															9.9	37	57	81	64	7.2	0	24	63	50	13	5	.96	.20	.01		
	12.1															9.7	31	61	79	62	7.0	0	33	77	62	13	5	.99	.16	.01		
	12.0															9.7	33	61	71	63	6.7	0	31	73	55	13	5	.99	.14	.01		
	13.0															9.9	36	65	84	59	7.2	2	30	70	53	13	5	.86	.16	.01		
	14.0															9.9	36	55	71	56	7.3	1	24	63	48	13	5	.85	.14	.01		
	13.0						7.3	220	270	110	30		1.5	50		10.0	35	54	70	57	7.2	0	24	58	44	13	5	.85	.16	.01		
	13.1															9.9	36	54	74	57	7.6	0	21	60	42	13	5	.85	.20	.01		
	13.2															9.8	36	64	78	63	7.2	0	22	61	45	13	5	.86	.20	.01		
	13.1															9.7	31	57	73	57	6.9	0	23	60	46	13	5	.84	.20	.01		
	13.2															9.9	38	61	77	64	7.1	0	23	61	43	13	5	.88	.14	.01		
	13.5						7.5	180	220	200	20		1.5	50		9.9	37	62	83	65	6.9	0	22	64	46	13	5	.99	.14	.01		
	13.5															9.9	34	55	68	53	7.0	0	22	60	44	13	5	.85	.15	.01		
	13.3															9.9	33	61	72	57	6.9	0	22	63	44	13	5	.94	.18	.01		
	12.9															9.8	32	63	79	61	6.8	0	20	58	43	13	5	.93	.12	.01		
	13.0															9.7	35	51	80	65	6.9	0	20	61	46	13	5	.88	.13	.01		
	12.8															9.8	35	60	78	62	6.9	0	21	63	47	13	5	.88	.13	.01		
084							21.6	770	860	780	80		6.1	20		21.5	200	235	221	144	21.5	6	74	154	45	13	5	1.15	2.21	.01		
15.2							2.5	220	210	200	20		1.6	50		10.0	39	73	85	70	8.2	3	36	79	63	13	5	1.08	.21	.01		
10.6							7.3	180	200	190	10		1.5	50		9.7	31	49	64	51	6.7	0	20	58	42	13	5	.79	.12	.01		
12.8							7.4	192	215	195	20		1.5	50		9.8	35	58	74	54	7.2	0	24	64	48	13	5	.90	.16	.01		

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

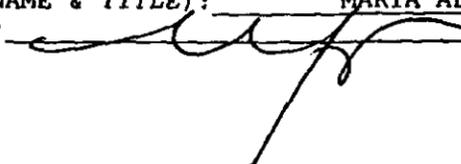
SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 06/14/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 06/14/00 2:55PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00341-1	5260 SW 35 TH COURT	1.0/1.4			A		
2	00341-2	2950 SW 50 TH TERRACE	1.0/1.4			A		
3	00341-3	PALM TRACE BLDG #11	1.0/1.4			A		
4	00341-4	PALM TRACE BLDG #2	1.1/1.5			A		
5	00341-5	3000 SW 60 TH AVENUE	0.6/1.0			A		
6	00341-6	3501 SW 61 ST AVENUE	0.6/1.0			A		
7	00341-7	5600 SW 36 TH STREET	0.7/1.2			A		
8	00341-8	PLANT	1.5/2.1			A		
9	00341-9	WELL #2				A		

Result in this column are preliminary. Total and fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 06/14/00 4:00PM
 DATE & TIME READ (OUT): 06/15/00 3:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: 

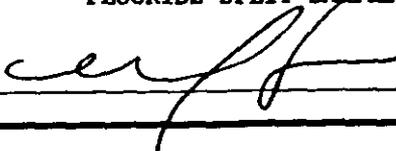
Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 6/23/00

SYSTEM: Ferncrest Utilities
JOB: 00341
COUNTY: BROWARD

COLLECTOR: A.M. Salerno
DATE COLLECTED: 06/14/00
DATE RECEIVED: 06/14/00

SAMPLE: 00341-1

DESCRIPTION: (1) 5260 SW 35TH COURT
Date and Time Analyzed: 06-20-00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.52
System Value (mg/l): 0.74

SAMPLE: 00341-2

DESCRIPTION: (2) 3501 SW 61ST AVENUE
Date and Time Analyzed: 06-20-00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.52
System Value (mg/l): 0.74

Our laboratory is certified by Florida HRS (Lab#86439). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.



HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
 2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315

WATER UTILITY FERNCREST UTILITIES, INC. MONTH June YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			* 1	1	7	0	0	0
3. Total - Add Lines 1 & 2			* 1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

* Well # 1 down, changing foot valve

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	L. Libezus	Trainee		
2nd Shift 8 a.m. - 4 p.m.	A. Salera	lead operator	B	4511
3rd Shift 4 p.m. - 12 mid.	M. Woodside	Trainee		
Relief Shift	M. Murchison	Trainee		

Submitted by Albert M. Salera 34511 lead operator 7/12/00
 Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste
 4650 SW 51st Street
 Davie, Florida 33314

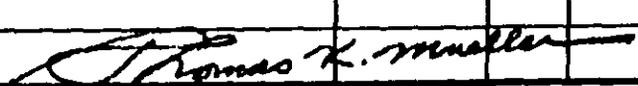
Telephone 954-316-8792

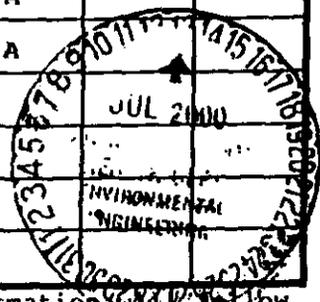
DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314
 COLLECTOR: M. CREAMER
 DATE & TIME COLLECTED: 06/14/00
 DATE & RECEIVED BY LAB: 06/14/00 2:55PM

SYSTEM ID NO. _____
 SYSTEM PHONE NO.: 954-587-8833
 LAB ID NO.: 86439
 LAB PHONE NO.: 954-316-8792
 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
 MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00341-1	5260 SW 35 TH COURT	1.0/1.4			A		
2	00341-2	2950 SW 50 TH TERRACE	1.0/1.4			A		
3	00341-3	PALM TRACE BLDG #11	1.0/1.4			A		
4	00341-4	PALM TRACE BLDG #2	1.1/1.5			A		
5	00341-5	3000 SW 60 TH AVENUE	0.6/1.0			A		
6	00341-6	3501 SW 61 ST AVENUE	0.6/1.0			A		
7	00341-7	5600 SW 36 TH STREET	0.7/1.2			A		
8	00341-8	PLANT	1.5/2.1			A		
9	00341-9	WELL #2				A		
Bacteriologically safe for drinking purposes at time of collection. Broward County Public Health Unit. 								



Result in this column are preliminary. Total and Fecal coliform confirmation in 24-48 hrs. when necessary. Professional Engineer.

P- Coliforms are present
 A- Coliforms are absent
 C-Confluent growth
 TA- Turbid/Absence of gas or acid
 TNTC-Too numerous to count
 MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 06/14/00 4:00PM
 DATE & TIME READ (OUT): 06/15/00 3:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

HRS Browar
Water Treatment

Lead Operator Signature: Robert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: A. Salerno
F. Edmondson (1-8394) J. Jones
L. Liberius C. Dugan
 Total Metered Services at End of Month: 1

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED							
				Total	Maximum	Minimum		Line	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER			
												12	13	14	15
1	24	682	635	8	8	8	.024	739		70	6				
2	1	644	630	1	1	1	.068	698		1	1				
3		683	598				.095	740							
4		768	579				.165	767							
5		223	576				.088	762							
6		685	555				.114	747							
7		682	531				.114	739							
8		703	552				.194	762							
9		643	528				.148	697							
10		662	535				.121	718							
11		662	529				.191	718							
12		656	514				.134	711							
13		624	502				.252	676							
14		825	502				.384	899							
15		838	447				.260	908							
16		785	515				.211	855							
17		742	516				.140	804							
18		830	529				.211	900							
19		728	462				.254	789							
20		735	471				.203	797							
21		761	567				.273	825							
22		740	444				.144	802							
23		729	474				.144	790							
24		731	578				.207	791							
25		737	521				.279	799							
26		781	491				.209	847							
27		751	531				.205	814							
28		865	485				.227	938							
29		861	517				.251	933							
30	✓	817	536	✓	✓	✓	.233	886		✓	✓				
31	24	886	599	8	8	8	.165	960		70	6				
TOTAL	744	738	16,567	24	24	24	5.877	24,801		2170	186				
MAX.	24	886	630	8	8	8	.384	960		70	6				
MIN.	24	624	462	8	8	8	.024	676		70	6				
Average	24	22,891	534	8	8	8	.189	800		70	6				

State of Florida
 County Public Health Unit
Plant Operation Report

July 2000

Cert. No. B-4511 Name of Plant: Evergreen Utilities County: Broward
 M. Woodard, M. Martinez Utility Company: " " I.D. No.: 000419
 Month: JULY Year: 2000
 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																															
Chlorine Pre	Chlorine Post	OTHER					RAW							SETTLED					FINISHED														
		Fluoride As F					PH	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdrns.	CA Hdrns.	PH	P. Alk.	M. Alk.	Total Hdrns.	Calcium Hdrns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Iron
								Total	Calcium	Magnesium					P. Alk.	M. Alk.	Total Hdrns.	CA Hdrns.															
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	
12.3																9.7	36	60	77	63	7.1	0	20	65	43	1.8	5	87	14	.01			
13.0							7.5	170	220	210	10		15	50		9.6	33	62	82	65	8.0	3	28	71	51	1.8	5	79	14	.01			
12.3																9.8	36	60	82	66	7.4	0	27	71	55	1.8	5	89	14	.01			
11.9																9.9	36	57	79	64	7.1	0	26	66	50	1.7	5	83	14	.01			
12.0																9.9	36	50	74	57	7.5	0	22	66	49	1.5	5	76	14	.01			
12.2																10.0	34	60	78	64	7.3	0	21	62	48	1.5	5	90	14	.01			
12.3																9.7	32	54	69	56	7.6	0	24	63	47	1.8	5	98	18	.01			
12.0																9.8	27	48	65	50	7.1	0	22	65	46	1.7	5	90	15	.01			
13.0							7.3	180	244	220	22		15	50		10.0	26	50	69	51	8.0	0	22	63	47	1.6	5	91	16	.01			
12.7																9.7	27	48	73	53	7.8	1	20	68	50	1.8	5	96	13	.01			
12.7																9.8	32	48	71	52	7.1	0	22	65	48	1.5	5	86	13	.01			
12.8																10.0	34	53	73	56	7.0	0	22	63	50	1.5	5	97	15	.01			
12.8																9.7	33	59	76	61	8.3	5	27	66	51	1.3	5	85	14	.01			
10.1																9.7	30	53	77	56	7.2	0	24	67	48	1.3	5	95	13	.01			
10.0																9.7	27	52	69	50	6.8	0	27	68	51	1.5	5	105	16	.01			
10.6							7.2	180	240	200	40		1.0	50		10.0	30	53	70	52	8.0	5	29	66	53	1.5	5	99	16	.01			
11.3																9.8	35	55	82	67	8.0	9	30	73	60	1.6	5	84	17	.01			
10.1																9.9	35	57	80	66	6.9	0	31	72	60	1.4	5	94	14	.01			
11.5																9.9	35	58	79	60	6.1	0	22	66	52	1.6	5	101	14	.01			
11.4																9.7	28	53	73	55	6.8	0	25	68	53	1.5	5	75	14	.01			
11.0																9.8	31	48	71	55	6.8	0	22	67	47	1.8	5	92	13	.01			
11.4																9.4	34	52	69	54	6.9	0	25	64	48	1.5	5	102	14	.01			
11.5							7.1	180	220	200	20		1.0	50		9.9	32	55	74	52	6.9	0	23	63	44	1.8	5	70	16	.01			
11.5																9.4	35	54	76	50	6.9	0	22	67	50	1.3	5	94	15	.01			
11.4																9.8	31	53	76	59	7.6	0	24	68	51	1.8	5	87	15	.01			
10.8																10.1	32	52	71	54	8.0	2	27	66	49	1.8	5	94	15	.01			
11.2																9.9	37	62	81	66	8.2	8	32	70	57	1.5	5	83	13	.01			
9.7																9.9	39	62	82	68	8.4	2	25	65	53	1.0	5	67	13	.01			
9.8																9.8	35	52	78	68	7.3	0	24	62	45	1.3	5	76	16	.01			
10.3																9.7	30	61	78	62	6.9	0	27	67	49	1.2	5	73	17	.01			
9.5																9.9	35	65	75	63	7.0	0	25	67	51	1.8	5	89	14	.01			
3552							9.1	710	920	830	92		5.0	200		305	101	170	233	185	22.4	35	767	2060	1550	1.5	150	171	240	.31			
13.5							7.5	180	242	220	40		1.5	50		10.1	39	65	82	68	8.6	9	32	73	60	1.6	5	109	18	.01			
9.5							7.1	170	220	200	10		1.0	50		9.6	26	48	65	50	6.8	0	20	62	43	1.3	5	104	13	.01			
11.5							7.3	177	230	208	23		1.3	50		9.8	33	55	75	58	7.4	1	24	66	50	1.1	5	87	14	.01			

Environmental Reagent Service

Maria Allpiste
 1650 SW 51st Street
 Davie, Florida 33314

Telephone 954-316-8792

DRINKING WATER BACTERIOLOGICAL ANALYSIS

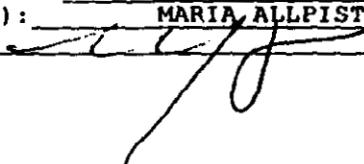
SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 07/19/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 07/19/00 4:50PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS	METHOD:
MF MTF MMO-MUG PA	

Field Sample #	Lab Sample #	Sample Location (Specific Address)	C12 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir ^m Total	Confirm Fecal
1	00412-1	5260 SW 35 TH COURT	0.4/0.7			A		
2	00412-2	2950 SW 50 TH TERRACE	0.4/0.8			A		
3	00412-3	PALM TRACE BLDG #11	0.4/0.8			A		
4	00412-4	PALM TRACE BLDG #2	0.4/0.8			A		
5	00412-5	3000 SW 60 TH AVENUE	0.4/0.9			A		
6	00412-6	5600 SW 36 TH STREET	0.3/0.7			A		
7	00412-7	3501 SW 61 ST AVENUE	0.3/0.7			A		
8	00412-8	PLANT	0.9/1.2			A		
9	00412-9	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 07/19/00 6:00PM
 DATE & TIME READ (OUT): 07/20/00 5:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: 



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY PERNCREST UTILITIES, INC. MONTH July YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			1	1	7	0	0	0
3. Total - Add Lines 1 & 2			1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	C. Duguesney	Trainee		
2nd Shift 8 a.m. - 4 p.m.	A. Salerni	lead	B	4511
	L. Liberis	Trainee		
3rd Shift 4 p.m. - 12 mid.	M. Woodside	Trainee		
Relief Shift	M. Martinez	Trainee		

Submitted by Albert M Salerni lead operator B.4511 8/19/00
Signature Title and Level of Certification Date



South Florida Water Management District Pumpage Report

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

PLEASE COMPLETE ITEMS 1 THRU 9

1. Permit Number:	06-00170-W
2. Issued to:	Ferncrest Utilities
Address:	3015 SW 54 th Avenue
City, State, Zip:	Fort Lauderdale, FL 33314
Phone Number:	954-587-8833
3. Recording Period:	AS REQUIRED BY YOUR PERMIT
4. Report Due:	AS REQUIRED BY YOUR PERMIT

5. Month July Year 2000

Day	Reading	Unit	Day	Reading	Unit
1	682	mil. gal.	16	789	mil. gal.
2	644	"	17	742	"
3	683	"	18	830	"
4	708	"	19	728	"
5	703	"	20	735	"
6	689	"	21	761	"
7	682	"	22	740	"
8	703	"	23	729	"
9	643	"	24	731	"
10	662	"	25	737	"
11	662	"	26	781	"
12	656	"	27	751	"
13	624	"	28	865	"
14	829	"	29	861	"
15	838	"	30	817	"
			31	886	"

TOTAL MONTHLY PUMPAGE

GALLONS

22.891 million

6. ACCOUNTING METHOD

FLOW METER TIME CLOCK FUEL OTHER

7. DATE OF LAST CALIBRATION Feb. 2000

8. Name of Person Completing Form: (print or type) Al Salerno

9. Signature: A.M. Salerno Date: 8/8/00

RETURN TO:

South Florida Water Management District
ATTENTION: Regulation Department/Water Use Division
PO Box 24680
West Palm Beach, FL 33416-4680

Environmental Reagent Service

Maria Allipiste

Telephone 954-316-8792

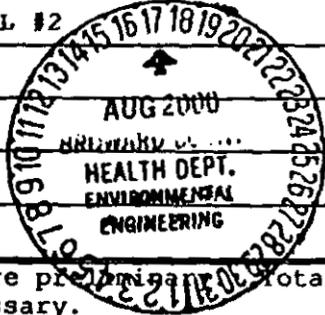
4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: 86439
 DATE & TIME COLLECTED: 07/19/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 07/19/00 4:50PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	C12 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00412-1	5260 SW 35 TH COURT	0.4/0.7			A		
2	00412-2	2950 SW 50 TH TERRACE	0.4/0.8			A		
3	00412-3	PALM TRACE BLDG #11	0.4/0.8			A		
4	00412-4	PALM TRACE BLDG #2	0.4/0.8			A		
5	00412-5	3000 SW 60 TH AVENUE	0.4/0.9			A		
6	00412-6	5600 SW 36 TH STREET	0.3/0.7			A		
7	00412-7	3501 SW 61 ST AVENUE	0.3/0.7			A		
8	00412-8	PLANT	0.9/1.2			A		
9	00412-9	WELL #2	Bacteriologically safe for drinking purposes at time of collection.					
			Broward County Public Health Unit					
			<i>Thomas K. Mueller</i>					



Result in this column are preliminary. Total and Fecal coliforms will follow in 24-48 hrs. when necessary.
 P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 07/19/00 6:00PM
 DATE & TIME READ (OUT): 07/20/00 5:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

HRS Brower
Water Treater

Lead Operator Signature: A. M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: A. Salerno
F. Edmondson (C-8394) TWA
M. Martinez, L. Liberis, C. Di
 Total Metered Services at End of Month: 1, 58

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED				OTHER			
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.833	.505	8	8	8	.127	903		70	6				
2		.850	.493				.173	921		1	1				
3		.862	.507				.123	940							
4		.748	.541				.176	811							
5		.417	.570				.100	452							
6		.563	.524				.200	610							
7		.724	.556				.104	785							
8		.681	.535				.222	738							
9		.686	.548				.200	744							
10		.694	.523				.221	752							
11		.694	.530				.185	752							
12		.718	.545				.183	778							
13		.681	.524				.243	738							
14		.653	.536				.050	708							
15		.680	.513				.225	737							
16		.681	.497				.281	738							
17		.676	.517				.145	733							
18		.677	.533				.216	734							
19		.677	.500				.209	734							
20		.689	.535				.161	747							
21		.662	.537				.098	718							
22		.668	.500				.188	724							
23		.674	.533				.206	731							
24		.684	.492				.222	742							
25		.677	.565				.171	734							
26		.689	.509				.186	747							
27		.692	.496				.166	750							
28		.636	.549				.150	689							
29		.664	.507				.209	720							
30	✓	.665	.524	✓	✓	✓	.158	721		✓	✓				
31	24	.660	.524	8	8	8	.213	716		70	6				
TOTAL	744	.686	16.271	248	248	248	.178	23147		2170	186				
MAX.	24	.867	.570	8	8	8	.281	940		70	6				
MIN.	24	.417	.492	8	8	8	.050	452		70	6				
Average	24	21.260	.525	8	8	8	.50507	747		70	6				

Plant Operation Report

Aug 02

Cert. No. B 4511 Name of Plant: Fernand Utilities County: 4660419
 Loc: M. Woodside, Utility Company: " I.D. No.: Breward
esney Month: August Year: 2000
 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
Chlorine Pre	Chlorine Post	OTHER					RAW						SETTLED						FINISHED													
		Fluoride As F					PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdn.	Calcium Hdn.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Temp		
									Total	Calcium	Magnesium						P. Alk.	M. Alk.	Total Hdn.	Ca Hdn.												
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
	10.1																10.0	32	50	67	51	7.0	0	29	78	64	1.5	81	.19	.01		
	9.9																10.0	31	44	62	51	7.0	0	25	77	56	1.5	81	.13	.01		
	9.7																9.8	27	43	62	48	7.0	0	23	61	52	1.5	84	.13	.01		
	11.2																9.9	29	41	60	45	7.1	0	26	60	48	1.5	89	.15	.01		
	10.1																9.7	26	47	59	50	8.3	13	33	80	61	1.5	108	.17	.01		
	14.9						7.2	174	238	210	24		1.5	50			9.8	28	45	70	51	8.5	17	35	78	60	1.5	55	.17	.01		
	11.6																9.8	26	56	78	64	7.7	0	28	70	57	1.5	54	.14	.01		
	12.3																9.8	28	47	74	58	6.8	0	26	71	55	1.5	102	.15	.01		
	12.2																10.0	33	44	70	58	7.0	0	23	63	51	1.5	.81	.13	.01		
	12.1																10.0	33	45	68	51	8.0	0	20	63	53	1.5	81	.15	.01		
	12.1																10.0	32	48	68	54	8.5	5	23	65	56	1.5	79	.13	.01		
	11.7																10.0	31	43	63	57	7.9	0	22	63	50	1.5	108	.14	.01		
	12.3						7.2	174	238	210	24		1.5	50			9.8	27	43	64	45	7.7	1	23	62	46	1.5	71	.14	.01		
	12.8																10.0	32	45	64	46	7.5	2	21	66	49	1.5	102	.14	.01		
	12.3																9.9	28	47	61	48	7.2	0	19	61	47	1.5	75	.13	.01		
	12.3																10.0	28	41	62	46	7.4	0	18	60	46	1.5	.87	.15	.01		
	12.4																10.0	31	46	64	51	8.3	3	20	62	42	1.5	.66	.15	.01		
	11.4																9.7	25	49	73	59	7.5	0	15	67	53	1.5	110	.15	.01		
	12.1																9.7	26	44	70	56	7.0	0	19	65	52	1.5	.65	.15	.01		
	12.2						7.2	174	238	210	24		1.5	50			9.9	33	55	74	61	7.7	1	21	62	45	1.5	58	.15	.01		
	12.7																10.0	30	47	70	53	8.2	4	23	63	55	1.5	.67	.15	.01		
	12.6																10.0	31	45	67	54	7.4	0	22	64	52	1.5	.80	.14	.01		
	12.4																9.8	31	47	70	54	7.6	0	20	64	54	1.5	.89	.14	.01		
	12.2																9.9	32	46	71	54	7.9	2	22	65	53	1.5	.68	.14	.01		
	12.4																9.6	31	51	73	59	7.4	0	21	65	51	1.5	.94	.14	.01		
	12.7																10.0	31	51	76	57	7.4	0	23	66	50	1.5	103	.15	.01		
	12.1						7.2	168	226	217	13		1.5	50			9.9	29	40	70	56	8.7	6	25	71	55	1.5	.89	.14	.01		
	13.2																10.0	32	47	73	53	8.7	5	23	69	55	1.5	.78	.15	.01		
	12.6																9.9	33	50	73	59	7.6	2	22	68	53	1.5	.42	.15	.01		
	12.6																9.4	32	48	72	60	7.0	0	22	66	54	1.5	.83	.12	.01		
	12.7																9.7	30	45	71	58	7.4	0	21	65	52	1.5	.78	.12	.01		
4	12.7						7.2	171	233	211	22		1.5	50			9.6	30	47	68	54	7.6	2	23	66	52	1.5	.84	.14	.01		
5	12.7						7.2	174	238	210	24		1.5	50			10.0	33	50	78	64	8.7	17	35	80	64	1.5	1.10	.19	.01		
2	12.1																9.6	25	40	61	45	6.8	0	18	60	42	1.5	.58	.12	.01		
1	12.4																9.9	30	47	68	54	7.6	2	23	66	52	1.5	.84	.14	.01		

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314
 COLLECTOR: M. CREAMER
 DATE & TIME COLLECTED: 08/16/00
 DATE & RECEIVED BY LAB: 08/16/00

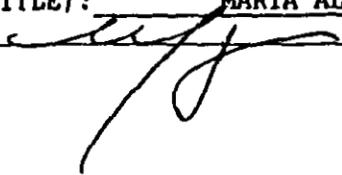
SYSTEM ID NO. _____
 SYSTEM PHONE NO.: 954-587-8833
 LAB ID NO.: 86439
 LAB PHONE NO.: 954-316-8792
 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00477-1	5260 SW 35 TH COURT	0.4/1.0			A		
2	00477-2	2950 SW 50 TH TERRACE	0.5/1.0			A		
3	00477-3	PALM TRACE BLDG #11	0.5/1.0			A		
4	00477-4	PALM TRACE BLDG #2	0.4/1.0			A		
5	00477-5	3000 SW 60 TH AVENUE	0.5/1.0			A		
6	00477-6	5600 SW 36 TH STREET	0.3/0.8			A		
7	00477-7	3501 SW 61 ST AVENUE	0.3/0.7			A		
8	00477-8	PLANT	1.3/1.8			A		
9	00477-9	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 08/16/00 6:30PM
 DATE & TIME READ (OUT): 08/17/00 6:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: 

Environmental Reagent Service

Maria Allpiste
4650 SW 51st Street
Davie, Florida 33314

Telephone 954-316-8792

RESULTS OF ANALYSIS

CLIENT: FERNCREST UTILITIES
SAMPLE NUMBER: 00499-2
LOCATION: MONITOR WELL #6
SAMPLED BY: MARIA ALLPISTE
DATE SAMPLED: 08/25/00
DATE REPORTED: 08/30/00

FL DRINKING WATER :#86439
FL ENVIRONMENTAL :#E86563
FDER CQAP: #970157
DATE RECEIVED: 08/25/00
SAMPLE MATRIX: WATER

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>ANALYSIS DATE & TIME</u>	<u>ANALYST</u>
WATER LEVEL	N/A	3' 4	FT	08/30/00	MA
CHLORIDE	SM4500 CLB	52.0	mg/L	08/30/00	MA

LABORATORY DIRECTOR: 

MARIA ALLPISTE

Our laboratory is certified by Florida HRS (Lab#86439, E86563) All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

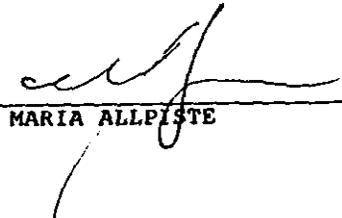
RESULTS OF ANALYSIS

CLIENT: FERNCREST UTILITIES
SAMPLE NUMBER: 00499-1
LOCATION: MONITOR WELL #5
SAMPLED BY: MARIA ALLPISTE
DATE SAMPLED: 08/25/00
DATE REPORTED: 08/30/00

FL DRINKING WATER :#86439
FL ENVIRONMENTAL :#E86563
FDER COAP: #970157
DATE RECEIVED: 08/25/00
SAMPLE MATRIX: WATER

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>ANALYSIS DATE & TIME</u>	<u>ANALYST</u>
WATER LEVEL	N/A	4.0 "	FT	08/30/00	MA
CHLORIDE	SM4500 CLB	46.0	mg/L	08/30/00	MA

LABORATORY DIRECTOR:



MARIA ALLPISTE

Our laboratory is certified by Florida HRS (Lab#86439, E86563) All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.



HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
 2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315

WATER UTILITY FERNCREST UTILITIES, INC. MONTH August YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			1	1	7	0	0	0
3. Total - Add Lines 1 & 2			1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	C. Dugasnay	Trainee		
2nd Shift 8 a.m. - 4 p.m.	A. Salerno	lead operator	B	4511
	M. Woodside	trainee		
3rd Shift 4 p.m. - 12 mid.	L. Liberys	trainee		
Relief Shift	M. Martinez	Trainee		

Submitted by Albert M. Salerno lead operator B4511 9/14/00
 Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste
 4490 SW 51st Street
 Davie, Florida 33314

Telephone 954-316-8792

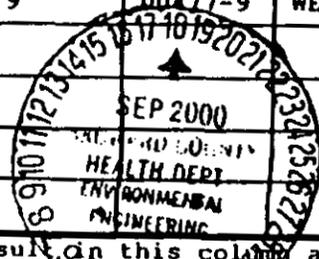
DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314
 COLLECTOR: M. CREAMER
 DATE & TIME COLLECTED: 08/16/00
 DATE & RECEIVED BY LAB: 08/16/00

SYSTEM ID NO. _____
 SYSTEM PHONE NO.: 954-587-8833
 LAB ID NO.: 86439
 LAB PHONE NO.: 954-316-8792
 TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00477-1	5260 SW 35 TH COURT	0.4/1.0			A		
2	00477-2	2950 SW 50 TH TERRACE	0.5/1.0			A		
3	00477-3	PALM TRACE BLDG #11	0.5/1.0			A		
4	00477-4	PALM TRACE BLDG #2	0.4/1.0			A		
5	00477-5	3000 SW 60 TH AVENUE	0.5/1.0			A		
6	00477-6	5600 SW 36 TH STREET	0.3/0.8			A		
7	00477-7	3501 SW 61 ST AVENUE	0.3/0.7			A		
8	00477-8	PLANT	1.3/1.8			A		
9	00477-9	WELL #2						



Professional Engineer
Maria Allpiste
 FORWARD COUNTY Health Department



Results on this column are preliminary. Total coliforms, fecal coliforms, and E. coli will follow in 24-48 hrs, if necessary.
 P- Coliforms are present
 A- Coliforms are absent
 T- Turbid growth TA- Turbid/Absence of gas or acid
 TNC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 08/16/00 6:30PM
 DATE & TIME READ (OUT): 08/17/00 6:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

State of Florida
County Public Health Unit
Water Plant Operation Report

Sept 2000

Cert. No. B-4511 Name of Plant: Feencrest Utilities County: Vol. Broward
Water - C-6299 Utility Company: " " I.D. No.: 4060419
 Month: September Year: 2000
 Telephone Number: 954-587-8833

		CHEMICAL AND PHYSICAL RESULTS (mg/l)																															
DOSAGES (mg/l)		RAW											SETTLED						FINISHED														
Lime	Chlorine Pre	OTHER						HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CACO ₃				PH	P. Alk.	M. Alk.	Total Hdrns.	Calcium Hdrns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	pH					
		Chlorine Post	Fluoride As F					Total	Calcium	Magnesium					PH	P. Alk.	M. Alk.	Total Hdrns.											CA Hdrns.				
6	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
0	12.2																9.8	30	50	71	57	6.9	0	23	66	52	1.1	5	101	12	.01		
	12.1																9.7	30	58	72	58	7.0	0	20	63	53	1.1	5	69	13	.01		
	12.8							7.1	172	232	180	52		1.5	50		9.9	34	56	75	61	7.5	1	23	71	54	1.1	5	80	14	.01		
	12.2																9.6	27	53	76	62	8.6	10	30	67	53	1.1	5	70	15	.01		
	12.4																9.8	29	49	69	55	6.8	0	24	68	52	1.1	5	73	13	.01		
	12.5																9.8	32	51	74	63	7.5	1	21	63	50	1.1	5	94	13	.01		
	12.7																9.9	31	50	72	60	7.0	0	21	69	53	1.1	5	78	13	.01		
	12.7																9.9	32	50	73	58	7.1	0	24	66	52	1.1	5	99	14	.01		
	12.6																9.7	30	48	71	58	7.1	0	21	64	50	1.1	5	110	14	.01		
	12.4							7.2	180	270	200	20		1.0	50		9.8	31	47	70	53	7.2	0	21	62	47	1.1	5	68	14	.01		
	12.2																9.8	30	53	73	57	7.1	0	23	65	46	1.1	5	84	13	.01		
	12.1																9.7	30	51	72	58	6.7	0	22	65	50	1.1	5	90	13	.01		
	12.4																9.8	30	48	65	53	6.8	0	21	61	48	1.1	5	93	13	.01		
	12.6																9.7	29	48	67	52	6.8	0	21	65	46	1.1	5	83	15	.01		
	12.6																9.9	32	48	67	55	7.4	2	21	62	47	1.1	5	79	13	.01		
	12.4																9.8	29	43	64	53	8.2	1	23	65	50	1.1	5	97	13	.01		
	14.1							7.2	140	230	200	30		1.0	50		9.7	29	48	67	52	7.2	0	20	64	44	1.1	5	85	13	.01		
	12.2																9.7	29	46	69	53	7.0	0	21	62	52	1.1	5	92	14	.01		
	14.2																* 28	48	64	53	*	0	0	21	62	45	1.1	5	82	14	.01		
	11.9																1	33	50	67	54	1	3	20	61	45	1.1	5	88	12	.01		
	12.8																28	54	72	57		0	0	21	60	46	1.1	5	65	15	.01		
	11.3																28	59	73	63		0	0	25	64	52	1.1	5	106	15	.01		
	11.1																30	61	75	63		0	0	25	64	51	1.1	5	63	14	.01		
	11.3																27	62	77	62		0	0	27	63	49	1.1	5	65	14	.01		
	11.7							* 11.8	220	200	20		1.0	50			29	45	72	54		0	0	27	67	52	1.1	5	78	15	.01		
	11.0																33	48	68	54		0	0	22	62	47	1.1	5	72	14	.01		
	11.8																28	52	71	60		0	0	21	55	47	1.1	5	45	14	.01		
	11.4																30	54	72	55	1	0	0	22	61	48	1.1	5	60	14	.01		
	11.9																* 29	58	76	66	*	0	0	25	68	58	1.1	5	89	16	.01		
	11.2																9.7	31	56	74	61	6.9	0	29	67	54	1.1	5	88	16	.01		
10	12.2							21.5	728	902	770	122		4.5	200		11.5	29	54	81	116	11.2	18	13	1912	1498	1.1	5	150	24	456	.01	
11	14.2							7.2	190	272	200	52		1.5	50		9.9	34	62	79	66	8.6	10	30	71	58	1.1	5	110	16	.01		
12	11.0							7.1	172	220	180	20		1.0	50		9.6	27	43	64	52	6.8	0	20	59	45	1.1	5	45	12	.01		
13	12.4							7.2	182	225	195	31		1.1	50		9.7	31	51	71	57	7.2	1	23	63	50	1.1	5	83	15	.01		

* pH meter down, new on order



South Florida Water Management District Pumpage Report

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

PLEASE COMPLETE ITEMS 1 THRU 9

1. Permit Number:	06-00170-W
2. Issued to:	Femcrest Utilities
Address:	3015 SW 54 th Avenue
City, State, Zip:	Fort Lauderdale, FL 33314
Phone Number:	954-587-8833
3. Recording Period:	AS REQUIRED BY YOUR PERMIT
4. Report Due:	AS REQUIRED BY YOUR PERMIT

5. Month Sept Year 2000

Day	M.G.'s	Gallons	Day	M.G.'s	Gallons
1	.687	Gallons	16	.667	Gallons
2	.694	Gallons	17	.594	Gallons
3	.610	Gallons	18	.689	Gallons
4	.688	Gallons	19	.591	Gallons
5	.628	Gallons	20	.706	Gallons
6	.660	Gallons	21	.658	Gallons
7	.660	Gallons	22	.745	Gallons
8	.662	Gallons	23	.757	Gallons
9	.668	Gallons	24	.745	Gallons
10	.680	Gallons	25	.716	Gallons
11	.637	Gallons	26	.760	Gallons
12	.694	Gallons	27	.712	Gallons
13	.628	Gallons	28	.736	Gallons
14	.650	Gallons	29	.737	Gallons
15	.664	Gallons	30	.750	Gallons
			31		

TOTAL MONTHLY PUMPAGE

GALLONS

20.483 M.G.'s

6. ACCOUNTING METHOD

FLOW METER TIME CLOCK FUEL OTHER

7. DATE OF LAST CALIBRATION

Feb. 2000

8. Name of Person Completing Form: (print or type)

Al Salerno

9. Signature:

Albert M. Salerno

Date: 10/10/00

RETURN TO:

South Florida Water Management District
ATTENTION: Regulation Department/Water Use Division
PO Box 24680
West Palm Beach, FL 33416-4680



HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
 2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315

WATER UTILITY FERNCREST UTILITIES, INC. MONTH Sept. YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			1	1	7	0	0	0
3. Total - Add Lines 1 & 2			1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	M. Woodsde	Trainee		
2nd Shift 8 a.m. - 4 p.m.	A. Salerno	lead operator	B	4511
	M. Martinez	Trainee		
3rd Shift 4 p.m. - 12 mid.	L. Liberius	Trainee		
Relief Shift	C. Duquesnoy	Trainee		

Submitted by Albert M. Salerno lead operator B-4511 10/20/00
 Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: E86563
 DATE & TIME COLLECTED: 09/13/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 09/13/00 5:0PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MT MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00553-1	5260 SW 35 TH COURT	0.4/0.9			A		
2	00553-2	2950 SW 50 TH TERRACE	0.4/0.9			A		
3	00553-3	PALM TRACE BLDG #11	0.3/0.9			A		
4	00553-4	PALM TRACE BLDG #2	0.4/0.9			A		
5	00553-5	3000 SW 60 th AVENUE	0.3/0.8			A		
6	00553-6	5600 SW 36 TH STREET	0.3/0.8			A		
7	00553-7	3501 SW 61 ST AVENUE	0.2/0.6			A		
8	00553-8	PLANT	1.2/1.6			A		
9	00553-9	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 09/13/00 5:30PM
 DATE & TIME READ (OUT): 09/14/00 5:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

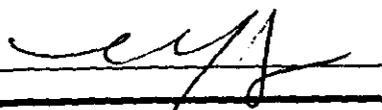
Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 10/3/00

SYSTEM: Ferncrest Utilities
JOB: 00553
COUNTY: BROWARD

COLLECTOR: A.M. Salerno
DATE COLLECTED: 09/13/00
DATE RECEIVED: 09/13/00

SAMPLE: 00553-1

DESCRIPTION: (1) 5260 SW 35TH COURT
Date and Time Analyzed: 09-15-00
Analyst Name: MARIA ALLPISTE
Lab Value (mg/l): 0.80
System Value (mg/l): 0.79

SAMPLE: 00553-2

DESCRIPTION: (2) 3501 SW 61ST AVENUE
Date and Time Analyzed: 09-15-00
Analyst Name: MARIA ALLPISTE
Lab Value (mg/l): 0.83
System Value (mg/l): 0.81

Our laboratory is certified by Florida HRS (Lab#E86563). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

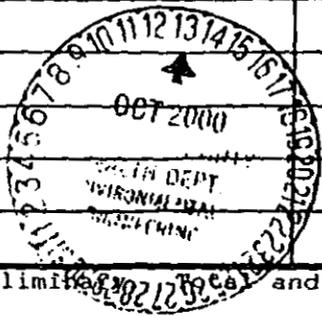
4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY	SYSTEM ID NO.
ADDRESS: 3015 SW 54 TH AVENUE DAVIE, FLORIDA 33314	SYSTEM PHONE NO.: 954-587-8833
COLLECTOR: M. CREAMER	LAB ID NO.: E86563
DATE & TIME COLLECTED: 09/13/00	LAB PHONE NO.: 954-316-8792
DATE & RECEIVED BY LAB: 09/13/00 5:0PM	TYPE OF SAMPLE:
	ROUTINE _____ REPEAT _____
	DISTRIBUTION _____ WELL _____
	OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm m Total	Confirm Fecal
1	00553-1	5260 SW 35 TH COURT	0.4/0.9			A		
2	00553-2	2950 SW 50 TH TERRACE	0.4/0.9			A		
3	00553-3	PALM TRACE BLDG #11	0.3/0.9			A		
4	00553-4	PALM TRACE BLDG #2	0.4/0.9			A		
5	00553-5	3000 SW 60 TH AVENUE	0.3/0.8			A		
6	00553-6	5600 SW 36 TH STREET	0.3/0.8			A		
7	00553-7	3501 SW 61 ST AVENUE	0.2/0.6			A		
8	00553-8	PLANT	1.2/1.6			A		
9	00553-9	WELL #2				A		



Bacteriologically safe for drinking purposes at time of collection.

Orange County Health Department

Result in this column are preliminary. Total Coli and Fecal Coliform Confirmation will follow in 24-48 hrs. when necessary.

- P- Coliforms are present
- A- Coliforms are absent
- C-Confluent growth
- TNTC-Too numerous to count
- LT-Light growth
- MD-Moderate growth

Maria Allpiste
Professional Engineer

DATE & TIME TESTED (IN): 09/13/00 5:30PM
 DATE & TIME READ (OUT): 09/14/00 5:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: *[Signature]*

HRS B
Water Treat

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MG/D

Operators' Name: Al Salerno
F. G. McDonald (C-5394)
M. Murchio, L. Libeck, C
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS						
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED						
				Total	Maximum	Minimum		Line	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1	24	.625	.510	8	8	8	.186	678		70				
2	1	.750	.490		1	1	.206	812						
3		.748	.506				.158	865						
4		.754	.510				.278	817						
5		.670	.500				.218	726						
6		.800	.507				.276	867						
7		.741	.457				.287	863						
8		.737	.504				.071	799						
9		.721	.544				.215	782						
10		.726	.545				.227	798						
11		.736	.519				.242	798						
12		.726	.502				.173	787						
13		.727	.498				.193	788						
14		.724	.498				.138	785						
15		.736	.522				.187	798						
16		.722	.549				.133	783						
17		.732	.514				.242	793						
18		.731	.521				.105	792						
19		.728	.504				.167	789						
20		.716	.512				.128	776						
21		.730	.494				.116	791						
22		.723	.522				.063	784						
23		.728	.572				.260	789						
24		.722	.516				.227	783						
25		.729	.557				.207	790						
26		.727	.523				.150	788						
27		.713	.523				.144	773						
28		.695	.462				.153	753						
29		.790	.323				.174	856						
30	✓	.721	.203	✓	✓	✓	.677	782		✓				
31	24	.733	.546	8	8	8	.117	795		70				
TOTAL	744	22.621	15.452	248	248	248	5.458	24521		2.70				
MAX.	24	.900	.572	8	8	8	.287	867		70				
MIN.	24	.625	.203	8	8	8	.063	678		70				
Average	24	.730	.498	8	8	8	.176	791		70				

State of Florida
 Dade County Public Health Unit
 Plant Operation Report

OCT 2000

Cert. No. B-4511
MCS - M. Woodside
Regency
181

Name of Plant: Fernest Utilities
 Utility Company: 1 1
 Month: October
 Telephone Number: 954-587-8833

County: Broward
 I.D. No.: 4060419
 Year: 2000

		CHEMICAL AND PHYSICAL RESULTS (mg/l)																																														
DOSAGES (mg/l)		RAW											SETTLED					FINISHED																														
Line	Chlorine Pre	Chlorine Post	OTHER					PH	M.Q. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Fe												
			Fluoride As F							Total	Calcium	Magnesium						P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.																											
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49															
130	12.4							7.9	162	2.8	196	22		15	50		9.7	27	52	67	58		6.4	0	26	68	49	1.4	5	81	1.5	.01																
	11.2																9.9	30	46	66	52		6.9	0	21	61	46	1.7	5	84	1.4	.01																
	10.5																9.7	28	49	70	54		7.1	0	21	60	43	1.7	5	67	1.4	.01																
	11.1																9.7	26	52	70	50		6.8	0	22	68	48	1.7	5	105	1.5	.01																
	12.5																9.9	27	53	69	56		7.0	0	23	60	44	1.7	5	83	2.0	.01																
	10.5																10.0	31	50	70	57		7.2	0	22	61	44	1.7	5	74	1.8	.01																
	11.3																9.7	32	53	71	57		7.4	0	27	60	47	1.7	5	82	1.5	.01																
	11.7							7.3	180	2.20	200	20		15	50		9.9	30	50	67	55		7.5	0	27	62	46	1.7	5	67	1.4	.01																
	11.6																9.8	27	45	71	52		7.0	0	21	55	45	1.7	5	73	1.4	.01																
	11.4																9.7	27	45	71	54		6.9	0	21	60	46	1.7	5	83	1.4	.01																
	11.4																9.8	30	41	70	53		6.9	0	22	64	46	1.7	5	83	1.6	.01																
	11.6																9.4	30	48	72	52		6.8	0	21	61	43	1.7	5	77	1.4	.01																
	11.6																9.8	29	47	72	53		6.4	0	21	64	43	1.7	5	74	1.8	.01																
	11.6																9.7	29	49	70	53		6.8	0	22	64	46	1.7	5	71	1.5	.01																
	11.4							7.3	160	2.22	224	16		15	50		9.8	28	46	67	53		7.0	0	22	62	46	1.7	5	67	1.5	.01																
	11.6																9.4	30	50	68	56		7.1	0	22	64	47	1.7	5	83	1.4	.01																
	10.5																11.0	30	46	66	52		7.0	0	21	62	48	1.7	5	75	1.4	.01																
	10.5																9.7	24	51	70	54		7.0	0	21	63	47	1.7	5	77	1.4	.01																
	11.6																9.6	25	53	72	55		6.9	0	20	66	44	1.7	5	77	1.5	.01																
	11.7																9.8	28	50	72	51		6.8	0	23	65	49	1.7	5	77	1.4	.01																
	10.5																11.0	32	49	70	54		7.1	0	25	67	54	1.7	5	77	1.5	.01																
	11.4																9.8	27	46	72	55		7.4	0	23	66	51	1.7	5	77	1.4	.01																
	11.6																9.9	30	46	67	50		7.1	0	20	64	47	1.7	5	48	1.3	.01																
	11.5																9.4	29	48	72	51		7.1	0	22	66	45	1.7	5	70	1.4	.01																
	11.6							7.3	180	2.22	200	22		15	50		9.8	30	45	68	48		7.2	0	22	65	46	1.7	5	72	1.4	.01																
	11.6																9.8	26	44	67	45		7.1	0	21	66	47	1.7	5	76	1.6	.01																
	11.8																9.4	29	51	71	50		7.1	0	25	67	53	1.7	5	74	1.6	.01																
	12.1																9.4	31	51	71	52		7.1	0	22	63	52	1.7	5	81	1.3	.01																
	10.6																9.8	32	49	69	57		7.3	0	21	62	51	1.7	5	102	1.5	.01																
	11.6																9.8	42	59	78	61		7.5	0	20	70	60	1.7	5	140	2.4	.01																
	11.5																9.8	31	55	76	56		7.0	0	29	68	70	1.7	5	83	1.8	.01																
2	10.22							7.2	20	2.84	218	8.0		10.0	200		9.4	31	88	150	97	167		8.2	8	26	144	143	1.5	5	207	4.5	.01															
3	12.4							7.3	182	2.38	222	22		15	50		10.0	47	59	78	61		7.8	8	60	85	70	1.7	5	105	3.8	.01																
1	10.5							7.3	160	2.18	156	16		15	50		9.6	24	41	66	48		6.8	0	20	55	43	1.7	5	48	1.2	.01																
1	11.5							7.2	175	2.24	204	20		15	50		9.8	29	49	70	52		7.0	0	24	64	48	1.7	5	77	1.6	.01																

* - f jump down

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

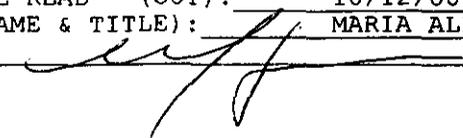
SYSTEM NAME: <u>FERNCREST UTILITY</u>	SYSTEM ID NO. _____
ADDRESS: <u>3015 SW 54TH AVENUE DAVIE, FLORIDA 33314</u>	SYSTEM PHONE NO.: <u>954-587-8833</u>
COLLECTOR: <u>M. CREAMER</u>	LAB ID NO.: <u>E86563</u>
DATE & TIME COLLECTED: <u>10/11/00</u>	LAB PHONE NO.: <u>954-316-8792</u>
DATE & RECEIVED BY LAB: <u>10/11/00 2:30PM</u>	TYPE OF SAMPLE: _____
	ROUTINE _____ REPEAT _____
	DISTRIBUTION _____ WELL _____
	OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00617-1	5260 SW 35 TH COURT	0.4/0.7			A		
2	00617-2	2950 SW 50 TH TERRACE	0.4/0.7			A		
3	00617-3	PALM TRACE BLDG #11	0.3/0.7			A		
4	00617-4	PALM TRACE BLDG #2	0.3/0.6			A		
5	00617-5	3501 SW 61 ST AVENUE	0.3/0.6			A		
6	00617-6	5600 SW 36 TH STREET	0.3/0.6			A		
7	00617-7	3000 SW 60 TH AVENUE	0.4/0.8			A		
8	00617-8	PLANT	0.7/1.3			A		
9	00617-9	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 10/11/00 2:30PM
 DATE & TIME READ (OUT): 10/12/00 2:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: 



HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
 2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315

WATER UTILITY FERNCREST UTILITIES, INC. MONTH October YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION

Minimum Number Of Samples To Be Analyzed	Number of Samples Analyzed			Number of Unsatisfactory Samples		
	Well	Plant	Distribution	Well	Plant	Dist.
	2	1	7			
	Well	Plant	Dist.	Well	Plant	Dist.
1. Collected by Utility Analyzed by HRS Miami Lab						
2. Collected by Utility Analyzed by Plant Lab	1	1	7	0	0	0
3. Total - Add Lines 1 & 2	1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	<u>M. Woodside</u>	<u>Trainee</u>		
2nd Shift 8 a.m. - 4 p.m.	<u>A. Salame</u>	<u>Lead operator</u>	<u>B</u>	<u>4511</u>
3rd Shift 4 p.m. - 12 mid.	<u>L. Liberius</u>	<u>Trainee</u>		
Relief Shift	<u>M. Martinez</u>	<u>Trainee</u>		

Submitted by M. Salame lead operator B 4511 11/13/00
 Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 10/16/00

SYSTEM: Ferncrest Utilities
JOB: 00617
COUNTY: BROWARD

COLLECTOR: A.M. Salerno
DATE COLLECTED: 10/11/00
DATE RECEIVED: 10/11/00

SAMPLE: 00617-1

DESCRIPTION: (1) 5260 SW 35TH COURT
Date and Time Analyzed: 10-11-00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.74
System Value (mg/l): 0.76

SAMPLE: 00617-2

DESCRIPTION: (2) 3501 SW 61ST AVENUE
Date and Time Analyzed: 10-11-00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.77
System Value (mg/l): 0.80

Our laboratory is certified by Florida HRS (Lab#E86563). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.



South Florida Water Management District Pumpage Report

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

PLEASE COMPLETE ITEMS 1 THRU 9

1. Permit Number:	06-00170-W
2. Issued to:	Ferncrest Utilities
Address:	3015 SW 54 th Avenue
City, State, Zip:	Fort Lauderdale, FL 33314
Phone Number:	954-587-8833
3. Recording Period:	AS REQUIRED BY YOUR PERMIT
4. Report Due:	AS REQUIRED BY YOUR PERMIT

5. Month Oct. Year 2000

1	.625 mg.	Gallons	16	.722 mg	Gallons
2	.750	Gallons	17	.732	Gallons
3	.798	Gallons	18	.731	Gallons
4	.754	Gallons	19	.728	Gallons
5	.670	Gallons	20	.716	Gallons
6	.800	Gallons	21	.730	Gallons
7	.741	Gallons	22	.723	Gallons
8	.737	Gallons	23	.728	Gallons
9	.721	Gallons	24	.722	Gallons
10	.736	Gallons	25	.729	Gallons
11	.736	Gallons	26	.727	Gallons
12	.726	Gallons	27	.713	Gallons
13	.727	Gallons	28	.695	Gallons
14	.724	Gallons	29	.790	Gallons
15	.736	Gallons	30	.721	Gallons
			31	.733	Gallons

TOTAL MONTHLY PUMPAGE

GALLONS

22.621 mg.i

6. ACCOUNTING METHOD

FLOW METER TIME CLOCK FUEL OTHER

7. DATE OF LAST CALIBRATION Feb 2000

8. Name of Person Completing Form: (print or type) Al Salerno

9. Signature: A.M. Salerno Date: 11/7/00

RETURN TO:

South Florida Water Management District
ATTENTION: Regulation Department/Water Use Division
PO Box 24680
West Palm Beach, FL 33416-4680

HRS Brow
Water Treatme

Lead Operator Signature: Albert M. S. [Signature]
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 M.G.D.

Operators' Name: A. Salerno
F. C. [Signature] (i-8344) Train.
M. [Signature], L. [Signature]
 Total Metered Services at End of Month: 1

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.728	.518	8	8	8	.195	789			70	6			
2	1	.726	.585	1	1	1	.193	787			1	1			
3		.726	.469				.172	787							
4		.728	.523				.103	789							
5		.710	.541				.065	770							
6		.729	.593				.199	790							
7		.717	.620				.097	777							
8		.727	.559				.145	788							
9		.720	.528				.098	780							
10		.714	.529				.127	774							
11		.719	.544				.215	779							
12		.716	.528				.134	776							
13		.808	.540				.069	876							
14		.805	.536				.151	873							
15		.829	.544				.182	899							
16		.817	.542				.211	886							
17		.818	.542				.279	887							
18		.806	.502				.298	874							
19		.818	.543				.144	887							
20		.806	.568				.124	874							
21		.823	.503				.343	842							
22		.818	.501				.273	887							
23		.841	.512				.248	912							
24		.777	.497				.083	842							
25		.827	.514				.263	896							
26		.770	.502				.270	835							
27		.771	.552				.127	836							
28		.689	.503				.215	747							
29	✓	.620	.483	✓	✓	✓	.124	672		✓	✓				
30	24	.707	.506	8	8	8	.197	766		70	6				
31															
TOTAL	720	22,810	16,049	240	240	240	5.344	24,217		2100	180				
MAX.	24	.841	.620	8	8	8	.343	912		70	6				
MIN.	24	.620	.469	8	8	8	.065	672		70	6				
Average	24	.760	.535	8	8	8	.178	824		70	6				



**HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315**

WATER UTILITY FERNCREST UTILITIES, INC. MONTH November YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

**BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION**

Minimum Number Of Samples To Be Analyzed	Number of Samples Analyzed			Number of Unsatisfactory Samples		
	Well	Plant	Distribution	Well	Plant	Dist.
	2	1	7			
1. Collected by Utility Analyzed by HRS Miami Lab						
2. Collected by Utility Analyzed by Plant Lab	1	1	7	0	0	0
3. Total - Add Lines 1 & 2	1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	<u>M. Woodside</u>	<u>Trainee</u>		
2nd Shift 8 a.m. - 4 p.m.	<u>M. Martinec</u>	<u>Trainee</u>		
	<u>A. Salazar</u>	<u>Lead operator</u>	B	4511
3rd Shift 4 p.m. - 12 mid.	<u>L. Liberis</u>	<u>Trainee</u>		
Relief Shift	<u>C. Dugansey</u>	<u>Trainee</u>		

Submitted by Albert M. Salazar Lead operator B-4511 12/12/00
Signature Title and Level of Certification Date

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8192

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY SYSTEM ID NO. _____
 ADDRESS: 3015 SW 54TH AVENUE DAVIE, FLORIDA 33314 SYSTEM PHONE NO.: 954-587-8833
 COLLECTOR: M. CREAMER LAB ID NO.: E86563
 DATE & TIME COLLECTED: 11/22/00 LAB PHONE NO.: 954-316-8792
 DATE & RECEIVED BY LAB: 11/22/00 1:30PM TYPE OF SAMPLE: _____
 ROUTINE _____ REPEAT _____
 DISTRIBUTION _____ WELL _____
 OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00736A-1	5260 SW 35 TH COURT	0.7/1.3			A		
2	00736A-2	2950 SW 50 TH TERRACE	0.9/1.4			A		
3	00736A-3	PALM TRACE BLDG #11	0.8/1.4			A		
4	00736A-4	PALM TRACE BLDG #2	0.9/1.4			A		
5	00736A-5	3000 SW 60 TH AVENUE	0.7/1.1			A		
6	00736A-6	5600 SW 36 TH STREET	0.4/0.9			A		
7	00736A-7	3501 SW 61 ST AVENUE	0.4/0.9			A		
8	00736A-8	PLANT	1.5/2.0			A		
9	00736A-9	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present C-Confluent growth TA- Turbid/Absence of gas or acid
 A- Coliforms are absent TNTC-Too numerous to count MD-Moderate growth
 LT-Light growth

DATE & TIME TESTED (IN): 11/22/00 3:00PM
 DATE & TIME READ (OUT): 11/23/00 3:00PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: _____

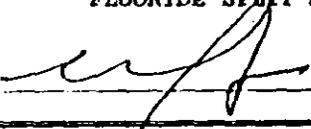
Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

FLUORIDE SPLIT SAMPLE ANALYSIS BY STANDARD METHOD 4500 F-C

Authorized by: 

Date: 11/30/00

SYSTEM: Ferncrest Utilities
JOB: 00736A
COUNTY: BROWARD

COLLECTOR: A.M. Salerno
DATE COLLECTED: 11/22/00
DATE RECEIVED: 11/22/00

SAMPLE: 00736A-1

DESCRIPTION: (1) 5260 SW 35TH COURT
Date and Time Analyzed: 11-28-00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.89
System Value (mg/l): 0.80

SAMPLE: 00736A-2

DESCRIPTION: (2) 3501 SW 61ST AVENUE
Date and Time Analyzed: 11-28-00
Analyst Name: MARIA ALLPISTE
Lab Value(mg/l): 0.76
System Value (mg/l): 0.77

Our laboratory is certified by Florida HRS (Lab#E06563). All data were determined in accordance with Standard Methods for the Examination of Water and Wastewater 18th edition 1992.



South Florida Water Management District Pumpage Report

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

PLEASE COMPLETE ITEMS 1 THRU 9

1. Permit Number:	06-00170-W
2. Issued to:	Ferncrest Utilities
Address:	3015 SW 54 th Avenue
City, State, Zip:	Fort Lauderdale, FL 33314
Phone Number:	954-587-8833
3. Recording Period:	AS REQUIRED BY YOUR PERMIT
4. Report Due:	AS REQUIRED BY YOUR PERMIT

5. Month November Year 2000

Day	mg/l	Gallons	Day	mg/l	Gallons
1	.728	16	16	.817	Gallons
2	.726	17	17	.818	Gallons
3	.726	18	18	.806	Gallons
4	.728	19	19	.818	Gallons
5	.710	20	20	.806	Gallons
6	.729	21	21	.823	Gallons
7	.717	22	22	.818	Gallons
8	.727	23	23	.841	Gallons
9	.720	24	24	.777	Gallons
10	.714	25	25	.827	Gallons
11	.719	26	26	.770	Gallons
12	.716	27	27	.771	Gallons
13	.808	28	28	.689	Gallons
14	.805	29	29	.620	Gallons
15	.829	30	30	.707	Gallons
		31			Gallons

TOTAL MONTHLY PUMPAGE GALLONS

22.810 mg/l

6. ACCOUNTING METHOD
 FLOW METER TIME CLOCK FUEL OTHER

7. DATE OF LAST CALIBRATION _____

8. Name of Person Completing Form: (print or type) Al Salerno

9. Signature: Albert M. Salerno Date: 12-5-00

RETURN TO: South Florida Water Management District
 ATTENTION: Regulation Department/Water Use Division
 PO Box 24680
 West Palm Beach, FL 33416-4680

Lead Operator Signature: Albert M. Salemi
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: Albert Sales
F. Edmundson (C-8399)
M. Muckhart, L. Lubes
 Total Metered Services at End of Month: 1.4

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	24	.697	.544	8	8	8	.134	756		70	6				
2	1	.709	.502	1	1	1	.281	769		1	1				
3		.720	.542	1	1	1	.177	780							
4		.694	.540	1	1	1	.168	752							
5		.710	.442	1	1	1	.285	770							
6		.716	.448	1	1	1	.157	776							
7		.688	.597	1	1	1	.194	746							
8		.706	.495	1	1	1	.206	765							
9		.705	.601	1	1	1	.261	764							
10		.705	.481	1	1	1	.077	764							
11		.644	.520	1	1	1	.045	752							
12		.682	.604	1	1	1	.034	739							
13		.662	.715	1	1	1	.112	718							
14		.716	.510	1	1	1	.030	776							
15		.833	.585	1	1	1	.172	903							
16		.856	.502	1	1	1	.118	928							
17		.833	.522	1	1	1	.336	903							
18		.843	.555	1	1	1	.235	914							
19		.844	.508	1	1	1	.263	915							
20		.851	.512	1	1	1	.341	922							
21		.835	.510	1	1	1	.203	905							
22		.822	.508	1	1	1	.308	891							
23		.834	.512	1	1	1	.262	904							
24		.717	.626	1	1	1	.186	864							
25		.769	.518	1	1	1	.115	834							
26		.839	.664	1	1	1	.125	909							
27		.858	.417	1	1	1	.154	930							
28		.837	.406	1	1	1	.140	907							
29		.765	.522	1	1	1	.166	829							
30	✓	.788	.502	✓	✓	✓	.254	854	✓	✓					
31	24	.762	.491	8	8	8	.224	826		70	6				
TOTAL	744	23.770	16.690	248	248	248	5.772	25769		2170	186				
MAX.	24	.858	.715	8	8	8	.341	930		70	6				
MIN.	24	.662	.406	8	8	8	.030	718		70	6				
Average	24	.767	.538	8	8	8	.156	831		70	6				

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-9792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY	SYSTEM ID NO. _____
ADDRESS: 3015 SW 54 TH AVENUE DAVIE, FLORIDA 33314	SYSTEM PHONE NO.: 954-587-8833
COLLECTOR: M. CREAMER	LAB ID NO.: E86563
DATE & TIME COLLECTED: 12/13/00	LAB PHONE NO.: 954-316-8792
DATE & RECEIVED BY LAB: 12/13/00 3:30PM	TYPE OF SAMPLE: _____
	ROUTINE _____ REPEAT _____
	DISTRIBUTION _____ WELL _____
	OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confirm Total	Confirm Fecal
1	00789-1	5260 SW 35 TH COURT	1.4/1.1			A		
2	00789-2	2950 SW 50 TH TERRACE	1.2/1.6			A		
3	00789-3	PALM TRACE BLDG #11	0.6/1.0			A		
4	00789-4	PALM TRACE BLDG #2	1.0/1.4			A		
5	00789-5	3000 SW 60 TH AVENUE	1.0/1.3			A		
6	00789-6	5600 SW 36 TH STREET	1.1/1.5			A		
7	00789-7	3501 SW 61 ST AVENUE	0.9/1.4			A		
8	00789-8	PLANT	2.0/2.5			A		
9	00789-9	WELL #2				A		

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

P- Coliforms are present
A- Coliforms are absent

C-Confluent growth TA- Turbid/Absence of gas or acid
TNTC-Too numerous to count MD-Moderate growth
LT-Light growth

DATE & TIME TESTED (IN): 12/13/00 4:30PM
DATE & TIME READ (OUT): 12/14/00 4:30PM
ANALYST (NAME & TITLE): MARIA ALLPISTE
SIGNATURE: 



HRS BROWARD COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL ENGINEERING SECTION
 2421 S.W. 6th AVENUE, FORT LAUDERDALE, FLORIDA 33315

WATER UTILITY FERNCREST UTILITIES, INC. MONTH December YEAR 2000

Note: Please complete this form monthly and attach one copy to the monthly water plant operation report to be submitted to the BCPHU not later than the 15th of the following month.

BACTERIOLOGICAL SAMPLES ANALYZED FROM COMMUNITY WATER SYSTEMS
MONTHLY TABULATION

Minimum Number Of Samples To Be Analyzed			Number of Samples Analyzed			Number of Unsatisfactory Samples		
Well	Plant	Distribution	Well	Plant	Dist.	Well	Plant	Dist.
2	1	7						
1. Collected by Utility Analyzed by HRS Miami Lab								
2. Collected by Utility Analyzed by Plant Lab			1	1	7	0	0	0
3. Total - Add Lines 1 & 2			1	1	7	0	0	0

Note: Do not include bacteriological results on main clearances.

WATER PLANT OPERATING PERSONNEL

SHIFT	NAME OF OPERATOR	TITLE	LEVEL OF CERT.	LICENSE NUMBER
1st Shift 12 mid. - 8 a.m.	M. Woodside	Trainee		
2nd Shift 8 a.m. - 4 p.m.	A. Salas	lead operator	B	4511
	C. Duguesne	Trainee		
3rd Shift 4 p.m. - 12 mid.	L. Liberis	Trainee		
Relief Shift	M. McKinzie	Trainee		

Submitted by Albert M. Salas Signature Title and Level of Certification lead operator B-4511 Date 1/10/01

Environmental Reagent Service

Maria Allpiste

Telephone 954-316-8792

4650 SW 51st Street
Davie, Florida 33314

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: FERNCREST UTILITY	SYSTEM ID NO. _____
ADDRESS: 3015 SW 54 TH AVENUE DAVIE, FLORIDA 33314	SYSTEM PHONE NO.: 954-587-8833
COLLECTOR: M. CREAMER	LAB ID NO.: E86563
DATE & TIME COLLECTED: 12/13/00	LAB PHONE NO.: 954-316-8792
DATE & RECEIVED BY LAB: 12/13/00 3:30PM	TYPE OF SAMPLE: _____
	ROUTINE _____ REPEAT _____
	DISTRIBUTION _____ WELL _____
	OTHER _____

ANALYSIS METHOD:
MF MTF MMO-MUG PA

Field Sample #	Lab Sample #	Sample Location (Specific Address)	Cl2 Res'd (Fr/Tot)	pH	Non Coli	Total Coli	Confir m Total	Confirm Fecal
1	00789-1	5260 SW 35 TH COURT	1.4/1.1			A		
2	00789-2	2950 SW 50 TH TERRACE	1.2/1.6			A		
3	00789-3	PALM TRACE BLDG #11	0.6/1.0			A		
4	00789-4	PALM TRACE BLDG #2	1.0/1.4			A		
5	00789-5	3000 SW 60 TH AVENUE	1.0/1.3			A		
6	00789-6	5600 SW 36 TH STREET	1.1/1.5			A		
7	00789-7	3501 SW 61 ST AVENUE	0.9/1.4			A		
8	00789-8	PLANT	2.0/2.5			A		
9	00789-9	WELL #2	Bacteriologically safe for drinking purposes at time of collection.					

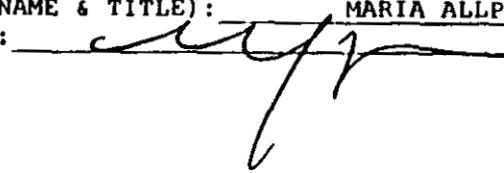
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IAN 10 2001

ENVIR
Browar

Result in this column are preliminary. Total and Fecal coliform confirmation will follow in 24-48 hrs. when necessary.

- P- Coliforms are present
- A- Coliforms are absent
- C-Confluent growth
- TNTC-Too numerous to count
- LT-Light growth
- TA- Turbid/Absence of gas or acid
- MD-Moderate growth

DATE & TIME TESTED (IN): 12/13/00 4:30PM
 DATE & TIME READ (OUT): 12/14/00 4:30PM
 ANALYST (NAME & TITLE): MARIA ALLPISTE
 SIGNATURE: 

**1999 WATER
OPERATING REPORTS**

Plant Operation Report

JAN 99

Cert. No. B-4511 Name of Plant: Ferncrest Utilities County: Broward
 ops: M. Woodside Utility Company: _____ I.D. No.: 4060419
 Line # _____ Month: January Year: 1999
 _____ Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
Chlorine Pre	Chlorine Post	OTHER					RAW					SETTLED					FINISHED															
		Fluoride As F					PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃			PH	P. Alk.	M. Alk.	Total Hdns	Calcium Hdns	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	T.C.O.			
Total	Calcium	Magnesium	P. Alk.	M. Alk.	Total Hdns	CA Hdns																										
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
	13.1																9.6	28	88	88	69	6.9	0	30	71	51	11.2	5	88	24	.01	
	13.4																9.8	31	74	84	62	6.8	0	29	72	51	11.2	5	44	26	.01	
	13.1																9.9	32	90	80	62	7.0	0	28	66	48	11.2	5	86	27	.01	
	12.8																10.6	44	71	87	71	8.4	2	53	94	54	11.2	5	80	27	.01	
	12.7																9.6	23	63	72	52	8.1	3	35	81	61	11.2	5	81	27	.01	
	0																9.6	25	69	76	45	7.0	0	29	73	53	11.2	5	86	27	.01	
	13.1																9.6	30	64	76	56	7.0	0	28	73	54	11.2	5	87	27	.01	
	13.3																9.6	27	75	82	61	7.2	0	31	75	54	11.2	5	76	26	.01	
	13.1						7.4	210	240	210	30		1.5	50			9.9	30	67	76	56	7.2	0	43	86	71	11.2	5	83	27	.01	
	13.4																9.7	31	86	79	62	7.0	0	40	70	50	11.2	5	76	25	.01	
	13.2						7.4	210	250	220	30		1.5	50			9.7	33	81	82	61	7.0	0	34	96	77	11.2	11	107	25	.01	
	13.1																9.7	32	79	83	64	8.3	1	35	74	57	11.2	5	74	25	.01	
	13.7																9.7	26	58	74	54	7.5	0	36	74	54	11.2	5	90	30	.01	
	13.1																10.0	32	60	72	55	7.0	0	33	73	56	11.2	5	81	28	.01	
	12.9																9.8	28	57	67	50	7.2	0	26	68	51	11.2	5	80	27	.01	
	12.7																9.8	27	51	70	52	7.5	0	25	68	50	11.2	5	82	25	.01	
	13.2																9.4	27	50	62	46	7.0	0	24	61	46	11.2	5	88	26	.01	
	13.1																9.7	25	51	63	49	7.1	0	25	61	46	11.2	5	90	26	.01	
	12.7																9.8	26	56	65	50	7.0	0	26	64	46	11.2	5	86	24	.01	
	12.9						7.4	220	260	230	30		1.5	50			9.8	30	62	64	54	7.0	0	32	67	50	11.2	5	83	24	.01	
	12.8																10.1	34	63	75	54	6.4	0	31	56	48	11.2	5	88	26	.01	
	12.7																10.0	31	60	73	54	7.1	0	25	62	49	11.2	5	81	27	.01	
	12.4						7.4	210	250	220	30		1.5	50			10.2	30	49	61	45	8.8	5	25	65	47	11.2	5	85	26	.01	
	12.4																9.7	25	62	73	55	9.4	10	36	66	49	11.2	5	84	27	.01	
	12.5																9.6	28	67	80	60	7.2	0	31	68	51	11.2	5	82	24	.01	
	12.8																9.6	27	61	73	55	6.4	0	33	70	49	11.2	5	88	27	.01	
	12.5																9.8	27	53	66	49	7.0	0	24	63	45	11.2	5	83	26	.01	
	12.8																9.9	32	65	74	55	7.0	0	28	63	44	11.2	5	75	26	.01	
	12.7																9.8	28	65	75	55	7.1	0	25	60	44	11.2	5	80	25	.01	
	12.4																9.6	27	66	77	54	6.4	0	24	60	47	11.2	5	114	26	.01	
	13.7						2.4	68	50	1000	880	120		60	200		80.7	403	2028	2289	1711	226.5	21	983	2181	1637	10.2	161	2688	82.5	.31	
	13.7						7.4	220	260	230	30		1.5	50			10.6	44	90	88	71	9.4	10	58	99	84	11.2	11	114	30	.01	
	12.8						7.4	210	240	210	30		1.5	50			9.6	23	50	53	34	6.4	0	24	56	43	11.2	5	76	24	.01	
	12.9						7.4	212	250	220	30		1.5	50			9.8	29	65	73	55	7.3	1	31	70	52	11.2	5	87	27	.01	

HRS Browa
Water Treatme

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 100 MG

Operators' Name: A. Salerno
F. Edmondson (C-8399) TR
M. Creumer, K. Foley, M. M.
 Total Metered Services at End of Month: _____

* Fire Pump

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	24	.641	1370	8	8	8	.144	695		70	6				
2		.628	.524	↑	↑	↑	.235	681		↑	↑				
3		.641	.533	↑	↑	↑	.358	695		↑	↑				
4		.655	.583	↑	↑	↑	.264	710		↑	↑				
5		.661	.555	↑	↑	↑	.143	717		↑	↑				
6		.000*	.569	↑	↑	↑	.202	000		↑	↑				
7		.641	.578	↑	↑	↑	.210	695		↑	↑				
8		.635	.554	↑	↑	↑	.150	688		↑	↑				
9		.644	.559	↑	↑	↑	.048	695		↑	↑				
10		.639	.481	↑	↑	↑	.092	693		↑	↑				
11		.625	.489	↑	↑	↑	.065	678		↑	↑				
12		.635	.445	↑	↑	↑	.162	688		↑	↑				
13		.640	.452	↑	↑	↑	.111	694		↑	↑				
14		.612	.371	↑	↑	↑	.092	663		↑	↑				
15		.645	.441	↑	↑	↑	.125	699		↑	↑				
16		.652	.422	↑	↑	↑	.241	707		↑	↑				
17		.663	.402	↑	↑	↑	.093	719		↑	↑				
18		.635	.444	↑	↑	↑	.148	688		↑	↑				
19		.647	.487	↑	↑	↑	.166	701		↑	↑				
20		.664	.471	↑	↑	↑	.180	720		↑	↑				
21		.678	.441	↑	↑	↑	.137	735		↑	↑				
22		.656	.432	↑	↑	↑	.202	71		↑	↑				
23		.663	.442	↑	↑	↑	.181	719		↑	↑				
24		.650	.396	↑	↑	↑	.084	705		↑	↑				
25		.678	.471	↑	↑	↑	.101	735		↑	↑				
26		.673	.421	↑	↑	↑	.165	730		↑	↑				
27		.617	.424	↑	↑	↑	.166	669		↑	↑				
28		.711	.506	↑	↑	↑	.189	771		↑	↑				
29		.657	.363	↑	↑	↑	.177	712		↑	↑				
30	✓	.662	.431	↓	↓	↓	.128	718		↓	↓				
31	24	.675	.461	8	8	8	.099	732		✓	6				
TOTAL	744	19,523	14,515	248	248	248	4.663	21,166		2170	186				
MAX.	24	.711	.583	8	8	8	.358	771		70	6				
MIN.	24	.612	.363	8	8	8	.048	663		70	6				
Average	24	.650	.448	8	8	8	.150	706		70	6				

Florida
 Public Health Unit
 Plant Operation Report

Feb 99

Plant No. 3-4511 Name of Plant: Fernest Utilities County: Broward
 M. Woodside Utility Company: " " I.D. No.: 4060419
 Alley Month: February Year: 1999
 Telephone Number: 954-537-8533

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																													
		RAW											SETTLED						FINISHED												
		OTHER				HARDNESS			CO ₂ Calc	Iron As Fe	Color Units	Turbidity (NTU)	AS CaCO ₃					PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Temp				
Fluoride As F				Total	Calcium	Magnesium	PH	P. Alk.					M. Alk.	Total Hdns.	CA Hdns.	P. Alk.	P. Alk.											M. Alk.	Total Hdns.	Calcium Hdns.	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
12.8						7.4	290	250	220	30		15	50		9.6	28	67	79	58	6.1	0	28	67	44	10.6	5	.96	.27	.01		
12.6															9.8	32	67	78	54	7.0	0	28	65	46	10.3	5	1.11	.26	.01		
10.6															9.8	33	55	72	54	7.9	1	28	61	42	10.2	5	.49	.26	.01		
9.8															9.6	27	62	70	51	7.5	0	29	60	43	10.3	5	.73	.26	.01		
10.0															9.7	28	61	73	53	7.0	0	30	62	43	10.4	5	.57	.27	.01		
9.8															9.7	29	61	72	54	7.1	0	27	61	44	10.3	5	.88	.26	.01		
10.1															9.6	25	59	73	55	7.1	0	23	63	47	10.8	5	.41	.25	.01		
11.6															9.9	30	50	77	52	7.4	0	25	63	45	10.4	5	.47	.27	.01		
12.1															10.1	40	63	74	58	7.2	0	29	62	44	10.6	5	.19	.26	.01		
11.6															9.7	30	64	72	55	7.2	0	27	58	46	10.2	5	.90	.27	.01		
12.5						7.4	200	210	200	10		15	50		9.8	32	65	75	57	7.1	0	24	62	43	10.4	5	.88	.27	.01		
12.0															9.8	32	66	78	58	7.1	0	35	66	46	10.0	5	1.00	.26	.01		
11.8															10.0	35	64	72	53	7.2	0	25	61	42	10.3	5	1.02	.26	.01		
11.8															9.9	31	60	67	50	7.7	0	24	60	42	10.8	5	.83	.26	.01		
12.1															9.9	29	50	71	48	7.2	0	24	61	43	10.5	5	.76	.26	.01		
11.5						7.1	220	218	204	14		15	50		9.9	31	62	71	51	7.1	0	23	58	41	10.5	5	.75	.26	.01		
12.0															9.8	32	57	70	53	7.1	0	10	61	43	10.0	5	.76	.27	.01		
12.0															9.9	30	60	70	52	7.1	0	43	59	42	10.4	5	.84	.27	.01		
12.2															10.1	32	60	67	50	7.1	0	25	62	44	10.3	5	.82	.27	.01		
11.9															9.8	28	60	71	53	7.1	0	29	62	49	10.4	5	.82	.27	.01		
11.9						7.2	204	230	196	34		15	50		9.7	27	75	84	63	7.1	0	43	75	59	10.8	5	.80	.27	.01		
12.4															10.0	32	69	76	57	7.1	0	37	70	55	10.3	5	.82	.28	.01		
12.0															9.8	31	76	86	65	7.0	0	33	71	55	10.0	5	.84	.27	.01		
12.0															9.6	25	74	83	60	6.4	0	40	72	52	10.0	5	.85	.23	.01		
12.2															9.7	28	69	75	56	6.8	0	29	64	46	10.3	5	.88	.27	.01		
12.4															9.9	32	63	75	55	6.4	0	29	64	44	10.4	5	.93	.27	.01		
12.7															10.1	33	60	72	51	7.2	0	26	61	43	10.4	5	.81	.27	.01		
12.5						7.5	204	234	194	40		15	50		9.9	31	55	70	56	8.1	0	24	60	43	10.7	5	.47	.24	.01		
3.9.5						7.6	1074	1142	10.4	124		75	250		275.1	863	1767	2071	1532	20.2	1	745	1771	1276	10.4	140	14.69	7.45	.28		
12.8						7.5	240	250	220	40		15	50		10.1	40	76	86	65	8.1	1	43	75	59	10.4	5	1.11	.28	.01		
9.8						7.1	200	210	194	10		15	50		9.6	25	55	67	48	6.8	0	23	58	41	10.3	5	.73	.26	.01		
11.8						7.3	215	228	203	26		15	50		9.8	31	63	74	54	7.1	0	28	63	45	10.4	5	.88	.27	.01		

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 100 MGD

Operators' Name: Albert M. Salerno
F. Edmunds (C-8394) T. G. ...
M. ... M. ...
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED							
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.657	.424	8	8	8	.163	712		70	6				
2	1	.664	.427	1	1	1	.104	720		1	1				
3		.794	.448				.039	861							
4		.857	.449				.039	929							
5		.844	.409				.218	915							
6		.858	.416				.276	930							
7		.831	.431				.168	901							
8		.722	.427				.143	783							
9		.692	.338				.156	750							
10		.726	.424				.160	787							
11		.654	*				.106	709							
12		.702	*				.137	761							
13		.709	*				.239	769							
14		.711	*				.162	771							
15		.695	*				.339	753							
16		.712	*				.127	772							
17		.699	*				.098	758							
18		.702	.467				.216	761							
19		.686	.594				.201	744							
20		.705	.634				.125	764							
21		.704	.617				.102	763							
22		.678	.601				.107	735							
23		.698	.613				.138	757							
24		.701	.565				.170	760							
25		.689	.530				.158	747							
26		.675	.667				.203	736							
27	✓	.659	.645	✓	✓	✓	.140	714		✓	✓				
28	24	.672	.664	8	8	8	.054	728		70	6				13
29															
30															
31															
TOTAL		20100	10,789	224	224	224	4.283			1460	168				364
MAX.		.858	.667	8	8	8	.339			70	6				130
MIN.		.654	.409	8	8	8	.034			70	6				130
Average		.718	.514	8	8	8	.153			70	6				130

* - fire pumps

Lead Operator Signature: Albert M. Salas
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: Al Salas
F. G. Henderson (C-8349)
M. Woodside, M. Martinez
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED					OTHER		
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.647	.612	8	8	8	.075	701		70	6				
2	1	.650	.653	1	1	1	.084	705		1	1				
3		.665	.718				.088	721							
4		.647	.616				.107	701							
5		.640	.589				.123	694							
6		.648	.609				.084	702							
7		.649	.649				.082	703							
8		.630	.658				.077	683							
9		.647	.622				.077	701							
10		.642	.637				.000	696							
11		.638	.623				.083	692							
12		.628	.612				.081	681							
13		.642	.624				.059	696							
14		.529	.614				.016	573							
15		.707	.614				.043	766							
16		.621	.598				.080	684							
17		.617	.603				.043	669							
18		.727	.629				.092	788							
19		.726	.641				.194	787							
20		.736	.668				.098	798							
21		.656	.660				.000	711							
22		.811	.649				.121	879							
23		.723	.658				.117	784							
24		.741	.741				.094	803							
25		.725	.691				.093	786							
26		.720	.708				.147	780							
27		.737	.644				.128	799							
28		.711	.634				.133	771							
29		.720	.680				.062	780							
30	✓	.725	.693	✓	✓	✓	.155	786							
31	24	.726	.682	8	8	8	.077	787		70	6				
TOTAL	744	21,041	19,999	248	248	248	2.720	22,407		2170	186				13
MAX.	24	.811	.741	8	8	8	.194	879		70	6				40
MIN.	24	.529	.589	8	8	8	.000	573		70	6				13
Average	8.84	.679	.645	8	8	8	.088	736		70	6				13

State of Florida
 Department of Health
 Water Treatment Plant Operation Report

April 99

Cert. No. 0-4511 Name of Plant: Ferncrest Utilities County: Broward
 S. M. Creamer, M. W. W. Utility Company: I.D. No.: 4060419
 Month: April Year: 1999
 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
Chlorine Post	Fluoride As F	RAW										SETTLED					FINISHED															
		OTHER					HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdns.	CA Hdns.	PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)
18	19	20	21	22	23	PH	M.O. Alk.	Total	Calcium						Magnesium	33	34	P. Alk.														
11.6													9.4	30	56	70	58	7.3	0	23	62	45	12.2	5	82	28	0.1					
11.7													9.4	33	62	77	55	7.4	1	26	61	41	12.0	5	85	28	0.1					
11.6													9.8	28	55	81	64	7.7	1	26	69	51	12.7	5	87	28	0.1					
11.4													10.0	32	63	82	66	7.7	1	23	65	48	12.6	5	95	28	0.1					
11.2													10.0	30	59	83	63	7.8	0	25	65	48	10.6	5	43	29	0.1					
11.4													9.7	32	67	85	66	7.2	0	24	67	47	10.6	5	54	23	0.1					
11.4								7.3	170	268	240	58		1.5	50			7.7	29	57	82	65	6.9	0	29	67	51	12.7	5	78	20	0.1
11.5													7.8	30	58	85	67	7.9	3	36	80	36	12.3	5	93	24	0.1					
10.3													7.8	33	70	82	64	7.3	3	32	68	50	12.7	5	42	25	0.1					
10.0													9.9	32	68	86	72	7.9	3	30	69	50	10.7	5	40	27	0.1					
9.8													9.8	35	68	91	71	7.4	0	29	68	52	12.2	5	85	30	0.1					
10.0													9.7	32	64	87	70	6.9	0	27	71	50	12.5	5	106	21	0.1					
9.9													9.9	35	65	88	70	7.0	0	28	72	54	12.0	5	98	30	0.1					
10.0								7.3	190	240	260	30		1.5	50			9.9	39	70	90	73	8.6	4	33	73	55	12.3	5	92	29	0.1
12.5													9.6	32	73	89	72	7.0	0	29	72	53	11.7	5	90	27	0.1					
9.9													9.7	31	70	90	73	6.9	0	29	68	44	11.8	5	81	22	0.1					
9.9													9.8	29	69	89	72	6.9	0	29	67	49	11.7	5	99	17	0.1					
9.8													9.8	33	63	82	62	7.1	0	25	68	51	11.8	5	41	19	0.1					
10.8													9.7	32	64	83	55	7.2	0	29	70	52	12.0	5	42	21	0.1					
11.1								7.2	236	224	196	28		1.5	50			9.9	33	55	76	60	7.0	0	30	69	54	12.5	5	91	19	0.1
11.9													9.8	31	61	76	54	6.9	0	30	73	55	12.3	5	41	19	0.1					
12.7													9.7	33	74	86	67	7.0	0	39	80	62	11.7	5	87	18	0.1					
13.1													9.8	34	70	86	65	6.8	0	43	79	65	12.3	5	89	19	0.1					
12.8													9.9	34	65	81	58	7.0	0	30	67	55	12.3	5	87	17	0.1					
12.6													10.0	35	63	82	66	7.4	0	24	67	53	12.2	5	42	17	0.1					
13.0													9.7	30	62	76	58	7.4	0	25	67	50	12.8	5	88	18	0.1					
13.1													9.8	33	71	85	57	7.1	0	25	71	51	12.6	5	91	19	0.1					
13.5								7.2	220	240	262	38		1.5	50			9.6	29	62	78	57	7.1	0	27	73	54	12.6	5	92	17	0.1
⊕													9.8	32	65	77	59	7.0	0	33	72	54	10.7	5	90	17	0.1					
⊕													9.9	34	66	76	57	7.0	0	29	68	51	12.2	5	85	16	0.1					
13.5								9.0	816	972	818	154		6.0	200			10.3	36	143	145	127	217	16	866	1151	1556	154	150	27.7	204	30
13.5								7.3	236	268	210	58		1.5	50			10.0	34	74	91	73	8.6	4	43	80	65	12.7	5	106	21	0.1
9.8								7.2	170	224	196	28		1.5	50			9.6	28	55	72	55	6.8	0	23	61	41	10.6	5	78	16	0.1
11.4								7.3	204	243	204	38		1.5	50			9.8	32	64	82	64	7.2	1	29	65	52	12.8	5	91	24	0.1

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: Al Salerno
F. Edmundson (1-8399)
K. Foley, M. M...
 Total Metered Services at End of Month: _____

SYSTEM ADDRESS COLLECTOR DATE

* IN-02 BEING RE-BUILT

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED							
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.723	.697	8	8	8	.077	784		70	6				
2	1	.716	.668	1	1	1	.106	776		1	1				
3		.724	.683				.061	785							
4		.734	.660				.088	796							
5		.752	.628				.109	815							
6		.739	.544				.047	801							
7		.739	*				.140	801							
8		.728					.025	789							
9		.816					.155	885							
10		.847					.238	918							
11		.853					.115	930							
12		.836					.180	906							
13		.851					.247	922							
14		.843					.045	914							
15		.672					.048	728							
16		.845					.131	916							
17		.846					.264	917							
18		.861					.190	933							
19		.778					.241	843							
20		.756					.132	820							
21		.707					.230	766							
22		.661					.111	717							
23		.643					.123	697							
24		.655					.191	710							
25		.667					.182	723							
26		.646					.282	700							
27		.644					.140	698							
28		.624					.130	676							
29	✓	⊕	✓	✓	✓	✓	.271	⊕		1	1				
30	24	⊕	*	8	8	8	.235	⊕		70	6				1
31															
TOTAL	720	20.985	3.676	240	240	240	4.584	22,666		2100	180				24
MAX.	24	.861	.697	8	8	8	.282	933		70	6				12
MIN.	24	.624	.344	8	8	8	.045	676		70	6				11
Average	24	.744	.613	8	8	8	.158	810		70	6				11

Plant Operation Report

MAY 99

Cert. No. B-4511 Name of Plant: Ferncrest Utilities County: Broward
 Address: 1000 N. Woodside Utility Company: " " I.D. No.: 4065419
 Month: MAY Telephone Number: 954-587-8833 Year: 1999

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DOSAGES (mg/l)						RAW												SETTLED						FINISHED								
Chlorine Pre	Chlorine Post	OTHER				PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CACO ₃				PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	TSS				
		Fluoride As F						Total	Calcium	Magnesium					P. Alk.	M. Alk.	Total Hdns.	CA Hdns.														
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
																10.0	35	63	75	55	7.1	0	28	65	51	12.0	5	.47	.15	.01		
																9.8	31	65	82	63	7.3	0	26	71	51	11.0	5	.91	.18	.01		
																9.8	30	65	84	60	7.0	0	24	71	51	10.5	5	.87	.19	.01		
																10.2	34	64	78	57	7.3	0	25	64	53	12.0	5	.82	.17	.01		
							7.3	222	206	186	20		1.5	50		9.8	30	60	79	62	7.4	0	26	71	51	12.0	5	.92	.17	.01		
																7.8	30	63	81	62	7.9	3	34	73	61	12.0	5	1.00	.18	.01		
																9.7	29	66	82	58	7.3	0	31	76	60	10.5	5	.91	.17	.01		
																9.9	34	69	92	64	7.5	0	29	69	53	10.5	5	.98	.18	.01		
																9.9	33	61	81	61	7.0	0	26	70	44	13.0	5	.90	.17	.01		
																9.8	31	66	83	62	6.8	0	27	70	53	12.0	5	.79	.18	.01		
							7.1	194	236	210	20		1.5	50		9.8	32	70	85	66	6.9	0	31	78	60	12.0	5	.83	.19	.01		
																9.6	30	78	92	65	7.0	0	35	78	61	12.0	5	.85	.19	.01		
																9.8	34	73	85	65	7.0	0	33	78	62	12.0	5	.85	.18	.01		
																9.7	33	78	95	76	7.0	0	34	80	66	12.0	5	.85	.20	.01		
																9.4	30	95	103	82	7.1	0	54	103	80	10.5	5	.92	.21	.01		
																9.9	35	90	94	71	6.9	0	44	91	69	10.5	5	.93	.20	.01		
																9.8	34	75	82	63	6.9	0	28	76	55	10.5	5	.85	.21	.01		
																9.8	34	76	91	71	7.2	0	27	75	57	10.5	5	.79	.20	.01		
																9.7	30	79	86	65	7.0	0	26	70	50	10.5	5	.79	.19	.01		
																9.8	35	89	89	67	7.0	0	28	71	53	12.0	5	.81	.18	.01		
							7.4	206	244	212	82		1.7	50		10.0	42	93	95	71	6.9	0	32	75	54	13.0	5	.80	.18	.01		
																9.7	33	69	88	64	7.0	0	25	73	53	12.0	5	.82	.17	.01		
																9.7	29	83	85	63	6.9	0	25	70	50	12.0	5	.83	.17	.01		
																9.9	40	112	96	73	7.6	1	34	80	63	12.0	5	.82	.19	.01		
																9.6	29	90	90	66	7.1	0	31	79	59	12.0	5	.80	.19	.01		
																9.7	27	54	71	54	6.7	6	33	70	52	10.5	5	.75	.19	.01		
																9.7	26	57	74	57	7.5	0	31	73	53	10.5	5	.76	.20	.01		
																9.8	29	64	83	63	7.3	0	32	77	60	10.5	5	.76	.17	.01		
																9.7	30	68	89	68	7.0	0	24	75	59	10.5	5	.71	.17	.01		
																9.6	25	67	81	64	6.4	0	30	75	56	10.5	5	.83	.18	.01		
							7.3	238	228	196	32		1.5	50		9.8	27	64	80	58	8.6	8	33	72	58	12.0	5	.85	.18	.01		
30							7.1	186	244	204	160		1.2	200		10.2	48	112	103	82	8.7	8	54	103	80	10.5	5	1.00	.21	.01		
30							7.4	238	244	212	82		1.7	50		9.4	25	54	71	54	6.8	0	24	65	49	10.5	5	.71	.15	.01		
30							7.1	194	200	186	20		1.5	50		9.8	31	73	85	64	7.2	1	31	75	56	10.5	5	.85	.18	.01		
30							7.3	215	241	201	40		1.6	50		9.8	31	73	85	64	7.2	1	31	75	56	10.5	5	.85	.18	.01		

Water

Lead Operator Signature: Albert M Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: Al Salerno
F. Edmondson C-8399
M. Creamer, K. Foley
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	*	●	8	8	8	.164	*		70	6				
2	↑	↑	↑	↑	↑	↑	.277	↑		↑	↑				
3							.238								
4							.237								
5							.103								
6							.133								
7							.262								
8							.281								
9							.370								
10							.247								
11							.147								
12							.251								
13							.268								
14							.160								
15							.165								
16							.131								
17			✓				.142								
18			●				.256								
19			.517				.162								
20			.588				.062								
21			.602				.164								
22			.576				.110								
23			.610				.109								
24	✓	✓	.657				.086	✓		✓					
25		*	.594				.174	*	1	*					
26		.809	.597				.277	899							
27		.887	.556				.278	962							
28		.741	.541				.218	803							
29		.615	.472				.263	667							
30	✓	.564	.404				.278	611							
31	24	.602	.476	8	8	8	.313	653		70	6				
TOTAL	744	4.238	7.1890	218	248	248	6.326	4595		2170	186				
MAX.	24	.887	.610	8	8	8	.370	962		70	6				
MIN.	24	.564	.404	8	8	8	.062	611		70	6				
Average	24	.706	.553	8	8	8	.204	766		70	6				

* Running New Raw Line

● New meter on order

Plant Operation Report

June 99

Cert. No. B-4511 Name of Plant: Ferncrest Utilities County: Broward
25. M. Woodside Utility Company: " I.D. No.: 4060419
Ductone 2 Month: June Year: 1999
 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																																														
		RAW											SETTLED					FINISHED																														
		OTHER				HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	TSS																					
Chlorine Post	Fluoride As F			Total	Calcium	Magnesium	P. Alk.	M. Alk.						Total Hdns.	CA Hdns.																																	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49																	
14.4															9.9	32	53	74	56	7.6	0	28	76	52	13.1	5	82	.18	.01																			
14.1															9.9	28	51	69	50	7.2	0	23	67	46	13.2	5	86	.19	.01																			
15.6															9.8	26	55	67	49	6.9	0	22	62	46	13.2	5	87	.17	.01																			
16.1															9.9	29	55	71	53	6.8	0	23	67	50	13.2	5	101	.18	.01																			
12.6															9.9	28	55	74	53	6.8	0	21	66	50	13.2	5	96	.19	.01																			
15.4															9.9	28	51	66	47	7.0	0	23	66	47	13.3	5	83	.18	.01																			
16.3						7.2	207	238	219	20		1.5	55		10.1	34	55	74	55	7.6	0	26	67	49	13.2	5	79	.20	.01																			
16.4															10.0	28	53	71	52	7.6	0	22	66	48	13.18	5	79	.18	.01																			
16.0															9.8	28	52	72	50	7.2	0	22	64	47	13.1	5	85	.17	.01																			
16.1															9.8	27	52	71	48	7.0	0	23	64	46	13.2	5	85	.17	.01																			
16.1															10.0	31	50	71	53	7.3	0	21	69	44	13.3	5	81	.17	.01																			
15.9															9.9	31	52	71	53	7.1	0	21	71	51	13.2	5	83	.16	.01																			
15.3															9.9	29	52	72	51	7.1	0	22	68	47	13.2	5	87	.15	.01																			
16.1						7.2	220	248	212	26		1.5	50		10.0	32	55	75	57	7.7	0	27	65	49	13.3	5	69	.14	.01																			
18.2															12.0	24	53	71	50	8.1	5	27	76	65	13.5	5	81	.16	.01																			
15.4															9.8	29	56	75	54	8.8	11	35	76	56	13.0	5	41	.15	.01																			
14.7															9.7	27	54	73	56	7.0	0	25	69	51	13.4	5	69	.14	.01																			
15.4						7.4	204	250	206	44		1.5	50		9.8	30	62	81	62	7.0	0	31	75	52	13.3	5	88	.14	.01																			
15.4															9.8	30	60	74	59	7.1	0	24	75	52	13.1	5	96	.13	.01																			
15.2															9.8	27	61	80	59	6.9	0	27	69	50	13.4	5	88	.13	.01																			
14.6															9.4	33	62	78	59	7.0	0	26	71	48	13.8	5	82	.13	.01																			
14.6															9.9	33	62	74	57	7.6	0	24	67	50	13.1	5	41	.13	.01																			
16.0															9.8	29	54	73	53	7.1	0	25	68	47	13.1	5	41	.13	.01																			
14.4															9.7	33	68	78	61	7.3	0	26	72	50	13.3	5	83	.13	.01																			
15.4															9.4	30	53	73	57	7.0	0	22	73	54	13.4	5	41	.17	.01																			
15.0															9.8	32	58	78	57	6.9	0	22	71	51	13.5	5	100	.14	.01																			
12.5															9.8	28	56	78	54	7.0	0	23	69	46	13.6	5	85	.14	.01																			
16.6						7.4	204	258	205	30		1.5	50		9.4	32	55	74	59	7.5	0	27	75	50	13.8	5	80	.15	.01																			
12.7															9.8	27	55	76	57	7.2	0	23	72	50	13.1	5	44	.13	.01																			
14.0															9.9	29	53	74	57	7.0	0	21	67	46	13.1	5	45	.13	.01																			
16.1						7.2	230	278	204	130		6.0	205		10.1	34	68	81	62	7.3	11	35	76	65	13.8	5	101	.20	.01																			
18.2															10.1	34	68	81	62	7.3	11	35	76	65	13.8	5	101	.20	.01																			
13.4															9.7	26	50	66	47	6.8	0	21	64	46	13.0	5	63	.13	.01																			
15.6															9.9	30	56	74	48	7.2	1	24	70	50	13.3	5	87	.16	.01																			

HRS Browar
Water Treatment

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: Albert Salerno
F. Edmondson (no. 8399) TRG
M. Greener, K. Foley, J
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.582	.451	8	8	8	.208	651		70	6				
2	1	.597	.422	1	1	1	.244	647		1					
3		.540	.415				.260	585							
4		.522	.393				.203	566							
5		.477	.436				.134	517							
6		.546	.444				.196	542							
7		.515	.468				.102	558							
8		.513	.445				.091	556							
9		.525	.526				.113	569							
10		.522	.509				.094	566							
11		.523	.514				.176	567							
12		.528	.508				.237	572							
13		.548	.512				.100	544							
14		.522	.506				.032	566							
15		.462	.667				.073	501							
16		.544	.538				.055	540							
17		.572	.444				.227	620							
18		.575	.579				.181	591							
19		.625	.542				.209	678							
20		.531	.449				.133	547							
21		.575	.296				.160	623							
22		.506	*				.098	544							
23		.525	1				.130	569							
24		.565					.065	612							
25		.547					.029	543							
26		.561					.024	608							
27		.479					.168	519							
28		.505					.170	547							
29	✓	.612	✓	✓	✓	✓	.133	663		✓	✓				
30	24	.518	*	8	8	8	.128	648		70	6			100	
31															
TOTAL	720	16,232	10,192	240	240	240	4,230	17,544		2100	180			34	
MAX.	24	.625	.667	8	8	8	.260	678		70	6			1	
MIN.	24	.462	.296	8	8	8	.024	501		70	6			1	
Average	24	.541	.485	8	8	8	.141	586		70	6			1	

* Filter pump on - maintenance on pumps
 303-EE/2 HRS CPU (12/95)

Plant Operation Report

July 99

Cert. No. B-4511 Name of Plant: Ferncrest Utilities County: Broward
605 - M Woodside Utility Company: " " I.D. No.: 4060419
Way Month: July Year: 1999
6 Telephone Number: 954-587-5833

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DOSAGES (mg/l)						RAW												SETTLED					FINISHED										
Chlorine Pre	Chlorine Post	Fluoride As F	OTHER			PH	M.O. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CaCO ₃				PH	P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	TSS
			20	21	22			23	Total	Calcium					Magnesium	PH	P. Alk.	M. Alk.															
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	
14.0																9.8	32	60	78	61	6.9	0	23	64	45	13.2	5	.88	.13	.01			
13.9																10.0	39	67	78	60	7.3	0	27	68	50	12.5	5	.85	.13	.01			
22.9																9.9	36	71	83	63	8.8	8	33	78	61	13.5	5	.85	.15	.01			
13.2																9.7	28	60	77	57	7.5	3	31	80	59	12.1	5	.88	.13	.01			
22.2																9.8	29	62	78	58	7.0	0	28	72	51	14.1	5	.87	.13	.01			
14.4							7.4	212	266	222	44		1.5	50		10.0	30	61	80	56	7.3	0	28	72	50	13.3	5	.44	.14	.01			
12.9																9.9	32	59	76	55	7.3	0	26	70	49	13.3	5	.92	.13	.01			
15.7																10.1	32	69	86	64	7.3	0	34	79	57	13.3	5	.83	.15	.01			
17.4																10.0	37	69	81	66	8.2	3	33	75	61	16.3	5	.77	.16	.01			
17.6																9.9	32	62	80	62	7.5	0	28	77	57	12.0	5	.81	.15	.01			
16.8							7.3	220	248	212	36		1.5	50		10.0	35	58	75	57	7.5	0	26	69	50	15.3	5	.88	.14	.01			
17.6																9.9	30	59	72	54	7.2	0	26	70	50	12.0	5	.82	.13	.01			
18.2																9.7	30	61	74	55	6.9	0	24	64	49	16.6	5	.74	.14	.01			
14.4																9.9	33	64	80	59	6.9	0	27	71	49	11.5	5	.82	.13	.01			
12.6																10.2	36	63	65	58	7.1	0	34	77	54	12.1	5	.90	.14	.01			
22.8																9.9	32	62	78	59	7.0	0	29	74	57	14.2	5	1.02	.17	.01			
14.6							7.3	200	270	234	36		1.5	50		9.9	35	66	78	59	7.6	2	33	76	57	15.0	5	1.01	.15	.01			
17.6																9.7	26	57	79	58	8.0	3	36	82	60	12.3	5	.80	.15	.01			
10.6																9.7	31	70	89	64	8.5	10	32	79	51	15.0	5	.81	.16	.01			
12.3																9.7	34	73	86	65	7.8	2	38	78	60	10.7	5	.86	.16	.01			
16.1																9.8	31	64	81	59	7.0	0	28	70	50	13.1	5	.93	.15	.01			
17.3																9.8	30	64	77	58	7.0	0	29	70	49	12.0	5	.95	.14	.01			
17.0																10.0	34	73	79	59	7.1	0	28	71	53	12.6	5	1.00	.16	.01			
18.2																9.8	33	68	83	60	8.0	1	26	64	52	12.8	5	1.03	.15	.01			
12.5																9.6	32	69	68	61	7.2	0	32	75	53	10.7	5	.93	.15	.01			
15.5																10.0	38	66	82	57	8.2	4	33	72	56	14.6	5	.90	.16	.01			
15.8							7.3	228	230	230	20		1.5	50		10.1	39	66	86	66	7.8	0	32	72	55	10.7	5	.97	.15	.01			
10.4																9.7	33	67	84	54	8.1	0	28	71	44	11.8	5	.94	.15	.01			
16.0																10.0	38	62	80	58	8.0	1	28	70	44	10.2	5	.84	.16	.01			
18.4																9.7	35	73	96	62	8.5	1	31	68	51	11.6	5	.84	.14	.01			
10.1																9.4	40	74	88	65	7.5	1	30	71	52	12.8	5	.87	.15	.01			
512.4							29.3	870	1034	898	136		6.0	200		30.2	1033	2049	2427	1854	224.0	39	924	2263	1646	11.5	65	27.9	4.53	.31			
22.5							7.4	228	266	234	44		1.5	50		10.2	40	74	89	66	8.8	10	38	82	61	12.8	5	1.03	.17	.01			
10.0							7.3	200	248	212	20		1.5	50		9.6	26	57	65	54	6.9	0	23	64	45	10.2	5	.74	.13	.01			
16.7							7.3	217	252	225	34		1.5	50		9.8	33	66	80	59	7.5	3	29	73	53	12.8	5	.89	.15	.01			

HRS Browar
Water Treatment

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: Al Salerno
F. Edmondson (6-8399)
M. Cramer, M. Martinez, J.
 Total Metered Services at End of Month: 4

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	POUNDS USED							
				Total	Maximum	Minimum		Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.600	.471	8	8	8	.182	650		70	6				
2	1	.606	.479	1	1	1	.169	657		1	1				
3		.384	.428				.224	416							
4		.638	.552				.045	692							
5		.378	.493				.090	410							
6		.582	.543				.000	631							
7		.470	.455				.083	509							
8		.535	.512				.023	580							
9		.476	.514				.048	516							
10		.475	.502				.038	515							
11		.500	.487				.032	542							
12		.475	.616				.032	515							
13		.462	.521				.086	501							
14		.581	.514				.102	630							
15		.476	.536				.215	516							
16		.373	.517				.000	404							
17		.577	.601				.000	625							
18		.474	.468				.057	514							
19		.714	.592				.051	861							
20		.486	.487				.037	527							
21		.463	.551				.185	502							
22		.483	.579				.023	524							
23		.493	.562				.100	534							
24		.446	.552				.094	483							
25		.670	.517				.083	726							
26		.542	.594				.069	588							
27		.532	.606				.047	577							
28		.810	.579				.035	878							
29		.837	.580				.195	907							
30	✓	.452	.592	✓	✓	✓	.130	490		✓	✓				
31	24	.832	.571	8	8	8	.157	902		70	6				
TOTAL	744	16,902	16,570	48	48	48	2,642	18322		2170	186				
MAX.	24	.837	.616	8	8	8	.224	907		70	6				
MIN.	24	.373	.428	8	8	8	.000	404		70	6				
Average	24	.545	.534	8	8	8	.085	591		70	6				

HRS Browar
Water Treatment

Lead Operator Signature: Robert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 100 MGD

Operators' Name: Al Salerno
F. Edmundson (C-8399) T. Hines
M. MacLennan, K.S.
 Total Metered Services at End of Month: _____

* Running Fire Pumps

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS								
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED				
				Total	Maximum	Minimum						OTHER				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
1	24	.800	*	8	8	8	.107	867		70	6					
2		.831					.212	901								
3		.827					.253	896								
4		.798					.330	863								
5		.776					.104	841								
6		.781					.173	847								
7		.700					.060	759								
8		.850					.300	921								
9		.770					.203	835								
10		.724					.220	785								
11		.756					.170	820								
12		.585					.130	580								
13		.557					.040	604								
14		.422					.055	457								
15		.680					.042	737								
16		.738					.034	800								
17		.487					.011	528								
18		.470					.065	509								
19		.481					.110	521								
20		.445					.084	537								
21		.533					.073	578								
22		.429					.086	465								
23		.481					.111	521								
24		.491					.088	532								
25		.489					.109	530								
26		.512					.174	555								
27		.460					.005	499								
28		.500					.064	542								
29		.491					.052	532								
30	✓	.540		✓	✓	✓	.174	585		✓	✓					
31	24	.672	*	8	8	8	.032	728		70	6					
TOTAL	744	19,076	*	248	248	248	3.675	20,677		2,170	186					
MAX.	24	.850	*	8	8	8	.330	921		70	6					
MIN.	24	.422	*	8	8	8	.000	457		70	6					
Average	24	.615	*	8	8	8	.118	667		70	6					

of Florida
 City Public Health Unit
Plant Operation Report

SEPT 99

Permit No. B 4511 Name of Plant: Fernest Utilities County: Broward
M. Woodside, Utility Company: " I.D. No.: 4060419
inez Month: September Year: 1999
 Telephone Number: 954-587-8833

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																													
		RAW											SETTLED							FINISHED											
		OTHER					HARDNESS						CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	PH	AS CaCO ₃				PH	P. Aik.	M. Aik.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	H ₂ S
Chlorine Post	Fluoride As F				Total	Calcium	Magnesium				P. Aik.	M. Aik.						Total Hdns.	CA Hdns.		P. Aik.										
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
17.5															9.8	32	59	83	60	77	0	24	74	52	1.5	5	.98	.15	.01		
17.0						7.2	240	240	208	32		1.5	50		9.9	37	64	86	62	73	0	27	74	53	1.5	5	.79	.15	.01		
18.2															9.9	38	68	90	67	73	0	28	77	58	1.5	5	.83	.15	.01		
17.5															9.7	30	60	83	56	69	0	32	81	60	1.5	5	.93	.17	.01		
16.2															9.7	31	68	83	60	75	0	33	74	57	1.5	5	.84	.17	.01		
15.1															9.9	38	69	86	64	81	3	37	84	65	1.5	5	.89	.17	.01		
9.4															9.7	31	65	83	61	75	0	27	79	55	1.5	5	1.09	.17	.01		
11.8															9.8	34	68	90	63	70	0	33	81	58	1.5	5	.88	.17	.01		
10.9						7.3	234	242	202	40		1.5	50		9.8	39	71	92	68	77	2	35	82	62	1.5	5	.91	.15	.01		
14.2															9.7	29	55	71	50	78	1	25	73	51	1.5	5	.87	.13	.01		
12.3															9.7	30	61	75	53	69	0	26	70	49	1.5	5	.74	.15	.01		
11.4															10.1	37	66	81	58	72	0	28	77	53	1.5	5	.78	.16	.01		
11.4															9.7	29	58	80	58	73	0	27	74	51	1.5	5	.78	.15	.01		
13.4															9.8	29	58	80	53	69	0	28	73	50	1.5	5	.80	.16	.01		
13.4															10.0	38	65	87	61	73	0	30	79	54	1.5	5	.88	.16	.01		
11.7															9.9	38	63	91	63	74	0	30	81	57	1.5	5	.86	.14	.01		
12.2															9.9	40	69	81	58	85	4	31	78	53	1.5	5	.82	.16	.01		
12.2															9.7	38	74	91	65	75	0	31	80	58	1.5	5	.79	.17	.01		
14.0															9.9	39	67	89	63	72	0	32	81	56	1.5	5	.81	.18	.01		
14.9						7.4	240	232	196	36		1.5	50		9.5	24	51	71	51	69	0	36	80	61	1.5	5	.90	.18	.01		
12.3															9.8	33	70	92	61	78	1	43	88	68	1.5	5	.82	.19	.01		
11.5															9.8	39	75	95	69	70	0	30	83	62	1.5	5	.81	.18	.01		
12.3															9.8	36	65	88	64	71	0	27	78	55	1.5	5	.78	.18	.01		
18.9															9.7	30	64	83	62	69	0	24	72	50	1.5	5	.85	.14	.01		
17.2															9.9	38	76	92	67	68	0	27	76	53	1.5	5	.89	.14	.01		
16.3						7.3	186	264	210	54		1.5	50		10.1	50	90	112	77	83	5	30	79	57	1.5	5	.90	.17	.01		
15.4															9.8	40	84	83	74	82	2	30	75	55	1.5	5	.79	.14	.01		
11.4															9.6	24	91	97	71	80	2	32	73	54	1.5	5	.81	.15	.01		
12.8															9.5	30	83	85	57	70	0	24	74	52	1.5	5	.86	.14	.01		
13.0															10.0	38	65	87	61	71	0	26	75	50	1.5	5	.88	.14	.01		
45.2						7.2	902	978	816	162		6.0	200		9.8	1069	2041	2597	1857	222	20	2325	2569	910	1.50	150	1.50	476	.30		
12.9						7.4	240	214	210	54		1.5	50		10.1	50	91	112	77	85	5	43	88	68	1.5	5	1.09	.14	.01		
9.9						7.2	186	232	196	32		1.5	50		9.5	24	51	71	51	69	0	24	70	49	1.5	5	.74	.13	.01		
14.6						7.3	225	294	204	40		1.5	50		9.8	35	68	86	62	74	1	30	77	52	1.5	5	.85	.16	.01		

HRS Broward
Water Treatment

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: A. Salerno
F. Edmondson (C-8394) Trainer
M. Cramer, K. Foley, M. Mo
 Total Metered Services at End of Month: _____

* - Fire Pumps, installing new pump

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS								
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED				
				Total	Maximum	Minimum						OTHER				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	24	.481	*	8	8	8	.086	521		70	6					
2	1	.493	*	1	1	1	.096	534		1	1					
3		.460					.109	499								
4		.479					.117	519								
5		.517					.073	560								
6		.557					.133	604								
7		.846					.020	917								
8		.712					.083	772								
9		.623					.086	730								
10		.590					.045	640								
11		.682					.120	739								
12		.738					.128	800								
13		.715					.132	775								
14		.625					.098	678								
15		.607					.080	658								
16		.474					.113	514								
17		.487					.106	528								
18		.484					.025	525								
19		.600					.053	650								
20		.563					.022	610								
21		.632					.038	685								
22		.730					.079	791								
23		.684					.157	741								
24		.444					.072	481								
25		.486					.116	527								
26		.515					.062	558								
27		.545					.068	541								
28		.710					.202	770								
29		.654					.147	709								
30	24	.644	*	8	8	8	.074	698		70	6					
31																
TOTAL	730	17,827	*	240	240	240	2.740	19,324		2100	180					34
MAX.	24	.846	*	8	8	8	.202	917		70	6					13
MIN.	24	.444	*	8	8	8	.020	481		70	6					13
Average	24	.594	*	8	8	8	.091	644		70	6					13

Plant Operation Report

Oct 99

Cert. No. B-4511 Name of Plant: Ferncrest Utilities County: Broward
 Utility Company: " I.D. No.: 4060415
 Month: October Year: 1999
 Telephone Number: 954-587-8833
 Operator: M. Martinez, K. Galey

DOSAGES (mg/l)		CHEMICAL AND PHYSICAL RESULTS (mg/l)																														
Chlorine Pre	Chlorine Post	OTHER					RAW							SETTLED						FINISHED												
		Fluoride As F					PH	M.Q. Alk.	HARDNESS			CO ₂ Calc	Iron As FE	Color Units	Turbidity (NTU)	AS CaCO ₃					PH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Iron		
									Calcium	Magnesium						P. Alk.	M. Alk.	Total Hdns.	CA Hdns.													
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
	12.1																9.8	30	53	79	55	23	0	26	63	46	13	5	.75	.14	.01	
	10.4																9.7	27	61	80	55	8.0	1	21	68	49	15	5	.74	.12	.01	
	10.3																9.8	30	60	83	56	7.1	0	24	68	51	12	5	.81	.14	.01	
	10.8						7.4	204	268	204	64		1.5	52			9.7	29	57	78	56	7.0	0	23	71	47	12	5	.78	.13	.01	
	10.7																9.8	29	55	77	54	7.0	0	24	70	47	11	5	.79	.13	.01	
	10.7																10.0	31	57	79	53	7.0	0	28	72	49	14	5	.92	.12	.01	
	17.5																9.9	30	49	75	44	7.1	0	28	73	31	20	5	.92	.13	.01	
	16.5																9.8	32	53	74	51	7.1	0	24	70	49	15	5	.80	.16	.01	
	10.8																9.6	30	61	79	58	7.6	0	23	71	48	13	5	.77	.16	.01	
	10.7																9.6	27	67	76	58	6.8	0	34	82	54	13	5	1.05	.12	.01	
	12.3						7.3	198	262	202	60		1.5	50			9.8	28	53	71	51	6.9	0	27	75	50	13	5	.73	.12	.01	
	13.3																9.5	27	66	82	61	7.4	0	30	74	50	11	5	.76	.14	.01	
	12.6																9.8	33	67	82	56	7.0	0	33	82	55	12	5	.94	.14	.01	
	12.3																10.0	40	67	85	61	7.5	0	31	76	54	12	5	.83	.15	.01	
	16.9																9.8	34	52	73	51	7.1	0	22	68	47	10	5	.76	.11	.01	
	12.2																10.0	30	60	78	58	7.1	0	30	70	52	14	5	.90	.15	.01	
	12.6																9.9	41	69	93	59	7.0	0	39	84	61	13	5	.84	.16	.01	
	17.5																9.7	32	70	85	62	6.9	0	30	80	56	16	5	.76	.15	.01	
	14.7						7.2	196	254	206	48		1.5	50			10.0	37	65	85	63	7.2	0	26	73	48	10	5	.94	.12	.01	
	16.1																11.1	39	66	85	61	7.6	0	45	90	65	14	5	.84	.14	.01	
	16.6																9.7	34	65	84	58	7.4	0	28	75	58	11	5	.84	.14	.01	
	12.2																10.0	28	47	79	55	7.2	0	33	70	58	11	5	.85	.13	.01	
	18.8																9.7	36	67	81	57	8.4	2	44	92	68	11	5	.97	.18	.01	
	16.5																9.7	30	64	80	57	7.1	0	28	73	53	12	5	.78	.16	.01	
	21.3																10.0	35	63	83	55	6.9	0	27	76	56	17	5	.88	.13	.01	
	15.8						7.3	220	240	240	30		1.5	50			9.6	28	56	75	52	7.1	0	25	74	49	12	5	.93	.11	.01	
	16.8																9.7	33	61	80	53	7.2	0	20	76	49	10	5	.78	.14	.01	
	16.9																9.9	33	64	80	56	7.4	1	25	73	54	12	5	.74	.12	.01	
	16.8																9.9	35	69	82	60	7.0	0	26	72	50	15	5	1.08	.15	.01	
	15.9																9.8	31	54	77	49	7.4	0	24	70	45	11	5	.76	.16	.01	
	16.6																9.9	37	59	75	54	7.6	5	26	77	55	11	5	.68	.13	.01	
	21.3						9.2	518	1024	622	202		6.0	202			30.2	986	1827	2478	1229	22.4	9	879	2308	1628	445	155	263	4.7	.31	
	21.3						7.4	220	268	210	64		1.5	52			10.1	41	70	93	63	8.4	5	45	92	68	10	5	1.08	.18	.01	
	10.3						7.2	196	240	202	30		1.5	50			9.6	27	47	78	44	6.8	0	21	63	46	13	5	.68	.11	.01	
	14.5						7.3	204	256	205	50		1.5	50			9.8	31	60	79	55	7.2	0	28	77	52	12	5	.85	.14	.01	

Water Treat.

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: Al Salerno
Fred Edmundson Co.
 Trainers: M. Woodside, M. Cr
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS						
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER		
				Total	Maximum	Minimum						12	13	14
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1	24	.693	*	8	8	8	.1050	751		70	6			
2	1	.811		8	8	8	.1149	879		7	7			
3		.813					.204	881						
4		.774					.227	839						
5		.786					.223	852						
6		.783					.111	849						
7		.479					.100	519						
8		.510					.055	553						
9		.773					.122	838						
10		.786					.226	852						
11		.681					.120	738						
12		.631					.147	684						
13		.666					.050	722						
14		.485					.000	526						
15		.498					.103	540						
16		.457					.094	528						
17		.667					.000	723						
18		.479					.005	519						
19		.427					.065	463						
20		.522					.012	566						
21		.506					.021	549						
22		.686	*				.035	744						
23		.511	.607				.042	554						
24		.616	.509				.000	668						
25		.395	.533				.024	428						
26		.506	.529				.047	544						
27		.503	.530				.026	546						
28		.497	.533				.045	539						
29		.503	.523				.041	546						
30	✓	.522	.543	✓	✓	✓	.600	572		✓	✓			
31	24	.506	.550	8	8	8	.034	549		70	6			
TOTAL	744	16.508	4.907	248	248	248	2.378			2170	186			
MAX.	24	.813	.607	8	8	8	.227	881		70	6			
MIN.	24	.395	.509	8	8	8	.000	428		70	6			
Average	24	.597	.545	8	8	8	.076			70	6			

Plant Operation Report

Nov 99

Cert. No. B 4511 Name of Plant: Fernest Utilities County: Broward
 M. Cramer, Utility Company: " " I.D. No.: 4060419
 Month: November Year: 1999
 Telephone Number: 954-587-8833

Chlorine P/B		CHEMICAL AND PHYSICAL RESULTS (mg/l)																																				
		DOSAGES (mg/l)											RAW											SETTLED				FINISHED										
		OTHER						HARDNESS										Turbidity (NTU)	AS CaCO ₃				PH	P. Alk.			M. Alk.			Total Hdns.		Calcium Hdns.		Residual Chlorine	Color	Fluoride As F		Turbidity (NTU)
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49							
16.8						7.3	22	240	146	44					1.5	50					9.8	33	57	82	59	74	0	31	77	56	12	5	.93	.15	.01			
16.7																					9.8	30	66	80	51	70	0	26	70	51	15	5	.74	.13	.01			
16.7																					9.9	31	58	76	53	72	0	28	72	55	15	5	.83	.15	.01			
12.2																					9.9	33	57	78	55	80	2	27	71	53	15	5	.77	.13	.01			
16.7																					9.7	36	76	85	64	81	4	27	73	51	15	5	.69	.13	.01			
16.6																					9.6	34	83	99	75	80	1	31	78	55	15	5	.82	.13	.01			
16.6																					10.1	38	67	85	60	79	0	34	83	63	15	5	1.02	.14	.01			
17.1																					9.7	30	58	73	53	77	0	26	72	55	14	5	.74	.13	.01			
12.0																					9.8	27	54	73	50	71	0	24	71	48	13	5	.61	.12	.01			
16.7																					9.8	31	63	76	57	83	8	31	82	56	15	5	.77	.13	.01			
12.1						7.2	22	246	229	72					1.5	50					9.8	33	61	79	55	77	1	30	78	53	13	5	.99	.14	.01			
16.1																					9.6	30	67	80	60	78	0	28	71	50	13	5	.70	.15	.01			
12.4																					9.7	36	64	76	54	79	3	29	73	52	10	5	.78	.14	.01			
12.1																					9.7	41	66	78	54	69	0	25	74	48	13	5	.97	.14	.01			
16.5						7.4	22	232	236	46					1.5	50					9.6	32	65	81	60	78	0	28	74	50	13	5	.73	.13	.01			
11.3																					9.8	34	66	78	54	72	0	32	73	50	10	5	.87	.14	.01			
12.4																					9.8	29	68	83	58	74	0	31	75	60	12	5	.57	.14	.01			
12.3																					9.6	33	67	79	58	70	0	38	79	60	10	5	.88	.14	.01			
12.2																					9.9	36	67	85	61	69	0	33	83	60	15	5	.89	.18	.01			
12.1																					9.9	36	77	88	66	83	3	37	86	60	14	5	.94	.15	.01			
12.1																					9.9	36	77	85	60	74	0	29	78	63	13	5	.97	.15	.01			
12.1																					9.7	31	62	82	56	70	0	30	77	53	12	5	.74	.12	.01			
15.6																					9.7	32	65	80	53	71	0	30	71	49	12	5	.80	.13	.01			
13.2																					9.9	36	59	81	49	77	1	30	70	54	10	5	.85	.13	.01			
12.4						7.4	24	232	234	204	30				1.5	50					10.0	36	65	83	60	76	0	29	72	52	12	5	.74	.14	.01			
12.0																					9.8	31	62	76	57	73	0	33	84	62	10	5	.97	.14	.01			
12.9																					10.0	38	62	76	56	71	0	44	85	63	10	5	.66	.14	.01			
13.7																					9.9	37	61	74	54	78	0	31	81	60	10	5	.70	.15	.01			
13.3																					9.9	33	56	72	51	72	0	25	69	47	10	5	.83	.12	.01			
12.1																					9.6	27	59	74	51	83	3	26	67	49	10	5	.77	.12	.01			
12.5						7.3	24	214	105	286	192				6.0	20					9.3	41	80	119	169	226	26	70	227	154	10	5	1.50	.43	.21			
12.5						7.4	24	232	236	72					1.5	50					10.1	41	83	99	75	83	8	44	86	63	10	5	1.02	.15	.01			
12.2						7.2	22	234	196	30					1.5	50					9.6	27	54	72	49	69	0	24	67	47	10	5	.66	.12	.01			
12.2						7.3	22	263	215	48					1.5	50					9.8	33	66	77	66	75	1	30	75	51	10	5	.81	.14	.01			

1750

HRS Browa
Water Treatment

Lead Operator Signature: Albert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 MGD

Operators' Name: Al Salerno
F. Edmundson (K-8349) Tramee
M. Waddley, M. Martinez, K. Fu
 Total Metered Services at End of Month: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.500	.545	8	8	8	.036	542		70	6				
2	1	.503	.540	1	1	1	.072	545		1	1				
3		.502	.526				.000	544							
4		.487	.507				.000	528							
5		.503	.526				.065	545							
6		.506	.551				.039	548							
7		.505	.535				.030	547							
8		.481	.553				.022	530							
9		.444	.515				.070	535							
10		.503	.479				.032	545							
11		.491	.539				.045	532							
12		.576	.527				.076	646							
13		.678	.521				.170	735							
14		.488	.529				.042	529							
15		.510	.566				.000	553							
16		.749	.516				.087	812							
17		.628	.532				.184	681							
18		.485	.514				.028	530							
19		.550	.519				.062	546							
20		.482	.499				.051	533							
21		.491	.494				.043	532							
22		.487	.534				.022	528							
23		.539	.501				.088	584							
24		.645	.487				.036	699							
25		.625	.516				.092	678							
26		.645	.527				.083	699							
27		.652	.526				.170	707							
28		.612	.553				.054	663							
29	✓	.622	.511	✓	✓	✓	.143	685	✓	✓					
30	24	.491	.511	8	8	8	.204	532		70	6				
31															
TOTAL	720	16,482	15,699	240	240	240	2.106	17,963		2100	180				
MAX.	24	.749	.566	8	8	8	.204	812		70	6			31	
MIN.	24	.487	.479	8	8	8	.000	528		70	6			12	
Average	24	.500	.523	8	8	8	.070	598		70	6			12	

Lead Operator Signature: Robert M. Salerno
 How Many Other Operators? (See Reverse) _____
 Note: Give remarks on plant operation on reverse side.
 Design Flow: 1.00 mgd

Operators' Name: Al Salerno
Fred Edmondson (L)
M. Woods, M. Martinez
 Total Metered Services at End of Month: 1

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data				CHEMICALS							
				Hours filter Runs Between Washings			Total Wash Water (Gallons)	Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	POUNDS USED			
				Total	Maximum	Minimum						OTHER			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	24	.652	.516	8	8	8	.209	707		70	6				
2	1	.639	.506	1	1	1	.078	693		1					
3	1	.628	.512				.165	681							
4	1	.631	.506				.088	684							
5	1	.685	.526				.143	743							
6	1	.674	.538				.121	731							
7	1	.582	.511				.053	631							
8	1	.490	.493				.032	531							
9	1	.496	.533				.090	538							
10	1	.479	.502				.022	519							
11	1	.491	.493				.097	532							
12	1	.487	.493				.008	528							
13	1	.490	.589				.046	531							
14	1	.484	.519				.049	525							
15	1	.567	.520				.079	615							
16	1	.491	.512				.066	532							
17	1	.483	.511				.046	524							
18	1	.492	.491				.087	533							
19	1	.500	.485				.039	542							
20	1	.630	.585				.057	683							
21	1	.491	.528				.072	532							
22	1	.499	.514				.029	541							
23	1	.488	.509				.062	529							
24	1	.484	.530				.067	525							
25	1	.510	.519				.050	553							
26	1	.609	.493				.056	660							
27	1	.663	.512				.172	719							
28	1	.652	.528				.192	707							
29	1	.489	.451				.074	530							
30	1	.495	*	1	1	1	.130	537		1	1				
31	24	.533	*	8	8	8	.074	578		70	6				
TOTAL	744	16.984	14.948	248	248	248	2.553	16414		2170	186				
MAX.	24	.685	.589	8	8	8	.209	743		70	6				
MIN.	24	.479	.451	8	8	8	.008	519		70	6				
Average	24	.546	.515	8	8	8	.082	594		70	6				

* - Re-doing electric in pump room - running fire pumps

**2000 WASTEWATER
OPERATING REPORTS**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

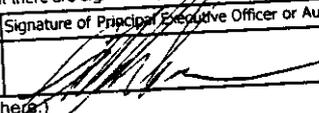
REPORT: MONTHLY
 JAN 2000
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.43									
	PERMIT REQUIREMENT	0.6		MGD							CONTIN METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										WEEKLY 8HR COMP FLOWPROP
	PERMIT REQUIREMENT										
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					3.80					WEEKLY 8HR COMP FLOWPROP
	PERMIT REQUIREMENT					20 ANNUAL		MG/L			
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					5.30	7.70				WEEKLY 8HR COMP FLOWPROP
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L			
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										WEEKLY 8HR COMP FLOWPROP
	PERMIT REQUIREMENT										
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00					WEEKLY 8HR COMP FLOWPROP
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L			

Forms by ChemSW(707)864-0845;pn11178.v5.2:11/1.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	2/15/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS	SAMPLE MEASUREMENT					0.00	0.00				
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10				
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				5.90		6.80				
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00						
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT										
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178.v5.2.11/1

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA013583**
 Month/Year **Ja 2 0 0 0**

Three-month Average Daily Flow: 43
 Daily Flow % of Permitted: 72 %
 Capacity: .600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.43	0.42	0.41	0.42	0.50	0.41	0.42	0.42	0.43	0.39	0.43	0.42	0.44	0.35	0.45	0.45	0.39	0.47	0.44	0.44	0.45	0.40	0.44	0.33	0.38	0.51	0.40	0.41	0.49	45/40	
C-BOD5 (mg/L), EFF-1					1.8							5.5							7.7							6.3					
C-BOD5 (mg/L), INF-1					190							213							213								164				
TSS (mg/L), EFB-1					0.00							0.00							0.00								0.00				
TSS (mg/L), INF-1					60							120							120								120				
pH (std, units), EFF-1	6.6	6.5	6.6	6.7	6.7	6.6	6.6	6.5	6.6	6.7	6.6	6.6	6.8	6.8	6.7	6.6	6.7	6.7	6.7	6.7	6.6	6.6	6.5	6.6	6.6	6.4	6.1	5.9	6.3	6.4/6.3	
Fecal Coli Bact (#100mL), EFF-1					<10							<10							<10							<10					
TRC(Disinfection)(mg/L),EFF-1	1.4	1.3	1.7	1.0	1.0	1.9	1.9	1.9	1.7	2.1	1.9	1.8	1.3	1.3	2.0	1.7	2.2	1.8	1.4	1.8	1.7	1.7	1.9	1.5	1.0	1.1	1.3	1.0	1.3	1.0/1.3	
Turbidity (NTU), EFB-1	0.69	0.75	0.67	0.79	0.74	0.82	0.65	0.71	0.93	1.00	0.96	1.20	0.90	0.98	0.91	0.85	0.78	0.65	0.59	0.79	0.65	0.75	0.85	0.91	0.70	0.69	0.54	1.10	1.00	76/62	

Plant Staffing:
 Day Shift Operator Class C Certificate no. 91 54 Name: Fredic Edmondson
 Evening Shift Operator Class Certificate no. Name:
 Night Shift Operator Class A Certificate no. 20 86 Name: Robert V. Salerno
 Lead Operator Class B Certificate no. 45 11 Name: Albert M. Salerno

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 2-3-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

1-01-00		0	0	0.00
1-02-00		0	0	0.00
1-03-00	60277	1	7000	269.00
1-04-00		0	0	0.00
1-06-00	60285	1	7000	269.00
	60286	1	7000	269.00
1-07-00	60287	1	7000	269.00
	60288	1	7000	269.00
1-09-00		0	0	0.00
1-10-00		0	0	0.00
1-11-00		0	0	0.00
1-12-00	60289	1	7000	269.00
1-13-00	60291	1	7000	269.00
1-14-00	60292	1	7000	269.00
	60293	1	7000	269.00
1-15-00	60294	1	7000	269.00
	60295	1	7000	269.00
1-17-00	60296	1	7000	269.00
1-19-00	60300	1	7000	269.00
1-20-00		0	0	0.00
1-21-00	60155	1	7000	269.00
1-22-00	60157	1	7000	269.00
	60158	1	7000	269.00
1-24-00	60159	1	7000	269.00
1-25-00		0	0	0.00
1-26-00		0	0	0.00
1-27-00	60168	1	7000	269.00
1-28-00	60166	1	7000	269.00
	60167	1	7000	269.00
1-29-00	60170	1	7000	269.00
	60171	1	7000	269.00

SUBTOTAL		22	154000	\$ 5918.00
	FUEL SURCHARGE @ \$15.00/LOAD			330.00
TOTAL				\$ 6248.00

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

REPORT: MONTHLY
 FEB. 2000
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.46								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				4.00					
	PERMIT REQUIREMENT				20	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				8.00	8.80				
	PERMIT REQUIREMENT				25.0	MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT				0.00					
	PERMIT REQUIREMENT				5.0	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;p/n11178:v5.2;11/11

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President	<i>Robert V. Salerno</i>	954-587-8833	3/13/00
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)			

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				5.90		6.70				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;p/n11178;v5.2;11/17

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: 0
 Daily Flow % of Permitted: 72 %
 Capacity: .600

Month/Year Feb 0.0

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.49	0.42	0.47	0.45	0.38	0.42	0.39	0.34	0.39	0.47	0.42	0.38	0.47	0.59	0.65	0.53	0.46	0.45	0.36	0.45	0.45	0.46	0.41	0.40	0.50	0.45	0.45	0.49	0.35		
C-BOD5 (mg/L), EFF-1																															
C-BOD5 (mg/L), INF-1																															
TSS (mg/L), EFB-1																															
TSS (mg/L), INF-1																															
pH (std, units), EFF-1	6.5	6.5	6.2	6.3	6.3	6.4	6.2	6.3	6.3	6.2	6.1	6.2	6.4	6.5	6.6	6.7	6.4	6.2	5.9	6.4	6.6	6.6	6.4	6.2	6.5	6.2	6.4	6.4	6.4		
Fecal Coli Bact (#100mL), EFF-1																															
TRC(Disinfection)(mg/L),EFF-1	1.1	1.1	1.1	1.0	1.0	1.4	1.2	1.0	1.2	1.6	1.2	1.4	1.0	1.0	1.0	1.3	1.3	1.0	1.0	1.2	1.0	1.0	1.4	1.3	1.0	1.3	1.0	1.7	1.0		
Turbidity (NTU), EFB-1	0.70	0.73	0.47	0.55	0.50	0.53	0.72	0.64	0.71	0.90	0.75	0.53	1.00	1.40	1.50	1.10	0.61	0.55	0.94	0.90	0.65	0.89	0.76	1.10	0.95	1.00	0.75	1.00	0.68		

Plant Staffing:

Day Shift Operator	Class	<u>C</u>	Certificate no.	<u>91 54</u>	Name:	<u>Fredic Edmondson</u>
Evening Shift Operator	Class	<u></u>	Certificate no.	<u></u>	Name:	<u></u>
Night Shift Operator	Class	<u>A</u>	Certificate no.	<u>20 86</u>	Name:	<u>Robert V. Salerno</u>
Lead Operator	Class	<u>B</u>	Certificate no.	<u>45 11</u>	Name:	<u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: 43

Month/Year Feb 0.0

Daily Flow % of Permitted: 72 %

Capacity: .600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (mg/L), EFF-1	0.49	0.42	0.47	0.45	0.38	0.42	0.39	0.34	0.39	0.47	0.42	0.38	0.47	0.59	0.65	0.53	0.46	0.45	0.36	0.45	0.45	0.46	0.41	0.40	0.50	0.45	0.45	0.49	0.35	
C-BOD5 (mg/L), EFF-1		7.5							8.8							7.9							7.9							
C-BOD5 (mg/L), INF-1		210							228							143							255							
TSS (mg/L), EFB-1		0.00							0.00							0.00							0.00							
TSS (mg/L), INF-1		160							100							140							180							
pH (std, units), EFF-1	6.5	6.5	6.2	6.3	6.3	6.4	6.2	6.3	6.3	6.2	6.1	6.2	6.4	6.5	6.6	6.7	6.4	6.2	5.9	6.4	6.6	6.6	6.4	6.2	6.5	6.2	6.4	6.4	6.4	
Fecal Coli Bact (#100mL), EFF-1		<10							<10							<10							<10							
TRC(Disinfection)(mg/L),EFF-1	1.1	1.1	1.1	1.0	1.0	1.4	1.2	1.0	1.2	1.6	1.2	1.4	1.0	1.0	1.0	1.3	1.3	1.0	1.0	1.2	1.0	1.0	1.4	1.3	1.0	1.3	1.0	1.7	1.0	
Turbidity (NTU), EFB-1	0.70	0.73	0.47	0.55	0.50	0.53	0.72	0.64	0.71	0.90	0.75	0.53	1.00	1.40	1.50	1.10	0.61	0.55	0.94	0.90	0.65	0.89	0.76	1.10	0.95	1.00	0.75	1.00	0.68	

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate no. <u>91 54</u>	Name: <u>Fredic Edmondson</u>
Evening Shift Operator	Class <u></u>	Certificate no. <u></u>	Name: <u></u>
Night Shift Operator	Class <u>A</u>	Certificate no. <u>20 86</u>	Name: <u>Robert V. Salerno</u>
Lead Operator	Class <u>B</u>	Certificate no. <u>45 11</u>	Name: <u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits

Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge

Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 3-6-00

SHIP TO: WASTEWATER

O: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 54TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD
2-01-00	60174	1	7000	269.00
2-02-00		0	0	0.00
2-03-00		0	0	0.00
2-04-00	60179	1	7000	269.00
2-05-00	60181	1	7000	269.00
2-06-00		0	0	0.00
2-07-00	60184	1	7000	269.00
2-08-00		0	0	0.00
2-09-00		0	0	0.00
2-10-00	60193	1	7000	269.00
2-11-00	60196	1	7000	269.00
2-12-00	60199	1	7000	269.00
2-13-00		0	0	0.00
2-14-00	60200	1	7000	269.00
2-15-00		0	0	0.00
2-16-00		0	0	0.00
2-17-00		0	0	0.00
2-18-00	63559	1	7000	269.00
	63560	1	7000	269.00
2-20-00		0	0	0.00
2-21-00	63565	1	7000	269.00
	63566	1	7000	269.00
2-22-00	63568	1	7000	269.00
2-24-00		0	0	0.00
2-25-00		0	0	0.00
2-26-00	63576	1	7000	269.00
2-27-00		0	0	0.00
2-28-00	63577	1	7000	269.00
2-29-00		0	0	0.00
		0	0	0.00
		0	0	0.00

SUBTOTAL	15	105000	\$ 4035.00
WEEK OF 2-1-00 FUEL SURCHARGE - 3 LOADS			23.49
WEEK OF 2-7-00 FUEL SURCHARGE - 4 LOADS			35.96
WEEK OF 2-14-00 FUEL SURCHARGE - 3 LOADS			25.65
WEEK OF 2-21-00 FUEL SURCHARGE - 4 LOADS			36.84
WEEK OF 2-28-00 FUEL SURCHARGE - 1 LOAD			9.03

TOTAL \$ 4165.97

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

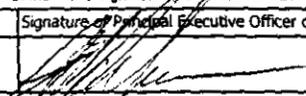
REPORT: MONTHLY
 March 2000
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.44								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					4.40				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					7.20	8.30			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pm11178.v5.2:1/1

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	4/14/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS	SAMPLE MEASUREMENT					0.00	0.00			
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10			
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML	WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				5.70		6.60			
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00					
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT									
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;pn11178.v5.2:1/1/95

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583
 Month/Year MAR 2000

Three-month Average Daily Flow: .44
 Daily Flow % of Permitted: 67%
 Capacity: .600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Parameter/Unit																														
Monitoring Location Site Number																														
Flow (mg/L), EFF-1	0.46	0.50	0.44	0.44	0.40	0.42	0.40	0.37	0.41	0.39	0.47	0.51	0.42	0.43	0.41	0.45	0.46	0.43	0.46	0.49	0.49	0.50	0.53	0.53	0.33	0.41	0.38	0.47	0.35	0.43/48
C-BOD5 (mg/L), EFF-1	5.0							8.0							7.6							8.3								
C-BOD5 (mg/L), INF-1	182							263							283							219								
TSS (mg/L), EFB-1	0.00							0.00							0.00							0.00								
TSS (mg/L), INF-1	140							140							140							120								
pH (std, units), EFF-1	6.4	6.3	6.5	6.3	6.4	6.0	6.2	6.3	6.3	6.3	6.4	6.2	6.6	6.2	6.3	5.8	6.2	6.1	6.1	6.3	6.3	6.1	5.8	5.6	6.0	5.7	6.0	6.0	5.9	5.9/6.3
Fecal Coli Bact (#100mL), EFF-1	<10							<10							<10							<10								
TRC(Disinfection)(mg/L),EFF-1	1.2	1.0	1.2	1.1	1.2	1.1	1.0	1.3	1.0	1.0	1.1	1.0	1.0	1.0	1.3	1.1	1.1	1.0	1.0	1.0	1.2	1.3	1.2	1.0	1.2	1.7	1.2	1.1	1.6	1.4/1.3
Turbidity (NTU), EFB-1	0.97	1.20	0.76	0.84	0.69	0.83	0.69	0.96	0.70	1.00	1.20	1.00	1.00	1.10	1.00	1.10	0.47	0.60	0.80	0.79	0.71	0.97	0.88	0.73	1.10	1.10	2.60	1.00	0.79	1.1/1.3

Plant Staffing:

Day Shift Operator	Class	<u>C</u>	Certificate no.	<u>91 54</u>	Name:	<u>Fredic Edmondson</u>
Evening Shift Operator	Class	<u></u>	Certificate no.	<u></u>	Name:	<u></u>
Night Shift Operator	Class	<u>A</u>	Certificate no.	<u>20 86</u>	Name:	<u>Robert V. Salerno</u>
Lead Operator	Class	<u>B</u>	Certificate no.	<u>45 11</u>	Name:	<u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 4-5-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

3-01-00	63582	1	7000	269.00
3-02-00	63585	1	7000	269.00
3-03-00		0	0	0.00
3-04-00	63589	1	7000	269.00
3-05-00		0	0	0.00
3-06-00	63590	1	7000	269.00
3-07-00		0	0	0.00
3-08-00	63596	1	7000	269.00
3-09-00	63599	1	7000	269.00
3-10-00		0	0	0.00
3-11-00	64304	1	7000	269.00
3-12-00		0	0	0.00
3-13-00		0	0	0.00
3-14-00		0	0	0.00
3-15-00		0	0	0.00
3-16-00	64306	1	7000	269.00
3-17-00	64308	1	7000	269.00
3-18-00	64311	1	7000	269.00
3-19-00		0	0	0.00
3-20-00	64312	1	7000	269.00
	64313	1	7000	269.00
3-22-00		0	0	0.00
3-23-00	64318	1	7000	269.00
3-24-00		0	0	0.00
3-25-00	64323	1	7000	269.00
3-26-00		0	0	0.00
3-27-00	64324	1	7000	269.00
3-28-00		0	0	0.00
3-29-00		0	0	0.00
3-30-00	64331	1	7000	269.00
3-31-00	64332	1	7000	269.00

SUBTOTAL		17	119000	\$ 4573.00
WEEK OF 3-1-00 FUEL SURCHARGE - 3 LOADS				27.09
WEEK OF 3-6-00 FUEL SURCHARGE - 4 LOADS				39.60
WEEK OF 3-13-00 FUEL SURCHARGE - 3 LOADS				29.82
WEEK OF 3-20-00 FUEL SURCHARGE - 4 LOADS				36.56
WEEK OF 3-27-00 FUEL SURCHARGE - 3 LOADS				24.12

TOTAL				\$ 4730.19

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

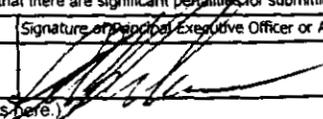
REPORT: MONTHLY
 April 2000
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.44								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.50				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					7.70	8.00			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					25.0 MONTHLY	80.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845; p/n 11178; v.5.2; 11/1

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	5/10/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

April 2000

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: .42
 Daily Flow % of Permitted: 70%
 Capacity: .600

Month/Year April 2000

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.42	0.47	0.49	0.42	0.42	0.39	0.29	0.29	0.46	0.41	0.37	0.47	0.47	0.41	0.50	0.44	0.44	0.42	0.42	0.44	0.38	0.39	0.34	0.43	0.41	0.34	0.35	0.38	0.36	0.39	
C-BOD5 (mg/L), EFF-1					8.0							2.4							6.7							1.8					
C-BOD5 (mg/L), INF-1					248							168							316							281					
TSS (mg/L), EFB-1					0.00							0.00							0.00							0.00					
TSS (mg/L), INF-1					180							160							160							160					
pH (std. units), EFF-1	6.4	6.2	6.3	5.8	6.0	5.2	5.7	5.9	5.8	5.7	5.8	5.8	5.3	5.0	5.1	5.6	6.4	6.0	6.0	6.1	6.0	6.1	6.0	6.1	6.5	6.4	6.6	6.4	6.3	6.3	
Fecal Coli Bact (#100mL), EFF-1					<10							<10							<10							<10					
TRC(Disinfection)(mg/L).EFF-1	1.0	1.0	1.6	1.0	1.2	1.5	1.1	1.4	1.1	1.1	1.0	1.2	1.0	1.0	1.6	1.4	1.3	1.0	1.5	1.0	1.0	1.0	1.0	1.0	1.2	1.7	1.0	1.5	1.2	1.0	
Turbidity (NTU), EFB-1	1.30	0.70	0.62	0.65	1.50	1.10	1.40	1.50	1.40	0.65	1.40	1.40	1.00	1.20	1.40	1.40	1.10	0.60	0.65	0.76	0.95	1.00	0.71	0.68	0.87	1.00	1.00	1.00	1.10	1.30	

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate no. <u>91 54</u>	Name: <u>Fredic Edmondson</u>
Evening Shift Operator	Class <u></u>	Certificate no. <u></u>	Name: <u></u>
Night Shift Operator	Class <u>A</u>	Certificate no. <u>20 86</u>	Name: <u>Robert V. Salerno</u>
Lead Operator	Class <u>B</u>	Certificate no. <u>45 11</u>	Name: <u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 5-3-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWT

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD
4-01-00	64335	1	7000	269.00
4-02-00		0	0	0.00
4-03-00	64336	1	7000	269.00
4-04-00	64337	1	7000	269.00
4-05-00		0	0	0.00
4-06-00	64342	1	7000	269.00
4-07-00		0	0	0.00
4-08-00	64347	1	7000	269.00
4-09-00		0	0	0.00
4-10-00	64348	1	7000	269.00
4-11-00		0	0	0.00
4-12-00		0	0	0.00
4-13-00	68506	1	7000	269.00
4-14-00	68508	1	7000	269.00
4-15-00	68511	1	7000	269.00
4-16-00		0	0	0.00
4-17-00		0	0	0.00
4-18-00		0	0	0.00
4-19-00	68516	1	7000	269.00
4-20-00		0	0	0.00
4-21-00	68521	1	7000	269.00
4-22-00	68522	1	7000	269.00
4-23-00		0	0	0.00
4-24-00		0	0	0.00
4-25-00		0	0	0.00
4-26-00		0	0	0.00
4-27-00	68528	1	7000	269.00
4-28-00		0	0	0.00
4-29-00	68532	1	7000	269.00
4-30-00		0	0	0.00
		0	0	0.00
SUBTOTAL		14	98000	\$ 3766.00
WEEK OF 4-1-00 FUEL SURCHARGE - 1 LOAD				8.75
WEEK OF 4-3-00 FUEL SURCHARGE - 4 LOADS				33.72
WEEK OF 4-10-00 FUEL SURCHARGE - 4 LOADS				29.92
WEEK OF 4-17-00 FUEL SURCHARGE - 3 LOADS				20.07
WEEK OF 4-24-00 FUEL SURCHARGE - 2 LOADS				15.12
TOTAL				\$ 3873.58

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

MAY 2000

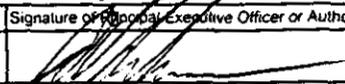
REPORT: MONTHLY
 May-00
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.40								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.60				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.70	8.00			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;p/n11178;v5.2;11/1

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	6/16/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS	SAMPLE MEASUREMENT					0.00	0.00			
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	50.00			
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML	WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				6.10		6.70			
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00					
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZ
TURBIDITY	SAMPLE MEASUREMENT									
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZ
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;pn11178;v5.2:11

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: .40
 Daily Flow % of Permitted: 67%
 Capacity: 600

Month/Year May 2000

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.28	0.42	0.32	0.38	0.36	0.39	0.36	0.32	0.38	0.36	0.32	0.29	0.39	0.29	0.29	0.47	0.34	0.37	0.37	0.33	0.33	0.32	0.22	0.35	0.33	0.31	0.34	0.32	0.28	30/34	
C-BOD5 (mg/L), EFF-1			2.6							1.6							3.2							3.9							
C-BOD5 (mg/L), INF-1			278							317							284							253							
TSS (mg/L), EFB-1			0.00							0.00							0.00							0.00							
TSS (mg/L), INF-1			120							280							140							240							
pH (std, units), EFF-1	6.1	6.5	6.4	6.4	6.4	6.3	6.5	6.5	6.4	6.4	6.5	6.7	6.6	6.5	6.6	6.6	6.6	6.5	6.3	6.1	6.7	6.6	6.4	6.3	6.4	6.4	6.5	6.6	6.6	6.4/6.4	
Fecal Coli Bact (#100mL), EFF-1			10							50							<10							<10							
TRC(Disinfection)(mg/L),EFF-1	1.5	1.8	1.2	1.8	2.1	1.7	1.4	1.0	1.2	1.6	1.6	1.1	1.4	1.2	1.0	1.1	1.2	2.2	1.0	1.2	1.0	1.9	1.0	1.3	1.3	1.5	1.6	1.5	1.0	1.3/1.2	
Turbidity (NTU), EFB-1	1.10	0.97	1.00	0.72	0.89	0.86	1.00	0.80	0.58	0.52	0.49	0.79	0.44	0.47	0.65	0.75	0.69	0.74	0.50	0.51	0.46	0.70	0.56	0.57	0.53	0.45	0.64	0.50	0.45	56/57	

Plant Staffing:

Day Shift Operator	Class <u> C </u>	Certificate no. <u> 91 54 </u>	Name: <u> Fredic Edmondson </u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> A </u>	Certificate no. <u> 20 86 </u>	Name: <u> Robert V. Salerno </u>
Lead Operator	Class <u> B </u>	Certificate no. <u> 45 11 </u>	Name: <u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 6-2-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

5-01-00		0	0	0.00
5-02-00	68534	1	7000	269.00
5-03-00		0	0	0.00
5-04-00	68538	1	7000	269.00
5-05-00		0	0	0.00
5-06-00	68541	1	7000	269.00
5-07-00		0	0	0.00
5-08-00	68543	1	7000	269.00
5-09-00		0	0	0.00
5-10-00		0	0	0.00
5-11-00		0	0	0.00
5-12-00	68550	1	7000	269.00
5-13-00	67202	1	7000	269.00
5-14-00		0	0	0.00
5-15-00	67204	1	7000	269.00
5-16-00		0	0	0.00
5-17-00		0	0	0.00
5-18-00		0	0	0.00
5-20-00	67213	1	7000	269.00
	67215	1	7000	269.00
5-21-00		0	0	0.00
5-22-00	67216	1	7000	269.00
5-23-00		0	0	0.00
5-24-00		0	0	0.00
5-25-00	67223	1	7000	269.00
5-26-00		0	0	0.00
5-27-00	67228	1	7000	269.00
5-28-00		0	0	0.00
5-29-00		0	0	0.00
5-30-00	67230	1	7000	269.00
5-31-00		0	0	0.00

SUBTOTAL		13	91000	\$ 3497.00
WEEK OF 5-1-00	FUEL SURCHARGE	- 3 LOADS		21.51
WEEK OF 5-8-00	FUEL SURCHARGE	- 3 LOADS		19.59
WEEK OF 5-15-00	FUEL SURCHARGE	- 3 LOADS		21.15
WEEK OF 5-22-00	FUEL SURCHARGE	- 3 LOADS		23.52
WEEK OF 5-29-00	FUEL SURCHARGE	- 1 LOAD		7.80

TOTAL				\$ 3590.57

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

June 2000

REPORT: MONTHLY
 *June 2000
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
FLOW	SAMPLE MEASUREMENT	0.38									
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD							CONTIN METER & TOTAL
COD5	SAMPLE MEASUREMENT										
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT										WEEKLY 8HR COMP FLOWPROP
COD5	SAMPLE MEASUREMENT					4.70					
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				20	ANNUAL		MG/L			WEEKLY 8HR COMP FLOWPROP
COD5	SAMPLE MEASUREMENT					3.40	3.80				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				25.0	MONTHLY	60.0 SING SAMPLE	MG/L			WEEKLY 8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT										
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT										WEEKLY 8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00					
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0	ANNUAL		MG/L			WEEKLY 8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/17

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President	<i>Robert V. Salerno (lead operator)</i>	954-587-8833	7/12/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	# /100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				5.80		6.70				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;p/n11178:v5.2:11/1

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: .38

Month/Year June 2000

Daily Flow % of Permitted: 63%

Capacity: .600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (mg/L), EFF-1	0.29	0.30	0.31	0.30	0.40	0.49	0.37	0.34	0.49	0.60	0.42	0.39	0.38	0.48	0.45	0.37	0.41	0.36	0.38	0.39	0.40	0.31	0.36	0.37	0.34	0.36	0.35	0.39	0.37	0.36	
C-BOD5 (mg/L), EFF-1							3.8							3.7							3.1							2.9			
C-BOD5 (mg/L), INF-1							211							159							279							333			
TSS (mg/L), EFB-1							0.00							0.00							0.00							0.00			
TSS (mg/L), INF-1							120							80							100							120			
pH (std, units), EFF-1	6.6	6.6	6.6	6.6	6.6	6.4	6.0	6.1	5.8	6.4	6.7	6.6	6.8	6.6	6.7	6.5	6.7	6.6	6.6	6.6	6.5	6.6	6.6	6.6	6.5	6.5	6.6	6.5	6.5	6.6	
Fecal Coli Bact (#100mL), EFF-1							<10							<10							<10							<10			
TRC(Disinfection)(mg/L),EFF-1	1.2	1.5	1.2	1.1	1.1	1.0	1.2	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.3	1.4	1.0	1.0	1.2	1.3	1.0	1.1	1.0	1.0	1.2	1.0	1.0	1.0	1.5	
Turbidity (NTU), EFB-1	0.99	0.51	0.75	0.63	0.55	0.45	0.49	0.55	1.00	0.63	0.60	0.74	0.55	0.61	0.49	0.47	0.66	0.52	0.48	0.69	0.49	0.50	0.46	0.46	0.55	0.93	0.60	0.70	0.53	0.59	

Plant Staffing:

Day Shift Operator Class C Certificate no. 91 54 Name: Fredic Edmondson
 Evening Shift Operator Class Certificate no. Name:
 Night Shift Operator Class A Certificate no. 20 86 Name: Robert V. Salerno
 Lead Operator Class B Certificate no. 45 11 Name: Albert M. Salerno

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 7-5-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

6-01-00		0	0	0.00
6-02-00		0	0	0.00
6-03-00		0	0	0.00
6-04-00		0	0	0.00
6-05-00		0	0	0.00
6-06-00		0	0	0.00
6-08-00	67232	1	7000	269.00
	67234	1	7000	269.00
6-09-00		0	0	0.00
6-10-00	67239	1	7000	269.00
6-11-00		0	0	0.00
6-12-00	67240	1	7000	269.00
6-13-00		0	0	0.00
6-14-00	67245	1	7000	269.00
6-15-00		0	0	0.00
6-16-00	67250	1	7000	269.00
6-17-00	64350	1	7000	269.00
6-18-00		0	0	0.00
6-19-00		0	0	0.00
6-20-00	69554	1	7000	269.00
6-21-00		0	0	0.00
6-22-00		0	0	0.00
6-23-00	69557	1	7000	269.00
	69558	1	7000	269.00
	69559	1	7000	269.00
6-26-00		0	0	0.00
6-27-00		0	0	0.00
6-28-00		0	0	0.00
6-29-00		0	0	0.00
6-30-00		0	0	0.00
		0	0	0.00

SUBTOTAL		11	77000	\$ 2959.00
	WEEK OF 6-5-00 FUEL SURCHARGE - 3 LOADS			21.87
	WEEK OF 5-8-00 FUEL SURCHARGE - 3 LOADS			19.59
	WEEK OF 6-12-00 FUEL SURCHARGE - 4 LOADS			28.52
	WEEK OF 6-19-00 FUEL SURCHARGE - 4 LOADS			30.08

TOTAL				\$ 3059.06

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM: July 2000
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

July 2000

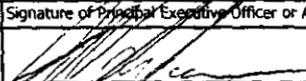
REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.37								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.80				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				20	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.70	8.20			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				25.0	MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845:pn11178:v5.2:11/1

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	8/14/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00			
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10			
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	# /100ML	WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.40		6.80			
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				0.90					
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845.pn11178.v5.2:11/

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA013583**

Three-month Average Daily Flow: .37

Month/Year **July '2000**

Daily Flow % of Permitted: 62%

Capacity: 600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (mg/L), EFF-1	0.38	0.37	0.32	0.33	0.28	0.32	0.45	0.34	0.27	0.30	0.47	0.33	0.32	0.38	0.48	0.42	0.40	0.42	0.43	0.40	0.43	0.37	0.42	0.39	0.43	0.27	0.30	0.46	0.35	41/42	
C-BOD5 (mg/L), EFF-1					3.2							2.0							5.5							8.2					
C-BOD5 (mg/L), INF-1					282							225							280							289					
TSS (mg/L), EFB-1					0.00							0.00							0.00							0.00					
TSS (mg/L), INF-1					100							120							120							160					
pH (std, units), EFF-1	6.5	6.5	6.4	6.6	6.6	6.5	6.4	6.6	6.4	6.5	6.7	6.4	6.5	6.6	6.5	6.6	6.8	6.4	6.6	6.6	6.4	6.5	6.5	6.5	6.5	6.5	6.6	6.7	6.5	6.5/6.6	
Fecal Coli Bact (#100mL), EFF-1					<10							<10							<10							<10					
TRC(Disinfection)(mg/L),EFF-1	1.0	1.0	1.0	1.1	1.1	1.3	1.1	1.2	1.1	1.1	1.0	1.1	1.1	1.5	1.0	1.0	1.0	1.0	1.0	0.9	1.0	1.1	1.0	1.0	0.9	1.2	1.4	1.0	1.0	1.1/1.6	
Turbidity (NTU), EFB-1	0.56	0.65	0.53	4.40	0.53	0.42	0.37	0.59	5.90	0.61	0.60	0.50	0.37	0.58	0.86	0.56	0.49	0.69	0.76	0.59	0.65	1.00	0.89	0.99	1.00	0.80	1.00	0.99	0.98	69/91	

Plant Staffing:

Day Shift Operator	Class <u> C </u>	Certificate no. <u> 91 54 </u>	Name: <u> Fredic Edmondson </u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> A </u>	Certificate no. <u> 20 86 </u>	Name: <u> Robert V. Salerno </u>
Lead Operator	Class <u> B </u>	Certificate no. <u> 45 11 </u>	Name: <u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits

Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX . If yes, cumulative days of wet weather discharge

Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 8-3-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

7-01-00	69570	1	7000	269.00
	69571	1	7000	269.00
7-03-00		0	0	0.00
7-04-00	69574	1	7000	269.00
7-05-00		0	0	0.00
7-06-00		0	0	0.00
7-07-00	69579	1	7000	269.00
	69580	1	7000	269.00
7-09-00		0	0	0.00
7-10-00	69581	1	7000	269.00
7-11-00		0	0	0.00
7-12-00		0	0	0.00
7-13-00	69587	1	7000	269.00
7-14-00		0	0	0.00
7-15-00	69590	1	7000	269.00
	69591	1	7000	269.00
7-17-00		0	0	0.00
7-18-00		0	0	0.00
7-19-00		0	0	0.00
7-20-00		0	0	0.00
7-22-00	77151	1	7000	269.00
	77152	1	7000	269.00
	77153	1	7000	269.00
7-24-00	77155	1	7000	269.00
7-25-00		0	0	0.00
7-26-00		0	0	0.00
7-27-00		0	0	0.00
7-28-00		0	0	0.00
7-29-00	77164	1	7000	269.00
	77165	1	7000	269.00
	77166	1	7000	269.00

SUBTOTAL		16	112000	\$ 4304.00
WEEK OF 7-1-00 FUEL SURCHARGE		- 2 LOADS		14.42
WEEK OF 7-3-00 FUEL SURCHARGE		- 3 LOADS		24.69
WEEK OF 7-10-00 FUEL SURCHARGE		- 4 LOADS		31.60
WEEK OF 7-17-00 FUEL SURCHARGE		- 3 LOADS		24.96
WEEK OF 7-24-00 FUEL SURCHARGE		- 4 LOADS		32.16

TOTAL				\$ 4431.83

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

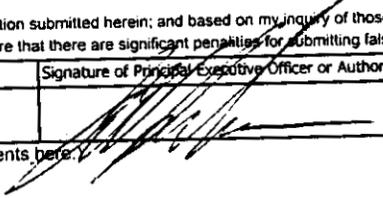
REPORT: MONTHLY
August 2000
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.38								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					4.80				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					1.50	1.90			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	9/14/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS	SAMPLE MEASUREMENT					0.00	0.00			
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10			
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	# /100ML	WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				5.80		6.80			
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00					
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT									
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
	SAMPLE MEASUREMENT									
STORET No. Mon. Site No.	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;pin11178v5.2:1/1

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA013583**

Three-month Average Daily Flow: .38

Month/Year **August 2000**

Daily Flow % of Permitted: 63%

Capacity: .600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (mg/L), EFF-1	0.38	0.38	0.37	0.38	0.42	0.37	0.33	0.42	0.35	0.37	0.41	0.56	0.47	0.28	0.40	0.40	0.34	0.40	0.37	0.38	0.39	0.44	0.36	0.38	0.23	0.39	0.32	0.31	0.39	.38/.26
C-BOD5 (mg/L), EFF-1		1.1							1.9						1.5								1.2							1.6
C-BOD5 (mg/L), INF-1		234							111						282								178							192
TSS (mg/L), EFB-1		0.00							0.00						0.00								0.00							0.00
TSS (mg/L), INF-1		180							40						160								200							180
pH (std, units), EFF-1	6.5	6.4	6.4	6.4	6.5	6.4	6.8	6.4	6.3	6.2	6.1	5.9	6.5	5.9	6.1	5.9	6.0	5.8	5.9	5.9	5.9	5.9	6.0	6.2	5.9	6.3	6.5	6.1	6.0	5.9/5.9
Fecal Coli Bact (#100mL), EFF-1		<10							<10						<10								<10							<10
TRC(Disinfection)(mg/L),EFF-1	1.5	1.0	1.4	1.9	1.5	1.2	1.2	1.5	1.1	1.0	1.3	1.2	2.2	1.7	1.1	1.0	1.0	1.0	1.1	1.0	1.2	1.0	1.0	1.1	1.0	1.0	1.3	1.0	1.3	1.0/2.5
Turbidity (NTU), EFB-1	0.43	1.00	1.20	0.90	1.00	0.63	0.61	0.70	1.00	0.87	0.60	0.43	0.64	0.56	0.52	0.50	0.54	0.60	0.72	0.71	1.00	1.00	0.85	0.70	0.86	0.99	0.66	0.77	0.89	.90/.80

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate no. <u>91 54</u>	Name: <u>Fredic Edmondson</u>
Evening Shift Operator	Class <u></u>	Certificate no. <u></u>	Name: <u></u>
Night Shift Operator	Class <u>A</u>	Certificate no. <u>20 86</u>	Name: <u>Robert V. Salerno</u>
Lead Operator	Class <u>B</u>	Certificate no. <u>45 11</u>	Name: <u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 9-5-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 54TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD
8-01-00		0	0	0.00
8-02-00	77170 ✓	1	7000	269.00
8-03-00		0	0	0.00
8-04-00		0	0	0.00
8-05-00	77177 ✓	1	7000	269.00
	77178 ✓	1	7000	269.00
8-07-00		0	0	0.00
8-08-00		0	0	0.00
8-09-00		0	0	0.00
8-10-00	77185 ✓	1	7000	269.00
8-11-00		0	0	0.00
8-12-00	77188 ✓	1	7000	269.00
	77190 ✓	1	7000	269.00
8-14-00	77191 ✓	1	7000	269.00
	77192 ✓	1	7000	269.00
8-16-00		0	0	0.00
8-17-00	77197 ✓	1	7000	269.00
8-18-00		0	0	0.00
8-19-00	61351 ✓	1	7000	269.00
8-20-00		0	0	0.00
8-21-00	61353 ✓	1	7000	269.00
8-22-00		0	0	0.00
8-23-00		0	0	0.00
8-24-00	61357 ✓	1	7000	269.00
8-25-00	61361 ✓	1	7000	269.00
8-26-00		0	0	0.00
8-27-00		0	0	0.00
8-28-00		0	0	0.00
8-29-00		0	0	0.00
8-30-00		0	0	0.00
8-31-00		0	0	0.00

SUBTOTAL	13	91000	\$ 3497.00
WEEK OF 8-1-00 FUEL SURCHARGE - 3 LOADS			20.79
WEEK OF 8-7-00 FUEL SURCHARGE - 3 LOADS			20.64
WEEK OF 8-14-00 FUEL SURCHARGE - 4 LOADS			33.36
WEEK OF 8-21-00 FUEL SURCHARGE - 3 LOADS			27.84

TOTAL

\$ 3599.63

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT

DOMESTIC WASTEWATER SECTION

P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

PERMIT NUMBER: FLA013583-01

PERMITTEE NAME: FERNCREST UTILITIES

MONITORING PERIOD - FROM:

MAILING ADDRESS: ROBERT V. SALERNO

LIMIT: FINAL

REPORT: MONTHLY

3015 SW 54th AVENUE

DAVIE, FLORIDA 33314

CLASS SIZE: MINOR

Sept 2000

FACILITY: FERNCREST UTILITIES

FACILITY ID: FLA013583

GROUP: DW

LOCATION: DAVIE, FLORIDA

GMS ID NO.: 5006P02315

GMS TEST SITE NO.:

COUNTY: BROWARD

DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLANT SIZE/TREATMENT TYPE: 2C

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.38								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT				4.80					
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				20 ANNUAL		MG/L		WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT				4.20	8.10				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				25.0 MONTHLY	60.0 SING SAMPLE	MG/L		WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COM FLOWPRO
TSS	SAMPLE MEASUREMENT				0.00					
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0 ANNUAL		MG/L		WEEKLY	8HR COM FLOWPRC

Forms by ChemSw(707)864-0845.p/n11178;v5.2

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	# /100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.00		6.70				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZE
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZE
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSv(707)864-0845.pn11178.v5.2

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: .38

Month/Year Sept. 2000

Daily Flow % of Permitted: 63%

Capacity: .600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (mg/L), EFF-1	0.33	0.34	0.32	0.37	0.41	0.40	0.36	0.39	0.39	0.39	0.35	0.76	0.37	0.31	0.35	0.34	0.41	0.53	0.47	0.44	0.37	0.42	0.36	0.41	0.36	0.39	0.39	0.41	0.40	0.40
C-BOD5 (mg/L), EFF-1						2.8							3.0							3.0							8.1			
C-BOD5 (mg/L), INF-1						265							201							180								237		
TSS (mg/L), EFB-1						0.00							0.00							0.00								0.00		
TSS (mg/L), INF-1						180							100							40								187		
pH (std, units), EFF-1	6.4	6.3	6.7	6.5	6.3	6.3	6.2	6.3	6.5	6.3	6.4	6.4	6.0	6.1	6.5	6.1	6.0	6.0	**	**	**	**	**	**	**	**	**	**	**	6.3
Fecal Coli Bact (#100mL), EFF-1						<10							<10							<10								<10		
TRC(Disinfection)(mg/L),EFF-1	1.0	1.3	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.3	1.5	1.0	1.0	1.0	1.1	1.5	1.0	1.0	1.0	1.3	1.0	1.3	1.2	1.0	1.0	1.2	1.1	1.0
Turbidity (NTU), EFB-1	0.84	0.99	0.63	0.90	0.61	0.70	0.79	0.61	0.54	0.55	0.49	0.45	0.72	0.93	0.92	0.58	0.75	0.77	0.49	0.62	0.43	0.50	0.71	0.59	0.66	0.51	0.57	0.82	0.62	0.49

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate no. <u>91 54</u>	Name: <u>Fredic Edmondson</u>
Even ng Shift Operator	Class <u></u>	Certificate no. <u></u>	Name: <u></u>
Night Shift Operator	Class <u>A</u>	Certificate no. <u>20 86</u>	Name: <u>Robert V. Salerno</u>
Lead Operator	Class <u>B</u>	Certificate no. <u>45 11</u>	Name: <u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits

Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge

Attach additional sheets necessary to list all certified operators necessary for required operations

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

October 2000
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 28184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.43								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.60				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				20	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.40	8.40			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				25.0	MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/11

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	11/14/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.40		6.90				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845.pn11178.v5.2

PAGE ? OF ?

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: .43

Month/Year October 2000

Daily Flow % of Permitted: 72%

Capacity: .600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.36	0.39	0.53	0.97	0.81	1.01	0.75	0.67	0.65	0.61	0.55	0.49	0.49	0.50	0.46	0.43	0.50	0.41	0.48	0.39	0.42	0.40	0.43	0.40	0.38	0.43	0.40	0.38	0.38	0.42/38	
C-BOD5 (mg/L), EFF-1				7.4							0.0							8.4							1.8						
C-BOD5 (mg/L), INF-1				185							144							218							200						
TSS (mg/L), EFB-1				0.00							0.00							0.00							0.00						
TSS (mg/L), INF-1				80							130							60							120						
pH (std, units), EFF-1	1.0	6.6	6.6	6.8	6.9	6.9	6.9	6.7	6.9	6.6	6.5	6.5	6.7	6.5	6.6	6.5	6.5	6.5	6.4	6.6	6.5	6.5	6.5	6.6	6.4	6.4	6.4	6.5	6.5	6.6/6.6	
Fecal Coli Bact (#100mL), EFF-1				<10							<10							<10							<10						
TRC(Disinfection)(mg/L),EFF-1	1.0	1.0	1.0	1.2	1.2	1.0	1.0	1.0	1.1	1.0	1.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.2	1.1	1.0	1.0	1.6	1.0	1.0	1.0	1.1	1.0	1.4	1.5/1.7	
Turbidity (NTU), EFB-1	0.61	0.61	0.44	0.71	0.77	1.00	0.50	0.57	0.69	0.71	0.59	0.67	0.89	0.65	0.61	0.51	0.75	0.57	0.60	0.54	0.72	0.64	0.64	0.63	0.66	0.66	0.68	0.61	0.59	0.6/56	

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate no. <u>91 54</u>	Name: <u>Fredic Edmondson</u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u>A</u>	Certificate no. <u>20 86</u>	Name: <u>Robert V. Salerno</u>
Lead Operator	Class <u>B</u>	Certificate no. <u>45 11</u>	Name: <u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 11-3-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 54TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD
10-01-00		0	0	0.00
10-02-00	61395	1	7000	269.00
10-03-00		0	0	0.00
10-04-00		0	0	0.00
10-05-00		0	0	0.00
10-06-00		0	0	0.00
10-07-00		0	0	0.00
10-08-00		0	0	0.00
10-09-00		0	0	0.00
10-10-00		0	0	0.00
10-11-00		0	0	0.00
10-12-00		0	0	0.00
10-13-00		0	0	0.00
10-14-00	72260	1	7000	269.00
	72261	1	7000	269.00
10-16-00		0	0	0.00
10-17-00		0	0	0.00
10-18-00		0	0	0.00
10-19-00		0	0	0.00
10-20-00	72273	1	7000	269.00
10-21-00	72274	1	7000	269.00
10-22-00		0	0	0.00
10-23-00	72275	1	7000	269.00
	72276	1	7000	269.00
10-25-00		0	0	0.00
10-26-00		0	0	0.00
10-27-00	72283	1	7000	269.00
10-28-00		0	0	0.00
10-29-00		0	0	0.00
10-30-00		0	0	0.00
10-31-00		0	0	0.00
SUBTOTAL		8	56000	\$ 2152.00
WEEK OF 10-2-00 FUEL SURCHARGE - 1 LOAD				13.27
WEEK OF 10-9-00 FUEL SURCHARGE - 2 LOADS				29.30
WEEK OF 10-16-00 FUEL SURCHARGE - 2 LOADS				33.26
WEEK OF 10-23-00 FUEL SURCHARGE - 3 LOADS				47.28
TOTAL				\$ 2275.11

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

NOV. 2000

REPORT: MONTHLY

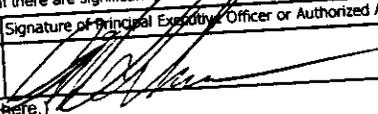
GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type	
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit				
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.39									CONTIN	METER & TOTAL
	PERMIT REQUIREMENT	0.6		MGD								
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT					5.00					WEEKLY	8HR COMP FLOWPROP
	PERMIT REQUIREMENT											
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					20 ANNUAL		MG/L			WEEKLY	8HR COMP FLOWPROP
	PERMIT REQUIREMENT											
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					7.10	16.80				WEEKLY	8HR COMP FLOWPROP
	PERMIT REQUIREMENT											
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L			WEEKLY	8HR COMP FLOWPROP
	PERMIT REQUIREMENT											
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										WEEKLY	8HR COMP FLOWPROP
	PERMIT REQUIREMENT											
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.80					WEEKLY	8HR COMP FLOWPROP
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L			WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845,p/n11178,v5.2;11.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	12/14/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS	SAMPLE MEASUREMENT					2.00	10.00			
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10			
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	# /100ML	WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				5.80		6.90			
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00					
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT									
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;p/n11178:v5.2.1

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: .39
 Daily Flow % of Permitted: 65%
 Capacity: .600

Month/Year NOV. 2000

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.45	0.43	0.38	0.39	0.36	0.38	0.36	0.41	0.39	0.35	0.34	0.30	0.39	0.38	0.33	0.40	0.32	0.36	0.34	0.34	0.40	0.33	0.37	0.32	0.33	0.34	0.34	0.30	0.48	0.29	
C-BOD5 (mg/L), EFF-1	1.7							1.0							5.4							16.8								4.6	
C-BOD5 (mg/L), INF-1	147							127							198							339								282	
TSS (mg/L), EFB-1	0.00							0.00							10							0.00								0.00	
TSS (mg/L), INF-1	60							200							120							260								120	
pH (std, units), EFF-1	6.5	6.4	6.2	6.1	6.2	6.2	6.4	6.2	6.0	6.1	6.1	6.0	5.8	6.2	6.4	6.4	6.2	6.2	6.6	6.8	6.9	6.2	6.5	6.6	6.6	6.7	6.7	6.7	6.6	6.8	
Fecal Coli Bact (#100mL), EFF-1	<10							<10														<10								<10	
TRC(Disinfection)(mg/L),EFF-1	1.4	1.7	1.2	1.8	1.4	1.5	1.0	1.0	1.2	1.5	1.0	1.5	1.2	1.4	1.2	1.0	1.1	1.2	1.5	1.5	1.4	1.0	1.0	1.2	1.9	1.4	1.3	1.0	1.0	1.1	
Turbidity (NTU), EFB-1	0.51	0.48	0.58	0.35	0.46	0.61	0.44	0.57	0.44	0.40	0.64	0.55	0.50	0.65	0.66	0.63	0.69	0.65	0.70	0.85	0.75	0.76	0.71	0.77	0.79	0.81	0.80	0.69	0.85	0.90	

Plant Staffing:
 Day Shift Operator Class C Certificate no. 91 54 Name: Fredic Edmondson
 Evening Shift Operator Class Certificate no. Name:
 Night Shift Operator Class A Certificate no. 20 86 Name: Robert V. Salerno
 Lead Operator Class B Certificate no. 45 11 Name: Albert M. Salerno

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

DEPARTMENT OF ENVIRONMENTAL PROTECTION

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

REPORT: MONTHLY
 Dec-00
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.42								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					4.60				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					1.90	3.40			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.80				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;ph11178;v5.2:11

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President	<i>Robert V. Salerno</i>	954-587-8833	1/11/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS	SAMPLE MEASUREMENT					0.00	0.00				
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0	MONTHLY	5.0 SING SAMP	MGL		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10				
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				200	ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				6.10		6.80				
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0	SING SAMP	8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00						
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0	SING SAMP		MGL		CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT										
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pin11178;v5.2;11/1/97

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583
 Month/Year December 2000

Three-month Average Daily Flow: .42
 Daily Flow % of Permitted: 70%
 Capacity: .600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.50	0.36	0.34	0.34	0.27	0.46	0.25	0.33	0.41	0.38	0.32	0.39	0.64	0.55	0.48	0.48	0.38	0.45	0.41	0.45	0.41	0.44	0.40	0.33	0.22	0.36	0.44	0.32	0.24	.44/39	
C-BOD5 (mg/L), EFF-1						2.1							0.0							2.2								3.4			
C-BOD5 (mg/L), INF-1						344							232							260								294			
TSS (mg/L), EFB-1						0.00							0.00							0.00								0.00			
TSS (mg/L), INF-1						120							140							140								140			
pH (std, units), EFF-1	6.8	6.6	6.5	6.8	6.5	6.7	6.4	6.3	6.4	6.1	6.3	6.6	6.5	6.4	6.5	6.2	6.3	6.5	6.4	6.4	6.2	6.3	6.1	6.1	6.0	6.2	6.1	6.5	6.5	6.5/6.7	
Fecal Coli Bact (#100mL), EFF-1						<10							<10							<10							<10				
TRC(Disinfection)(mg/L),EFF-1	1.3	1.0	1.2	1.3	1.6	1.0	1.9	1.2	1.6	2.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.4	1.2	1.4	1.4	1.0	1.0	1.3	1.0	1.0	1.0	1.5/1.1	
Turbidity (NTU), EFB-1	0.93	0.61	0.65	0.64	0.77	1.40	1.40	1.10	1.10	1.60	0.95	0.99	0.99	1.00	0.97	0.50	0.69	0.59	0.50	0.65	0.57	0.66	0.98	0.99	0.85	0.69	0.62	0.50	1.20	.97/1.4	

Plant Staffing:

Day Shift Operator	Class <u> C </u>	Certificate no. <u> 91 54 </u>	Name: <u> Fredic Edmondson </u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> A </u>	Certificate no. <u> 20 86 </u>	Name: <u> Robert V. Salerno </u>
Lead Operator	Class <u> B </u>	Certificate no. <u> 45 11 </u>	Name: <u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 1-4-01

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 534TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWT

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD
12-01-00		0	0	0.00
12-02-00		0	0	0.00
12-03-00		0	0	0.00
12-04-00		0	0	0.00
12-05-00		0	0	0.00
12-06-00	88232	1	7000	269.00
	88235	1	7000	269.00
12-07-00	88239	1	7000	269.00
12-09-00		0	0	0.00
12-10-00		0	0	0.00
12-11-00		0	0	0.00
12-12-00	88247	1	7000	269.00
12-13-00	88249	1	7000	269.00
12-14-00	88250	1	7000	269.00
	86051	1	7000	269.00
12-16-00		0	0	0.00
12-17-00		0	0	0.00
12-18-00		0	0	0.00
12-19-00	86057	1	7000	269.00
	86059	1	7000	269.00
12-20-00	86061	1	7000	269.00
12-21-00	86064	1	7000	269.00
12-23-00		0	0	0.00
12-24-00		0	0	0.00
12-25-00		0	0	0.00
12-26-00	86067	1	7000	269.00
	86069	1	7000	269.00
12-27-00	86070	1	7000	269.00
12-29-00		0	0	0.00
12-30-00		0	0	0.00
12-31-00		0	0	0.00
SUBTOTAL		14	98000	\$ 3766.00
WEEK OF 12-4-00 FUEL SURCHARGE - 3 LOADS				43.89
WEEK OF 12-11-00 FUEL SURCHARGE - 4 LOADS				64.60
WEEK OF 12-18-00 FUEL SURCHARGE - 4 LOADS				55.56
WEEK OF 12-25-00 FUEL SURCHARGE - 3 LOADS				37.95
TOTAL				\$ 3968.00

**1999 WASTEWATER
OPERATING REPORTS**

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

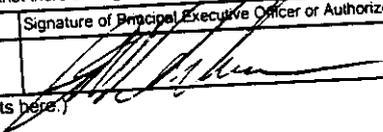
JAN. 1999
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.42									
	PERMIT REQUIREMENT	0.6		MGD							CONTIN METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										WEEKLY 8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					8.30					
	PERMIT REQUIREMENT					20 ANNUAL		MG/L			WEEKLY 8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					5.70	6.90				
	PERMIT REQUIREMENT					25.0 MONTHLY	80.0 SING SAMPLE	MG/L			WEEKLY 8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										WEEKLY 8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.02					
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L			WEEKLY 8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845:p/n11178:v5.2:11/1/

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	2/12/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00			
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10			
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML	WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.50		7.30			
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.30					
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;pn11178:v5.2:11/1/95

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: 43

Daily Flow % of Permitted: 72

Month/Year JA 19 99

Capacity: .600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.37	0.37	0.48	0.44	0.43	0.41	0.42	0.45	0.42	0.55	0.38	0.35	0.40	0.34	0.46	0.45	0.42	0.44	0.43	0.34	0.46	0.41	0.40	0.45	0.43	0.38	0.40	0.50	0.40	40/50	
C-BOD5 (mg/L), EFF-1						3.6							6.1							6.2							6.9				
C-BOD5 (mg/L), INF-1						138							200							198							186				
TSS (mg/L), EFB-1						0.00							0.00							0.00							0.00				
TSS (mg/L), INF-1						140							180							120							180				
pH (std, units), EFF-1	6.6	6.5	6.5	6.9	6.7	6.8	6.8	6.9	6.8	6.8	6.7	6.8	6.9	6.9	7.0	6.8	6.9	6.9	6.9	7.0	7.3	7.1	6.9	6.9	7.1	7.0	7.0	6.9	6.9	7.0/6.9	
Fecal Coli Bact (#100mL), EFF-1						<10							<10							<10							<10				
TRC(Disinfection)(mg/L),EFF-1	1.8	2.4	2.4	1.6	2.0	2.5	2.7	2.2	2.5	3.3	2.9	2.7	3.7	3.5	2.7	2.6	1.9	2.3	3.3	2.7	3.0	3.0	25.6	2.3	2.5	2.9	1.3	2.3	3.3	3.1/2.3	
Turbidity (NTU), EFB-1	1.00	0.98	0.93	0.97	1.00	1.10	0.99	0.97	0.93	0.83	1.00	1.00	0.96	0.95	1.10	0.94	0.97	1.00	0.97	1.10	1.00	1.20	0.93	0.94	0.89	0.90	1.00	1.00	0.99	1.10/1.2	

Plant Staffing:

Day Shift Operator	Class <u> C </u>	Certificate no. <u> 91 54 </u>	Name: <u> Fredic Edmondson </u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> A </u>	Certificate no. <u> 20 86 </u>	Name: <u> Robert V. Salerno </u>
Lead Operator	Class <u> B </u>	Certificate no. <u> 45 11 </u>	Name: <u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

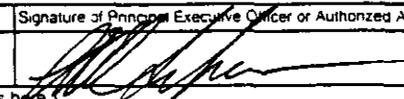
Feb. 99
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					8.40				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					6.10	6.70			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.02				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845.prt(11/78;v5.2;11/1)

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Pnnt)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	3/9/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS	SAMPLE MEASUREMENT					0.00	0.00				
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MGL		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10				
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				6.40		6.90				
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00						
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MGL		CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT										
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/97

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: 41

Daily Flow % of Permitted: 68 %

Month/Year FEB. 99

Capacity: 600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (mg/L), EFF-1	0.46	0.48	0.44	0.46	0.44	0.44	0.41	0.43	0.37	0.50	0.43	0.45	0.43	0.42	0.44	0.41	0.42	0.41	0.34	0.41	0.38	0.42	0.38	0.43	0.45	0.35	0.39	0.37		
C-BOD5 (mg/L), EFF-1			6.5							6.2							6.7							5.2						
C-BOD5 (mg/L), INF-1			181							161							230							146						
TSS (mg/L), EFB-1			0.00							0.00							0.00							0.00						
TSS (mg/L), INF-1			140							40							140							180						
pH (std, units), EFF-1	6.9	6.9	6.9	6.9	6.8	6.7	6.8	6.7	6.6	6.6	6.5	6.5	6.6	6.7	6.5	6.5	6.4	6.4	6.4	6.6	6.6	6.8	6.7	6.4	6.6	6.5	6.6	6.6		
Fecal Coll Bact (#100mL), EFF-1			<10							<10							<10							<10						
TRC(Disinfection)(mg/L),EFF-1	2.8	3.2	3.2	2.5	3.0	2.8	2.8	2.3	1.3	1.0	1.0	1.0	1.5	2.0	1.5	1.2	1.6	1.0	1.8	1.5	1.5	1.4	1.6	1.5	1.0	1.4	2.0	2.3		
Turbidity (NTU), EFB-1	1.10	1.00	1.10	1.00	1.00	0.96	0.97	1.10	0.98	0.97	1.20	0.99	0.92	1.10	1.10	0.91	0.89	0.98	0.99	1.00	1.00	1.10	0.96	1.10	1.10	0.98	0.81	1.10		

Plant Staffing:

Day Shift Operator	Class <u> </u> C <u> </u>	Certificate no. <u> </u> 91 54 <u> </u>	Name: <u> </u> Fredic Edmondson <u> </u>
Evening Shift Operator	Class <u> </u> <u> </u>	Certificate no. <u> </u> <u> </u>	Name: <u> </u> <u> </u>
Night Shift Operator	Class <u> </u> A <u> </u>	Certificate no. <u> </u> 20 86 <u> </u>	Name: <u> </u> Robert V. Salerno <u> </u>
Lead Operator	Class <u> </u> B <u> </u>	Certificate no. <u> </u> 45 11 <u> </u>	Name: <u> </u> Albert M. Salerno <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits

Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge

Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 3-3-99

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

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*****
DATE          TICKET      LOADS      VOLUME      UNIT PRICE
              NUMBER          GALLONS    $28.67/1000
*****
2-01-98      34985         1         7000         200.69
2-02-98                                0           0.00
2-03-98      34994         1         7000         200.69
2-04-98      34997         1         7000         200.69
2-05-98      35000         1         7000         200.69
2-06-98      35705         1         7000         200.69
2-07-98                                0           0.00
2-08-98                                0           0.00
2-09-98      35708         1         7000         200.69
2-10-98                                0           0.00
2-11-98      35714         1         7000         200.69
2-12-98                                0           0.00
2-13-98      35720         1         7000         200.69
2-14-98                                0           0.00
2-15-98      35721         1         7000         200.69
2-16-98                                0           0.00
2-17-98      35729         1         7000         200.69
2-18-98                                0           0.00
2-19-98      35736         1         7000         200.69
2-20-98      35740         1         7000         200.69
2-21-98                                0           0.00
2-22-98                                0           0.00
2-23-98      35741         1         7000         200.69
                35742         1         7000         200.69
2-25-98      35748         1         7000         200.69
2-26-98                                0           0.00
2-27-98      36307         1         7000         200.69
2-28-98                                0           0.00
                0           0           0.00
                0           0           0.00
                0           0           0.00
                0           0           0.00
*****
```

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*****
TOTALS                16    112000          $ 3211.04
*****
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THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

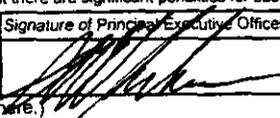
TO:
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.41								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					7.80				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					1.90	2.70			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.02				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;p/n11178:v5.2;11/1/9

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	4/12/89

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.40		6.80				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178;v5.2:11/11

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583
 Month/Year March 99

Three-month Average Daily Flow: 42
 Daily Flow % of Permitted: 72
 Capacity: 600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Parameter/Unit																														
Monitoring Location Site Number																														
Flow (mg/L), EFF-1	0.38	0.36	0.48	0.43	0.44	0.41	0.40	0.41	0.42	0.42	0.42	0.42	0.41	0.41	0.38	0.42	0.41	0.41	0.40	0.37	0.40	0.38	0.32	0.50	0.37	0.45	0.41	0.38	0.37	0.43/0.42
C-BOD5 (mg/L), EFF-1			2.0							1.3							2.7						1.6							2.0
C-BOD5 (mg/L), INF-1			187							180							144						202							105
TSS (mg/L), EFB-1			0.00							0.00							0.00						0.00							0.00
TSS (mg/L), INF-1			160							200							100						120							180
pH (std, units), EFF-1	6.7	6.8	6.5	6.5	6.4	6.4	6.5	6.4	6.7	6.5	6.6	6.5	6.6	6.4	6.5	6.5	6.5	6.6	6.4	6.4	6.5	6.4	6.6	6.6	6.5	6.4	6.6	6.6	6.5	6.6/6.7
Fecal Coli Bact (#100mL), EFF-1			<10							<10							<10						<10							<10
TRC(Disinfection)(mg/L),EFF-1	2.0	1.0	1.0	1.0	1.5	1.7	1.0	1.3	1.5	1.2	1.1	1.5	1.7	2.2	1.8	1.9	1.9	1.4	1.2	1.4	1.6	1.4	1.4	1.1	1.5	1.3	2.0	2.5	1.9	1.4/1.0
Turbidity (NTU), EFB-1	0.95	1.00	1.10	0.99	1.00	0.96	1.10	0.96	1.00	0.69	0.89	0.97	0.97	1.00	0.95	0.93	0.63	0.79	0.95	0.99	0.58	0.95	0.93	0.93	1.10	0.93	0.95	1.00	0.99	0.55/0.71

Plant Staffing:

Day Shift Operator	Class <u> C </u>	Certificate no. <u> 91 54 </u>	Name: <u> Fredic Edmondson </u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> A </u>	Certificate no. <u> 20 86 </u>	Name: <u> Robert V. Salerno </u>
Lead Operator	Class <u> B </u>	Certificate no. <u> 45 11 </u>	Name: <u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 4-6-99

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

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*****
DATE          TICKET          LOADS          VOLUME          UNIT PRICE
              NUMBER          GALLONS        $28.67/1000
*****
```

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$28.67/1000
3-01-99		0	0	0.00
3-02-99	36313	1	7000	200.69
3-03-99		0	0	0.00
3-04-99		0	0	0.00
3-05-99		0	0	0.00
3-06-99	36321	1	7000	200.69
	36322	1	7000	200.69
3-08-99	36323	1	7000	200.69
3-09-99		0	0	0.00
3-10-99		0	0	0.00
3-11-99		0	0	0.00
3-12-99	36332	1	7000	200.69
3-13-99	36338	1	7000	200.69
3-14-99		0	0	0.00
3-15-99	36340	1	7000	200.69
3-16-99		0	0	0.00
3-17-99		0	0	0.00
3-18-99	36346	1	7000	200.69
3-19-99		0	0	0.00
3-20-99	39304	1	7000	200.69
3-21-99		0	0	0.00
3-22-99		0	0	0.00
3-23-99	39308	1	7000	200.69
3-24-99		0	0	0.00
3-25-99		0	0	0.00
3-26-99		0	0	0.00
3-27-99	39316	1	7000	200.69
3-28-99		0	0	0.00
3-29-99	39317	1	7000	200.69
3-30-99		0	0	0.00
3-31-99	39321	1	7000	200.69

TOTALS		13	91000	\$ 2608.97

THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

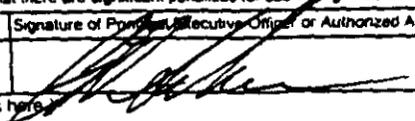
TO:
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.36								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					7.20				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.00	6.70			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPRO
TSS	SAMPLE MEASUREMENT					0.02				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR CON FLOWPR

Forms by ChemSW(707)864-0845:p/n11178:v5.2

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	5/13/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS	SAMPLE MEASUREMENT					0.00	0.00			
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	BHR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10			
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML	WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				6.10		6.60			
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00					
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT									
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;pm111178;v5.2;11/1

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: 36

Month/Year Apr 99

Daily Flow % of Permitted: 60

Capacity: 600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (mg/L), EFF-1	0.46	0.48	0.34	0.32	0.35	0.38	0.35	0.38	0.36	0.35	0.37	0.35	0.35	0.38	0.34	0.29	0.29	0.27	0.24	0.28	0.34	0.32	0.30	0.33	0.33	0.28	0.40	0.28	0.36	0.40	
C-BOD5 (mg/L), EFF-1							2.7							6.7							2.1							4.4			
C-BOD5 (mg/L), INF-1							116							139							110							113			
TSS (mg/L), EFB-1							0.00							0.00							0.00							0.00			
TSS (mg/L), INF-1							100							100							60							60			
pH (std. units), EFF-1	6.6	6.5	6.4	6.5	6.3	6.5	6.4	6.4	6.4	6.5	6.6	6.5	6.5	6.5	6.5	6.4	6.6	6.2	6.2	6.2	6.3	6.1	6.2	6.3	6.3	6.5	6.6	6.4	6.4	6.5	
Fecal Coli Bact (#100mL), EFF-1							<10							<10							<10							<10			
TRC(Disinfection)(mg/L),EFF-1	1.5	1.4	1.5	1.7	1.4	1.3	1.5	1.0	1.9	1.6	1.5	1.3	1.7	1.3	1.8	1.1	1.9	1.5	1.6	1.6	2.0	1.4	1.5	1.7	1.3	2.4	1.3	1.1	1.2	1.7	
Turbidity (NTU), EFB-1	0.96	0.98	0.93	0.80	1.00	0.87	0.89	0.87	0.86	0.89	0.89	1.10	0.86	0.96	0.89	0.73	0.89	0.75	1.00	0.58	0.71	0.43	0.51	0.44	0.63	0.50	0.65	0.97	0.57	0.59	

Plant Staffing:

Day Shift Operator	Class <u> C </u>	Certificate no. <u> 91 54 </u>	Name: <u> Fredic Edmondson </u>
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> A </u>	Certificate no. <u> 20 86 </u>	Name: <u> Robert V. Salerno </u>
Lead Operator	Class <u> B </u>	Certificate no. <u> 45 11 </u>	Name: <u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

4-15-99
4-16-99

1
0

0
7000

200.69
200.69

0.00

4-18-99
4-19-99
4-20-99
4-21-99
4-22-99
4-23-99
4-24-99
4-25-99
4-26-99
4-27-99
4-28-99
4-29-99
4-30-99

37314
37318
37319
37323
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0.00

TOTALS 13 91000 \$ 2608.97

THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM: MAY 1999
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

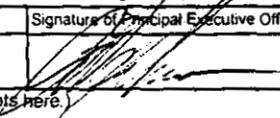
REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.32								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					6.40				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					1.90	3.60			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/97

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	06/14/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MGL		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.00		6.80				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.10						
	PERMIT REQUIREMENT				1.0 SING SAMP			MGL		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;prn11178;v5.2;11/1/97

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA013583**
 Month/Year **MA 19 99**

Three-month Average Daily Flow: **36**
 Daily Flow % of Permitted: **53 %**
 Capacity: **600**

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.25	0.34	0.31	0.38	0.33	0.32	0.33	0.31	0.27	0.31	0.36	0.30	0.30	0.38	0.48	0.34	0.35	0.28	0.32	0.30	0.31	0.28	0.30	0.31	0.28	0.34	0.27	0.34	0.43	41/30	
C-BOD5 (mg/L), EFF-1					1.4							1.5							3.6							1.1					
C-BOD5 (mg/L), INF-1					119							250							104							185					
TSS (mg/L), EFB-1					0.00							0.00							0.00							0.00					
TSS (mg/L), INF-1					100							120							80							120					
pH (std, units), EFF-1	6.4	6.4	6.4	6.4	6.4	6.5	6.5	6.4	6.4	6.1	6.0	6.1	6.3	6.5	6.3	6.4	6.5	6.4	6.5	6.2	6.4	6.5	6.3	6.4	6.5	6.4	6.4	6.4	6.8	6.2/6.5	
Fecal Coli Bact (#100mL), EFF-1					<10							<10														<10					
TRC(Disinfection)(mg/L),EFF-1	1.7	2.3	1.5	1.7	2.1	1.2	1.7	1.8	1.5	1.5	1.8	1.6	1.1	1.7	2.1	1.4	1.7	1.9	<10	2.0	1.1	1.7	1.5	1.1	1.9	1.7	2.5	2.7	1.0	1.3/1.5	
Turbidity (NTU), EFB-1	0.58	0.59	0.69	0.79	0.89	0.73	0.71	0.43	0.50	0.48	0.45	0.47	0.76	0.79	0.88	0.37	0.43	0.55	0.42	0.39	0.77	0.62	0.56	0.81	0.51	0.65	0.66	0.83	0.95	95/68	

Plant Staffing:
 Day Shift Operator Class C Certificate no. 91 54 Name: Fredic Edmondson
 Evening Shift Operator Class Certificate no. Name:
 Night Shift Operator Class A Certificate no. 20 86 Name: Robert V. Salerno
 Lead Operator Class B Certificate no. 45 11 Name: Albert M. Salerno

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

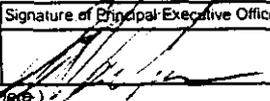
Jun-99
 REPORT: MONTHLY
 GROUP: OW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	0.39								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					6.00				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					2.60	5.80			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/197

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	7/4/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	30.00				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.70		5.80				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/93

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: 38

Month/Year JUNE 99

Daily Flow % of Permitted: 65 %

Capacity: 600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
	**** CHART REMOVED FOR REPAIR																														
Flow (mg/L), EFF-1	0.39	0.37	0.31	0.45	0.44	0.39	0.40	0.36	0.32	0.52	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
C-BOD5 (mg/L), EFF-1		2.0							2.0						2.0									5.8						1.5	
C-BOD5 (mg/L), INF-1		131							49						71									82						173	
TSS (mg/L), EFB-1		0.00							0.00						0.00									0.00						0.00	
TSS (mg/L), INF-1		160							20						70									50						80	
pH (std, units), EFF-1	6.4	6.4	6.2	6.0	5.8	6.0	6.2	6.0	6.2	6.6	6.3	6.2	6.6	6.6	6.5	6.7	6.5	6.5	6.4	6.4	6.7	6.6	6.6	6.4	6.5	6.4	6.3	6.6	6.3	6.4	
Fecal Coli Bact (#100mL), EFF-1		<10							<10						<10									30.0						30.00	
TRC(Disinfection)(mg/L),EFF-1	1.6	1.8	1.8	1.9	2.6	1.6	1.5	1.6	1.4	1.4	1.0	2.0	1.1	2.0	1.3	1.9	1.8	2.2	1.8	1.5	2.0	2.5	1.8	1.3	1.3	1.8	1.8	1.8	2.1	2.6	
Turbidity (NTU), EFB-1	0.63	0.65	0.77	0.89	0.82	0.89	1.00	1.00	1.20	1.10	1.20	1.00	1.00	1.00	0.80	1.00	0.99	1.20	1.00	1.10	1.10	1.00	1.10	1.20	1.00	1.00	1.10	1.00	0.84	0.90	

Plant Staffing:

Day Shift Operator	Class	<u> C </u>	Certificate no.	<u> 91 54 </u>	Name:	<u> Fredic Edmondson </u>
Evening Shift Operator	Class	<u> </u>	Certificate no.	<u> </u>	Name:	<u> </u>
Night Shift Operator	Class	<u> A </u>	Certificate no.	<u> 20 86 </u>	Name:	<u> Robert V. Salerno </u>
Lead Operator	Class	<u> B </u>	Certificate no.	<u> 45 11 </u>	Name:	<u> Albert M. Salerno </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes No Not Applicable XXX If yes, cumulative days of wet weather discharge
 Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 7-2-99

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD
6-01-99		0	0	0.00
6-02-99	43852	1	7000	269.00
6-03-99		0	0	0.00
6-04-99		0	0	0.00
6-05-99	43858	1	7000	269.00
6-06-99		0	0	0.00
6-07-99		0	0	0.00
6-08-99	43862	1	7000	269.00
6-09-99		0	0	0.00
6-10-99		0	0	0.00
6-11-99		0	0	0.00
6-12-99		0	0	0.00
6-13-99		0	0	0.00
6-14-99		0	0	0.00
6-15-99		0	0	0.00
6-16-99		0	0	0.00
6-17-99		0	0	0.00
6-18-99	43879	1	7000	269.00
6-19-99	43880	1	7000	269.00
6-20-99		0	0	0.00
6-21-99	43882	1	7000	269.00
6-22-99		0	0	0.00
6-23-99		0	0	0.00
6-24-99		0	0	0.00
6-25-99	55402	1	7000	269.00
	55679	1	7000	269.00
6-27-99		0	0	0.00
6-28-99		0	0	0.00
6-29-99		0	0	0.00
6-30-99		0	0	0.00
TOTALS		8	56000	\$ 2152.00

THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:

DOMESTIC WASTEWATER SECTION

PERMITTEE NAME: FERNCREST UTILITIES

MAILING ADDRESS: ROBERT V. SALERNO

3015 SW 54th AVENUE

FACILITY: FERNCREST UTILITIES

LOCATION: DAVIE, FLORIDA

COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT

P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01

MONITORING PERIOD - FROM:

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA013583

GMS ID NO.: 5006P02315

DISCHARGE POINT NUMBER D001

PLANT SIZE/TREATMENT TYPE: 2C

Jul-99

REPORT: MONTHLY

GROUP: DW

GMS TEST SITE NO.:

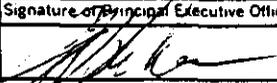
WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	ART OUT FOR REPAIR								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT				4.90					
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				20 ANNUAL		MG/L		WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT				2.40	4.70				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				25.0 MONTHLY	60.0 SING SAMPLE	MG/L		WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT				0.00					
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0 ANNUAL		MG/L		WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/197

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	8/13/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	30.00				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				5.80		6.80				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/97

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 8-4-99

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 54TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

7-01-99		0	0	0.00
7-02-99	55414	1	7000	269.00
7-03-99	55417	1	7000	269.00
7-04-99		0	0	0.00
7-05-99		0	0	0.00
7-06-99		0	0	0.00
7-07-99		0	0	0.00
7-08-99		0	0	0.00
7-09-99	55426	1	7000	269.00
7-10-99		0	0	0.00
7-11-99		0	0	0.00
7-12-99		0	0	0.00
7-13-99		0	0	0.00
7-14-99	55434	1	7000	269.00
7-15-99		0	0	0.00
7-16-99		0	0	0.00
7-17-99	55440	1	7000	269.00
7-18-99		0	0	0.00
7-19-99		0	0	0.00
7-20-99		0	0	0.00
7-21-99		0	0	0.00
7-22-99	43887	1	7000	269.00
7-23-99		0	0	0.00
7-24-99	43891	1	7000	269.00
7-25-99		0	0	0.00
7-26-99		0	0	0.00
7-27-99	43894	1	7000	269.00
7-28-99		0	0	0.00
7-29-99	43898	1	7000	269.00
7-30-99	43900	1	7000	269.00
7-31-99		0	0	0.00

TOTALS		10	70000	\$ 2690.00

THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT

P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01

MONITORING PERIOD - FROM:

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA013583

GMS ID NO.: 5006P02315

DISCHARGE POINT NUMBER D001

PLANT SIZE/TREATMENT TYPE: 2C

Aug-99

REPORT: MONTHLY

GROUP: DW

GMS TEST SITE NO.:

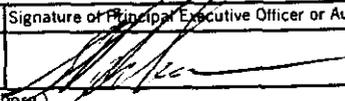
WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW	SAMPLE MEASUREMENT	chart out								
STORET No. 50080 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5	SAMPLE MEASUREMENT									
STORET No. 80082 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					4.00				
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				20	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5	SAMPLE MEASUREMENT					2.80	3.90			
STORET No. 80082 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				25.0	MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT									
STORET No. 00530 1 Mon. Site No. INF-1	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS	SAMPLE MEASUREMENT					0.00				
STORET No. 00530 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT				5.0	ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845.pn11178:v5.2:11/1/97

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	9/12/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS	SAMPLE MEASUREMENT					0.00	0.00				
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10				
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				5.50		6.90				
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00						
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT										
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/9

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT

P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01

MONITORING PERIOD - FROM:

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA013583

GMS ID NO.: 5006P02315

DISCHARGE POINT NUMBER D001

PLANT SIZE/TREATMENT TYPE: 2C

Sep-99

REPORT: MONTHLY

GROUP: DW

GMS TEST SITE NO.:

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.47									
	PERMIT REQUIREMENT	0.6		MGD						CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					3.50					
	PERMIT REQUIREMENT					20 ANNUAL		MG/L		WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					3.90	6.20				
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L		WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00					
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L		WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845.pn11178.v5 2.11/1/97

I certify, under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President	<i>Robert V. Salerno</i>	954-587-8833	10/13/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS	SAMPLE MEASUREMENT					0.00	0.00			
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10			
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML	WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				5.70		6.70			
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.10					
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT									
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;pn11178;v5.2.11/1:97

DAILY SAMPLE RESULTS - PART B

Permit Number FLA013583

Three-month Average Daily Flow: _____

Month/Year SEPT 99

Daily Flow % of Permitted: 47

Capacity: 600

Day of the Month

Parameter/Unit

Monitoring Location Site Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (mg/L), EFF-1	0.49	0.53	0.49	0.48	0.45	0.43	0.44	0.44	0.42	0.46	0.48	0.37	0.48	0.42	0.36	0.40	0.43	0.35	0.46	0.50	0.44	0.52	0.48	0.43	0.49	0.51	0.57	0.60	0.54	535.8	
C-BOD5 (mg/L), EFF-1	5.8							3.6							6.2							0.0									
C-BOD5 (mg/L), INF-1	90							68							122							55									
TSS (mg/L), EFB-1	0.00							0.00							0.00							0.00									
TSS (mg/L), INF-1	100							20							50							60									
pH (std, units), EFF-1	6.6	6.7	6.6	6.5	6.6	6.6	6.5	6.3	6.0	6.3	6.0	6.1	6.2	6.2	6.2	6.2	5.7	5.8	6.0	6.2	6.2	6.4	6.2	6.3	6.3	6.4	6.8	6.8	6.7	6.4	
Fecal Coli Bact (#100mL), EFF-1	<10							<10							<10																
TRC(Disinfection)(mg/L),EFF-1	1.2	1.4	1.8	1.7	1.4	1.5	1.9	2.2	1.7	2.0	2.2	2.1	1.5	1.7	1.8	1.7	1.5	1.4	1.7	1.3	1.3	1.1	1.4	1.7	1.6	1.4	1.4	1.3	1.7	1.7	
Turbidity (NTU), EFB-1	0.69	0.60	0.73	0.50	0.47	0.53	0.50	0.46	0.46	0.55	0.47	0.71	0.72	0.97	0.78	0.81	0.52	0.58	0.60	0.79	0.61	0.74	0.69	1.00	0.73	0.73	0.98	1.00	0.69	0.65	

Plant Staffing:

Day Shift Operator	Class <u>C</u>	Certificate no. <u>91 54</u>	Name: <u>Fredic Edmondson</u>
Evening Shift Operator	Class _____	Certificate no. _____	Name: _____
Night Shift Operator	Class <u>A</u>	Certificate no. <u>20 86</u>	Name: <u>Robert V. Salerno</u>
Lead Operator	Class <u>B</u>	Certificate no. <u>45 11</u>	Name: <u>Albert M. Salerno</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Deep Lime Rock Pits
 Limited Wet Weather Discharge Activated: Yes _____ No _____ Not Applicable XXX If yes, cumulative days of wet weather discharge _____
 Attach additional sheets necessary to list all certified operators necessary for required operations

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

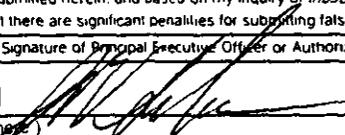
OCT. 99
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		Quantity or Loading			Quality or Concentration			NO EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.63								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					3.60				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					6.40	8.70			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms b; ChemStW(707)854-0845.pn11178.v5 2:11:1997

I certify, under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	11/12/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		Quantity or Loading			Quality or Concentration				NO EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS	SAMPLE MEASUREMENT					0.00	0.00				
STORET No. 00530 1 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM	SAMPLE MEASUREMENT					<10	<10				
STORET No. 31616 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML		WEEKLY	GRAB
Ph	SAMPLE MEASUREMENT				6.40		7.00				
STORET No. 00406 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT				1.00						
STORET No. 500060 1 Mon. Site No. EFF-1	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY	SAMPLE MEASUREMENT										
STORET No. 00070 1 Mon. Site No. EFB-1	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845.pn11178.v5 2.11/1/97

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 11-3-99

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 54TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

DATE	TICKET NUMBER	LOADS	VOLUME GALLONS	UNIT PRICE \$269.00/LOAD

10-01-99		0	0	0.00
10-02-99	55648	1	7000	269.00
10-03-99		0	0	0.00
10-04-99	55649	1	7000	269.00
10-05-99		0	0	0.00
10-06-99		0	0	0.00
10-07-99		0	0	0.00
10-08-99		0	0	0.00
10-09-99		0	0	0.00
10-10-99		0	0	0.00
10-11-99		0	0	0.00
10-12-99		0	0	0.00
10-13-99		0	0	0.00
10-14-99		0	0	0.00
10-15-99		0	0	0.00
10-16-99		0	0	0.00
10-17-99		0	0	0.00
10-18-99		0	0	0.00
10-19-99		0	0	0.00
10-20-99		0	0	0.00
10-21-99		0	0	0.00
10-22-99	52511	1	7000	269.00
10-23-99	52513	1	7000	269.00
10-24-99		0	0	0.00
10-25-99	52516	1	7000	269.00
10-26-99		0	0	0.00
10-27-99		0	0	0.00
10-28-99		0	0	0.00
10-29-99	52525	1	7000	269.00
10-30-99	52526	1	7000	269.00
10-31-99		0	0	0.00

TOTALS		7	49000	\$ 1883.00

THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425
 DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

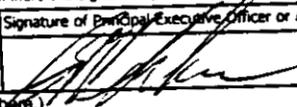
Nov-99
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.43								
	PERMIT REQUIREMENT	0.6		MGD					CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					3.60				
	PERMIT REQUIREMENT					20 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					2.20	3.50			
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L	WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								WEEKLY	8HR COMP FLOWPROP
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00				
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L	WEEKLY	8HR COMP FLOWPROP

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/97

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	12/10/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

PART A continued

FACILITY NAME: FERNCREST UTILITIES FACILITY ID: FLA013583 DISCHARGE POINT NUMBER D001

WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00				
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L		WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10				
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	# /100ML		WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.30		6.80				
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.		DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.20						
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L		CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Forms by ChemSW(707)864-0845;pn11178;v5.2;11/1/97

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA013583**

Three-month Average Daily Flow: 52

Daily Flow % of Permitted: 87 %

Month/Year **November 99**

Capacity: 600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.72	0.59	0.58	0.49	0.50	0.51	0.49	0.48	0.39	0.52	0.40	0.40	0.37	0.38	0.40	0.50	0.44	0.40	0.44	0.36	0.47	0.49	0.46	0.38	0.41	0.44	0.40	0.40	0.36	0.49	
C-BOD5 (mg/L), EFF-1			3.0							1.1							1.2							3.5							
C-BOD5 (mg/L), INF-1			165							146							232							187							
TSS (mg/L), EFB-1			0.00							0.00							0.00							0.00							
TSS (mg/L), INF-1			80							80							100							40							
pH (std, units), EFF-1	6.8	6.7	6.6	6.4	6.6	6.8	6.8	6.6	6.6	6.5	6.6	6.6	6.3	6.3	6.3	6.7	6.3	6.3	6.4	6.5	6.7	6.6	6.5	6.3	6.8	6.4	6.4	6.4	6.6	6.6	
Fecal Coli Bact (#100mL), EFF-1			<10							<10							<10							<10							
TRC(Disinfection)(mg/L),EFF-1	1.6	1.2	1.8	1.5	1.3	1.2	1.5	1.7	1.4	1.4	1.6	1.3	1.3	1.5	1.3	1.4	1.4	1.3	1.6	1.6	1.2	1.4	1.5	1.4	1.4	1.3	1.2	1.4	1.3	2.1	
Turbidity (NTU), EFB-1	0.70	0.65	0.51	0.39	1.20	0.59	0.71	0.52	0.68	0.77	0.63	0.54	0.55	0.50	0.61	0.66	0.66	0.59	0.57	0.55	0.60	0.66	0.65	0.68	0.61	0.63	0.60	0.60	0.46	0.53	

Plant Staffing:

Day Shift Operator	Class <u> </u> C	Certificate no. <u> </u> 91 54	Name: <u> </u> Fredic Edmondson
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> </u> A	Certificate no. <u> </u> 20 86	Name: <u> </u> Robert V. Salerno
Lead Operator	Class <u> </u> B	Certificate no. <u> </u> 45 11	Name: <u> </u> Albert M. Salerno

Type of Effluent Disposal or Reclaimed Water Reuse: **Deep Lime Rock Pits**

Limited Wet Weather Discharge Activated: Yes No Not Applicable **XXX** If yes, cumulative days of wet weather discharge

Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
 P.O. BOX 609
 FORT WHITE, FL 32038
 1-800-653-0386

INVOICE DATE: 12-3-99

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
 FINANCE DIVISION
 3015 S.W. 54TH AVENUE
 FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

```

*****
DATE          TICKET          LOADS          VOLUME          UNIT PRICE
NUMBER        GALLONS        $269.00/LOAD
*****
11-01-99      52530           1           7000           269.00
11-02-99                        0             0             0.00
11-03-99                        0             0             0.00
11-04-99      52532           1           7000           269.00
11-05-99                        0             0             0.00
11-06-99      52539           1           7000           269.00
11-07-99                        0             0             0.00
11-08-99      52540           1           7000           269.00
11-09-99      52543           1           7000           269.00
11-10-99                        0             0             0.00
11-11-99                        0             0             0.00
11-12-99      52549           1           7000           269.00
11-13-99      49102           1           7000           269.00
11-14-99                        0             0             0.00
11-15-99                        0             0             0.00
11-16-99                        0             0             0.00
11-17-99                        0             0             0.00
11-18-99      49109           1           7000           269.00
11-19-99                        0             0             0.00
11-20-99                        0             0             0.00
11-21-99                        0             0             0.00
11-22-99      49113           1           7000           269.00
11-23-99                        0             0             0.00
11-24-99                        0             0             0.00
11-25-99      49119           1           7000           269.00
11-26-99                        0             0             0.00
11-27-99      49124           1           7000           269.00
11-28-99                        0             0             0.00
11-29-99      49125           1           7000           269.00
11-30-99                        0             0             0.00
*****
TOTALS                12          84000          $ 3228.00
*****
  
```

THANK YOU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO:
 DOMESTIC WASTEWATER SECTION
 PERMITTEE NAME: FERNCREST UTILITIES
 MAILING ADDRESS: ROBERT V. SALERNO
 3015 SW 54th AVENUE
 FACILITY: FERNCREST UTILITIES
 LOCATION: DAVIE, FLORIDA
 COUNTY: BROWARD

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHEAST DISTRICT
 P O BOX 15425, WEAT PALM BEACH, FL 33416-5425

DAVIE, FLORIDA 33314

PERMIT NUMBER: FLA013583-01
 MONITORING PERIOD - FROM:
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA013583
 GMS ID NO.: 5006P02315
 DISCHARGE POINT NUMBER D001
 PLANT SIZE/TREATMENT TYPE: 2C

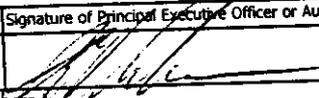
Dec-99
 REPORT: MONTHLY
 GROUP: DW
 GMS TEST SITE NO.:
 WAFR SITE NO.: 26184

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum	Unit			
FLOW STORET No. 50080 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT	0.40									
	PERMIT REQUIREMENT	0.6		MGD						CONTIN	METER & TOTAL
CBOD5 STORET No. 80082 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										8HR COMP FLOWPROP
	PERMIT REQUIREMENT									WEEKLY	
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					3.90					8HR COMP FLOWPROP
	PERMIT REQUIREMENT					20 ANNUAL		MG/L		WEEKLY	
CBOD5 STORET No. 80082 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					6.50	8.80				8HR COMP FLOWPROP
	PERMIT REQUIREMENT					25.0 MONTHLY	60.0 SING SAMPLE	MG/L		WEEKLY	
TSS STORET No. 00530 1 Mon. Site No. INF-1	SAMPLE MEASUREMENT										8HR COMP FLOWPROP
	PERMIT REQUIREMENT									WEEKLY	
TSS STORET No. 00530 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00					8HR COMP FLOWPROP
	PERMIT REQUIREMENT					5.0 ANNUAL		MG/L		WEEKLY	

Forms by ChemSW(707)864-0845:pn11178:v5.2:11/1/97

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment.

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. Area Code)	Date (yy/mm/dd)
Robert V. Salerno President		954-587-8833	1/13/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX	Frequency of analysis	Sample Type
		Average	Maximum	Unit	Minimum	Average	Maximum			
TSS STORET No. 00530 1 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT					0.00	0.00			
	PERMIT REQUIREMENT					5.0 MONTHLY	5.0 SING SAMP	MG/L	WEEKLY	8HR COMP FLOWPROP
FECAL COLIFORM STORET No. 31616 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT					<10	<10			
	PERMIT REQUIREMENT					200 ANNUAL	800 SING SAMP	#/100ML	WEEKLY	GRAB
Ph STORET No. 00406 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				6.30		6.70			
	PERMIT REQUIREMENT				5.0 SING SAMP		8.5 SING SAMP	S.U.	DAILY (5) DAYS/WEEK	GRAB
TOTAL RESIDUAL CHLORINE STORET No. 500060 1 Mon. Site No. EFF-1	SAMPLE MEASUREMENT				1.00					
	PERMIT REQUIREMENT				1.0 SING SAMP			MG/L	CONTIN	ON-LINE ANALYZER
TURBIDITY STORET No. 00070 1 Mon. Site No. EFB-1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								CONTIN	ON-LINE ANALYZER
STORET No. Mon. Site No.	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

Forms by ChemSW(707)864-0845;p/n1 1178;v5.2;11/1/97

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA013583**

Three-month Average Daily Flow: 49

Month/Year **DECEMBER 99**

Daily Flow % of Permitted: 50 %

Capacity: 600

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Parameter/Unit																															
Monitoring Location Site Number																															
Flow (mg/L), EFF-1	0.41	0.41	0.36	0.42	0.40	0.35	0.36	0.47	0.44	0.43	0.44	0.49	0.34	0.43	0.47	0.38	0.42	0.31	0.42	0.38	0.38	0.42	0.40	0.37	0.43	0.36	0.46	0.39	0.41	36/39	
C-BOD5 (mg/L), EFF-1	8.5							6.7							1.9							6.7								8.8	
C-BOD5 (mg/L), INF-1	267							240							251							380								228	
TSS (mg/L), EFB-1	0.00							0.00							0.00							0.00								0.00	
TSS (mg/L), INF-1	140							90							100							200								60	
pH (std, units), EFF-1	6.6	6.5	6.4	6.4	6.5	6.4	6.5	6.6	6.6	6.4	6.5	6.5	6.5	6.4	6.6	6.6	6.4	6.4	6.6	6.6	6.4	6.4	6.6	6.6	6.4	6.6	6.6	6.4	6.5	6.6/6.6	
Fecal Coli Bact (#100mL), EFF-1	<10							<10							<10							<10								<10	
TRC(Disinfection)(mg/L),EFF-1	1.0	1.5	1.0	1.0	1.0	1.0	1.3	1.5	1.1	1.5	1.3	1.1	1.4	1.8	1.5	1.5	1.6	1.5	2.0	1.6	1.6	1.0	1.9	1.3	1.4	1.6	1.4	1.5	1.6	1.1/1.7	
Turbidity (NTU), EFB-1	0.43	0.49	0.49	0.50	0.47	0.50	0.60	0.93	0.59	0.61	0.69	0.62	0.76	0.75	0.64	0.59	0.79	0.59	0.66	0.57	0.50	0.59	0.67	0.79	0.74	0.64	0.81	0.71	0.80	47/50	

Plant Staffing:

Day Shift Operator	Class <u> </u> C	Certificate no. <u> </u> 91 54	Name: <u> </u> Fredic Edmondson
Evening Shift Operator	Class <u> </u>	Certificate no. <u> </u>	Name: <u> </u>
Night Shift Operator	Class <u> </u> A	Certificate no. <u> </u> 20 86	Name: <u> </u> Robert V. Salerno
Lead Operator	Class <u> </u> B	Certificate no. <u> </u> 45 11	Name: <u> </u> Albert M. Salerno

Type of Effluent Disposal or Reclaimed Water Reuse: **Deep Lime Rock Pits**

Limited Wet Weather Discharge Activated: Yes No Not Applicable **XXX** If yes, cumulative days of wet weather discharge

Attach additional sheets necessary to list all certified operators necessary for required operations

H & H LIQUID SLUDGE DISPOSAL, INC.
P.O. BOX 609
FORT WHITE, FL 32038
1-800-653-0386

INVOICE DATE: 1-5-00

SHIP TO: WASTEWATER

TO: FERNCREST UTILITIES
FINANCE DIVISION
3015 S.W. 54TH AVENUE
FT. LAUDERDALE, FL 33314

FERNCREST WWTP

PAGE 1 OF 1

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*****
DATE          TICKET      LOADS      VOLUME     UNIT PRICE
              NUMBER                    GALLONS    $269.00/LOAD
*****
12-01-99                0          0          0.00
12-02-99          49131      1          7000      269.00
12-03-99                0          0          0.00
12-04-99          49135      1          7000      269.00
12-05-99                0          0          0.00
12-06-99          49136      1          7000      269.00
12-07-99                0          0          0.00
12-08-99          49141      1          7000      269.00
12-09-99                0          0          0.00
12-10-99                0          0          0.00
12-11-99          49147      1          7000      269.00
12-12-99                0          0          0.00
12-13-99          49148      1          7000      269.00
12-14-99                0          0          0.00
12-15-99          60252      1          7000      269.00
12-16-99                0          0          0.00
12-17-99                0          0          0.00
12-18-99                0          0          0.00
12-19-99                0          0          0.00
12-20-99                0          0          0.00
12-21-99          60260      1          7000      269.00
12-22-99                0          0          0.00
12-23-99                0          0          0.00
12-24-99                0          0          0.00
12-25-99          60265      1          7000      269.00
12-26-99                0          0          0.00
12-27-99                0          0          0.00
12-28-99          60267      1          7000      269.00
12-29-99                0          0          0.00
12-30-99                0          0          0.00
12-31-99                0          0          0.00
*****
TOTALS                10      70000      $ 2690.00
*****
THANK YOU
```

1997 SANITARY SURVEY

61

State of Florida
Department of Health
Broward County Health Department
Community Water Treatment Plant
SANTARY SURVEY REPORT



Plant Name FERNCREST UTILITIES PWS ID _____
Plant Location 3015 SW 54 AVE DAVIE Phone 954 1587-8833
Owner Name ROBERT V. SALERNO PRESIDENT Phone 954 1587-8833
MR AUSTIN FORMAN 50% STOCK
Owner Address 3015 SW 54 AVE DAVIE Contact Person ROBERT SALERNO PRESIDENT
This Survey Date 1/10/97 Last Survey Date 11/30/93

Population Served 4500
Service Connections 1596

SERVICE AREA CHARACTERISTICS
RESIDENTIAL
TRAILER PARK
CAMPGROUND

TREATMENT PROCESSES IN USE
LIME SOFTENING

Certified Operators & Certification	Class-Number
<u>ROBERT V. SALERNO</u>	<u>AL0 2677</u>
<u>ROBERT M. SALERNO</u>	<u>AL0 4571</u>
<u>FREDIC EDWARDS</u>	<u>EL0 8329</u>

O&M Log: Yes No
Average Daily Flow: 1.54 MGD
Maximum Daily Flow: 1.61 MGD
Design Capacity: 1.0 MGD
Storage Capacity: 1.35 MG
Comments: _____

RAW WATER SOURCE
 Ground (How many wells? TWO)
 Surface (source N/A)
 Purchased From (PWS ID N/A)
Comments: _____

AUXILIARY POWER SOURCE
Total Power Load of Plant: _____
(Attach power analysis report)
Identify Standby Source(s): DIESEL GENERATOR
Capacity of Standby Generator(s) (kw): 200 KW
Switchover: Auto Manual
Hrs. Operated Under Load/mo. (wk.?) 4 HOURS/WK
What Equipment can be operated by the generator(s)?
 Well Pump(s): ALL GPM
 High Service Pump(s): ALL GPM
 Treatment Equipment: ALL

Diesel Fuel Storage 400 G
Containment YES
Does it satisfy 1/2 max-day demand? YES
INTERCONNECTIONS (SYSTEMS & SIZES)
TOWN OF DAVIE THREE
LOCATIONS 2 SIX INCH
1 TEN INCH
Comments: _____

GROUND WATER SOURCES

WELL NUMBER		1	2
Year Drilled		1972	1981
Depth Drilled		100'	100'
Drilling Method		N/A	N/A
Type of Group		N/A	N/A
Static Water Level		2.0'	2.0'
Pumping Water Level		3'-2.5'	3'-2.5'
Design Well Yield		750 GPM	750 GPM
Actual Yield		550 GPM	550 GPM
Screens (Type/Material)		CORR/STEEL	CORR/STEEL
Length of Outside Casing		90'	90'
Diameter of Outside Casing		8"	8"
Material of Outside Casing		STEEL	STEEL
Well Contamination History		NONE	NONE
Is Foundation of Well Bored?		NO	NO
6" x 6" Concrete Pad?		NO	NO
WELL SET BACKS	Sanitary Tank	N/A	N/A
	Surface Water	20'	200'
	Other Sanitary Hazard(s)	N/A	N/A
PUMP	Type	TURBINE	TURBINE
	Rated Capacity	750 GPM	750 GPM
	Motor HP	30 HP	15 HP
Well Casing 12" above grade?		YES	YES
Well Casing Sanitary Seal		NO	NO
Raw Water Sampling Tap		YES	YES
Pressure Gauge		YES	NO
Check Valve/ Shut Off Valve		YES	YES
Flow Meter		YES	YES
Pence Housing		YES	YES
Well Vent Protection		N/A	N/A
Maintenance Schedule		AS NEEDED	AS NEEDED

***Attach additional copies of this page as needed**

Comments:

PWS ID 4060419
Date _____

PLANT EQUIPMENT

AERATION:
Type N/A Capacity _____
Aerator Condition _____
Hydraulic Overload _____
Bloodworm Presence _____
Algae/Slime/Plant Growth _____
Protective Screen Yes No
Comments: _____

LIME SOFTENING/COAGULATION:
Chemicals Used: QUICK LIME
Unit Capacity 1.0 MGD
Sludge Blanket Appearance N/A
Excessive Carry-Over NO
Corrosion N/A
Algae Growth NONE
Recarbonation Yes No
Sludge Recirculation Used Yes No
Recycle of Decanted Backwash Water Yes No
Comments: _____

ION EXCHANGE:
Make N/A Model _____
Capacity _____
Grade of Salt for Regeneration _____
Backwash Effluent Destination _____
Comments: _____

STABILIZATION:
Effluent S.I.P. 0.5 pH Control Yes No
Chemical Used SODIUM HEX
Injection Point SPIRATOR EFFLUENT
Comments: _____

ADDITIVES:
Meet NSF 60 & 61 YES

FILTRATION:
Type of Unit MIXED MEDIA
Size 1.0 MGD No. of Units 3
Length of Filter Runs 24 HRS
Type of Filter Media SAND & ANTHRACITE
Media Visible YES Clean After BW YES
Filter Rate 2.0 GPM/FT² BW Rate 20.0 GPM/FT²
Filter Capacity 1.0 MGD
Surface Wash Operable N/A
Cracks/Cementation/Channeling NO
Corrosion NO Algae Growth NO
Turbidity in Clearwell NO
Head Loss Gauge NO
Sampling Taps YES
Comments: _____

MEMBRANE SOFTENING/REVERSE OSMOSIS:
Make _____ Pressure _____
No. of Modules _____ Permeate Capacity (MGD) _____
Blend Ratio & Type _____
Chemicals Used N/A
Containment _____
Waste-to-Product Ratio _____
Pre-Treatment _____
Post-Treatment _____
Waste Disposal Site/Method _____
IW Permit #/Expiration Date _____
Comments: _____

FLUORIDATION:
Chemical Used HYDRO FLUORIC ACID Strength 25%
Containment YES Corrosion NONE
Feeder Type PUMP Scale/Recorder NO
Ventilation: High Level YES Cross YES
Bulk Storage Tank/Day Tank Vented Outside NO
Analytical Testing Equipment (Type) Q/100
Anti-siphon Valves NO
Residual Range 8 - 11 MG/L
Point of Application BEFORE FILTERS
Emergency Eyewash YES Deluge Shower YES
Protective Clothing YES
Comments: _____

PWS ID 4060419
 Date _____

PLANT EQUIPMENT

CHLORINATION:

Type: Gas Hypochlorite
 Make CAPITAL Capacity 500 LB/DAY
 Cl₂ Feed Rate 80 LBS/DAY
 Average amount of Cl₂ gas used/day 80 LBS
 Cl₂ Residuals: Plant 2.5 Remote 0.6
 Remote Tap Location SILVER OAKS CLUBHOUSE
 DPD Test Kit on Site? YES
 Injection Points CLEAR WELL
 Comments: _____

AMMONIATION:

Make N/A Capacity _____
 Injection Points _____
 Sprinkler System _____
 Comments: _____

OTHER TASTE/ODOR CONTROL PROCESSES

Explain: NO

CHLORINE GAS USE REQUIREMENTS	Yes		No		Comments
	Yes	No	Yes	No	
Dual System	X				
Auto-Switchover	X				
Loss of Chlorination Alarm	X				
Scale	X				
Chained Cylinders			X		Ten cylinders
Reserve Supply	X				
Adequate Air-Pak	X				
Sign of Leaks			X		
Leak Alarm			X		- Vacuum system
Fresh Ammonia	X				
Corrosion			X		
Low Level & Cross Ventilation	X				
Room Lighting	X				
Warning Signs			X		- will be posted
Repair Kits/Spare Parts	X				
Fitted Wrench	X				
Housing/Protection	X				
Chlorine Scrubbers			X		

Additional Comments: _____

PWS ID 4060419
Date

COMPLIANCE MONITORING
System is to full compliance with:

SYSTEM Section Program	Y	N	No
Biological			
Inorganic Chemicals			
VOC's			
Fluorides/PCB's			
Radionuclides			
Turbidity			
Secondary			
Other			
Violations of Sampling Requirements:	No		
Violations of Maximum Contaminant Levels:	No		

PWS ID 4060417
Date

HIGH SERVICE PUMPS

Case No.	Case Description	Capacity (GPM)	Motor HP	Drive Type	Notes
1	SPLIT-CASE	300 GPM	25	1/20	AS ORDERED
2	SPLIT-CASE	300 GPM	25	6/10	AS ORDERED
3	SPLIT-CASE	2000 GPM	40	2/95	AS ORDERED
4	SPLIT-CASE	2000 GPM	40	2/10	AS ORDERED

STORAGE FACILITIES

(C) Clearwell (E) Elevated (G) Ground (H) Hydro-pneumatic

Facility	C-1	H-2	E-3
Capacity	100,000	10,000	250,000
Construction	CEMENT	STEEL	STEEL
Drain	YES	YES	YES
Flow Control	NO	YES	YES
Flow Control	6000	6000	6000
Flow Control	NO	YES	YES
Flow Control	YES	YES	YES
Flow Control	YES	N/A	YES
Flow Control	2/14	2/14	2/14
Flow Control	N/A	N/A	N/A
Flow Control	10 FT	7 FT	40 FT
Flow Control	YES	YES	YES

CURRENT PERMITS



Department of Environmental Protection

Lawton Chiles
Governor

Southeast District
P.O. Box 15425
West Palm Beach, Florida 33416

Virginia B. Wetherell
Secretary

DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE: Ferncrest Utilities
Robert V. Salerno
3015 Southwest 54th Avenue
Fort Lauderdale, Florida 33314

PERMIT NUMBER: FLA013583-01
ISSUANCE DATE: JAN 10 1997
EXPIRATION DATE: JAN 10 2002
FACILITY I.D.: 5006P02315
APPLICATION NUMBER: DO 06-148492

FACILITY:

Ferncrest Utilities Wastewater Treatment Plant
3015 Southwest 54th Avenue
Fort Lauderdale, Florida 33314

Latitude: 20° 04' 54" N Longitude: 80° 19' 20" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to construct and operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

A 0.6 million gallons per day (MGD) 3-Month Average Daily Flow (ADF) conventional activated sludge wastewater treatment plant consisting of an aerated surge tank, aeration basin, aerobic/anaerobic facultative digester, clarifiers, high-rate multi-media gravity filters with backwash pumps, and chlorine contact chambers. A lined pond is used to temporarily take single basin process units out of service, without interruption to treatment, utilizing temporary bypass lines.

EFFLUENT DISPOSAL (REUSE):

Surface Water Discharge: An existing 0.6 MGD 3-Month ADF conventional activated sludge WWTF is allowed to continue the permitted discharge to a 100 acre ± unnamed stormwater impoundment (which is connected to a similar 40 acre ± unnamed stormwater impoundment), managed by the Tindall Hammock Irrigation and Soil Conservation District. These non-federal jurisdictional water bodies were man made during lime rock mining operations and are classified according to Rule 62-302.600(1). The resulting non-public access deep lime rock pits were not, and are not, intended to be a source of potable water supply, to propagate shellfish, to be used for recreational, or to propagate fish and wildlife. The Department of Environmental Regulation in 1982 authorized the discharge of better than secondary treated effluent to these water bodies to eliminate the discharge into Federal jurisdictional waters. This Ferncrest reuse discharge recycles, conserves, and stores reclaimed water, and recharges the area ground water from whence it came. By helping to maintain higher ground water elevation in this area, a subsequent reduction in irrigation water usage results. The outfall line discharges at the surface of the northeast corner of the large rock pit, in a south westerly direction, and is located approximately at latitude 20° 04' 54" N, longitude 80° 19' 20" W. Ground water in this area flows easterly at the approximate rate of four feet per day. The Ferncrest utility potable wells are located south of the southeast corner of the large rock pit, and are approximately one-half mile south of the effluent discharge point.

PERMITTEE: Robert V. Salerno
Ferncrest Utilities
3015 Southwest 54th Avenue
Fort Lauderdale, Florida 33314

PERMIT NUMBER: FLA013583-01
ISSUANCE DATE: JAN 10 1997
EXPIRATION DATE: JAN 10 2002
FACILITY I.D.: 5006P02315

IN ACCORDANCE WITH: The application was received on October 18, 1991. The application includes the following supplemental information:

1. The December 1991 "Special Report" of the Florida Atlantic University/Florida International University Joint Center for Environmental and Urban Problems.
2. The February 19, 1992 and March 13, 1992 letters by Dr. Joan Rose and the Addendum to the report by Dr. Charles Forman with updated Rock Pit-Well Tests.
3. The ONRP and Spectrum Lab effluent tests and DO and temperature readings, and other additional information received January 16 and 22, February 21 and 26, 1992, April 22 and 30, 1992, May 26, 1992, July 14 and 29, 1992, and the October 23, 1992 from Ferncrest Utilities/Tindall Hammock Irrigation and Soil Conservation District (FCU/THI&SCD).
4. The proof of publication of the notice of permit application was received March 10, 1992.
5. The FCU/THI&SCD August 31, 1993 and November 22, 1993 replies to the October 23, 1992 Draft TOP.
6. The June 24, 1993 meeting with Mike Zetts at the Ferncrest Utility Plant.
7. The May 17, 1994 letter to Secretary Virginia Wetherell with its attachments.
8. The June 1, 1994 meeting between Secretary Virginia Wetherell, Dan Thompson, Dr. John DeGrove, and Dr. Forman.
9. The June 20, 1994 Tallahassee meeting between Richard Drew, Dr. David York, Frank L. Nearhoff, Mike Zetts, Elsa Potts, Dr. Charles Forman, Michael Hermersmeyer, and Dr. Curtis Burney.
10. The April 24, 1992 FDER letter and information from Donald B. White with the subsequent DEP Draft Temporary Operation Permit.
11. The Tindall Hammock Irrigation and Soil Conservation District and Ferncrest Utilities reply to the January 16, 1996 DEP Draft Domestic Wastewater Facility Permit for Ferncrest Utility.
12. The March 19, 1996 meeting between Carlos R. deAguilar, Al Mueller, Michael W. Bechtold, John Mitnik, Ted Robbins, Dan Shalloway, Bob Salerno, and Dr. Charles Forman.
13. The March 25, 1996 meeting between Bob Salerno, John Petronio, Ginny Powell, Michael W. Bechtold, and John Mitnik.

SUBJECT TO : The limitations, monitoring requirements and other conditions set forth in pages 1 through 17 of this permit .

THIS SPACE INTENTIONALLY LEFT BLANK



Form # 0299
Rev. 5/93

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT
WATER USE PERMIT NO. 06-00170-W**

(NON - ASSIGNABLE)

Date Issued: DECEMBER 9, 1999

Expiration Date: December 9, 2004

Authorizing: THE CONTINUATION OF AN EXISTING USE OF GROUNDWATER FROM THE BISCAYNE
AQUIFER FOR PUBLIC WATER SUPPLY USE WITH AN ANNUAL ALLOCATION OF 278
MILLION GALLONS.

Located In: Broward County.

S14.23.24/T50S/R41E

Issued To: FERNCREST UTILITIES
(FERNCREST UTILITIES)
3015 SW 54TH AVENUE
FORT LAUDERDALE, FL 33314

This Permit is issued pursuant to Application No. 990726-2 , dated June 7, 1999, for the Use of Water as specified above and subject to the Special Conditions set forth below. Permittee agrees to hold and save the South Florida Water Management District and its successors harmless from any and all damages, claims or liabilities which may arise by reason of the construction, maintenance or use of activities authorized by this permit. Said application, including all plan and specifications attached thereto, is by reference made a part hereof.

Upon written notice to the permittee, this permit may be temporarily modified, or restricted under a Declaration of Water Shortage or a Declaration of Emergency due to Water Shortage in accordance with provisions of Ch. 373, Fla. Statutes, and applicable rules and regulations of the South Florida Water Management District.

This Permit may be permanently or temporarily revoked, in whole or in part, for the violation of the conditions of the permit or for the violation of any provision of the Water Resources Act and regulations thereunder.

This Permit does not convey to the permittee any property rights nor any privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

Special Conditions are as follows:

SEE PAGES 2-5 OF 5 (27 LIMITING CONDITIONS).

Filed with the Clerk of the South
Florida Water Management District

South Florida Water Management
District, by its Governing Board

On

12-15-99

By

Deputy Clerk

By

Assistant Secretary

PAGE 1 OF 5



Department of Planning and Environmental Protection

Water Resources Division
218 S.W. 1st Avenue
Fort Lauderdale, FL 33301-1814

(954) 519-1270 • FAX (954) 519-1496

**LICENSE TO OPERATE
A WASTEWATER
TREATMENT FACILITY**

APPLICANT:
Robert V. Salerno, President
Ferncrest Utilities, Inc.
3015 SW 54th Avenue
Fort Lauderdale, Florida 33314

LICENSE NO. WWTP-9000-01
PROJECT: Ferncrest Utilities WWTP

This license is issued under the provisions of Chapter 27 of the Broward County Code of ordinances. The above-named applicant, hereinafter called licensee, is hereby authorized to perform the work or operate the facility shown on the approved drawing(s), plans, documents, and specifications submitted by applicant and made a part hereof and described specifically below. If no objection to this license is received within 14 days you will be deemed to have accepted it and all the attached terms and conditions.

TO OPERATE A 0.600 MGD contact stabilization wastewater treatment plant with gravity filters and aerobic sludge digestion, discharging to a borrow pit lake.

IN ACCORDANCE WITH: License renewal application (received 08/30/01) and plans previously submitted. (none attached)

LOCATED AT: 3015 S. W. 54th Avenue, Unincorporated Broward County

SUBJECT TO: General Conditions 1-12 and Specific Conditions 1-11

Renewal of License #WWTP-9000-00

Renewal application due: 05/1/02

Expiration date: 6/30/02

Issued this 3rd day of October, 2001
Broward County Department of Planning and Environmental Protection
Prepared by Bernard M. Devanny

DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION
Garth D. Hinckle, Jr., P.E., Supervisor
Water Resources Division - Waste Water Licensing Section

cc: FDEP/WPB



Department of Planning and Environmental Protection

Air Quality Division
218 S.W. 1st Avenue
Fort Lauderdale, FL 33301

(954) 519-1220 • FAX (954) 519-1495

Air License

**LICENSE TO OPERATE AN AIR POLLUTION SOURCE UNDER THE PROVISIONS OF
CHAPTER 27 OF THE BROWARD COUNTY CODE OF ORDINANCES**

LICENSE No. : AO-94842R

DATE OF ISSUE : November 29, 2000

DATE OF EXPIRATION : December 1, 2002

LICENSE ISSUED TO: MR. ROBERT V. SALERNO, PRESIDENT

NAME : FERNCREST UTILITIES

ADDRESS : 3015 SOUTHWEST 54 AVENUE
FORT LAUDERDALE, FL 33314

TELEPHONE: 954-587- 8833

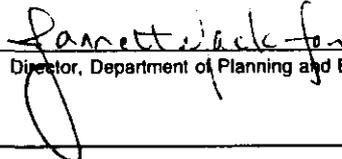
TO BE KNOWN AS : FERNCREST UTILITIES

TO BE LOCATED AT: 3015 SOUTHWEST 54 AVENUE
FORT LAUDERDALE, FL 33314

FOR THE :
OPERATION OF A WATER UTILITY LIME SILO (50 TONS). PARTICULATE MATTER EMISSIONS
FROM THE LIME SILO ARE VENTED INTO A FILTER BACKWASH CHAMBER.

EMISSION LIMITING STANDARDS, CHAPTER 27, ARTICLE IV OF THE BROWARD COUNTY
CODE OF ORDINANCES, IN ACCORDANCE WITH THE LICENSE APPLICATION WHICH IS
CONSIDERED PART OF THIS LICENSE. THIS LICENSE IS SUBJECT TO ALL BROWARD
COUNTY AND LOCAL LAWS, REGULATIONS, RULES, AND CONDITIONS ATTACHED HERETO.

POST THIS LICENSE IN A PROMINENT
PLACE ON THE PLANT PREMISES.


Director, Department of Planning and Environmental Protection



Broward County Health Department

BCHD WEB Site: www.browardchd.org

PERMIT NUMBER: 06-58-00035

FACILITY TYPE: Community Water

Effective Date: 10/01/2001

Permit Expires: 9/30/2002

PERMIT TO OPERATE

Permitted Plant Capacity Range: 0 to 1.0 MGD

OWNER:

Ferncrest Utilities Inc
3015 SW 54 Ave
Ft Lauderdale, FL 33314

DEP #: 4060419

BUSINESS:

Ferncrest Utilities
3015 SW 54 Ave
Ft Lauderdale, FL 33314

Broward County Health Department, 2421A SW 6 Avenue, Ft. Lauderdale, FL 33315-2613



HAZARDOUS MATERIAL MANAGEMENT FACILITY LICENSE

WF: FERN Z:123
SITE ID: 5843730

LICENSE NO. WHM-19998-00
SEPTIC: N

APPLICANT:
ROBERT V SALERNO, PRESIDENT
FERNCREST UTILITIES INC
3015 SW 54 AVE
DAVIE FL 33314

FACILITY NAME/ADDRESS:
FERNCREST UTILITIES INC
0003015 SW 54 AVE
DAVIE FL 33314

This license is issued under the provisions of Chapter 27 of the Broward County Code of Ordinances hereinafter called the Code. The above-named applicant, hereinafter called Licensee, is hereby authorized to perform the work or operate the facility shown on the approved drawings, plans, documents, and specifications submitted by Licensee and made a part hereof and described specifically below. If no objection to this license is received within 14 days, the Licensee will be deemed to have accepted it and all the attached terms and conditions.

ALL GENERAL CONDITIONS and SPECIFIC CONDITIONS, on the back of the license or as attached, are considered to constitute the requirements of this license. The Licensee is required to fully comply with all these conditions. Any failure to comply with conditions or requirements as set forth may result in revocation or suspension of this license and may subject the Licensee to enforcement action in accordance with the provisions of Article 1, Division 4 of the Code.

NATURE OF BUSINESS: A WATER AND WASTEWATER TREATMENT PLANT

IMPORTANT: THIS LICENSE IS ISSUED ONLY TO THE LICENSEE FOR THE FACILITY ADDRESS IDENTIFIED ABOVE.

IF THE FACILITY MOVES, CLOSES, OR HAS A CHANGE IN LICENSEE OR ACTIVITY, THE LICENSEE NEEDS TO:

- ✓ Transfer license to a new owner or operator
- ✓ Submit written notification (30) days prior to closing facility
- ✓ Properly remove and/or dispose of all hazardous materials when closing a facility
- ✓ Submit application for each hazardous material management facility location(s) in Broward County
- ✓ Submit application, secure approval, and call (954) 519-1260 for inspection, prior to installing or modifying storage tanks
- ✓ Submit application, secure approval, and call (954) 519-1260 for inspection, prior to removing or moving storage tanks
- ✓ Properly maintain storage tanks and the associated license until all tanks are properly closed

Hazardous Waste Stream:
PETROLEUM PRODUCTS, SOLVENTS

THIS LICENSE AND ACCOMPANYING CONDITIONS SUPERSEDES LICENSE NUMBER WHM-01087-00 AND ITS ACCOMPANYING CONDITIONS.

Application Received: 08/28/00
Effective Date: 05/23/01
Expiration Date: 09/30/02
Prepared By: CONNIE BODEN
Renewal App. Due: 07/30/02

Connie Boden

Department of Planning and Environmental Protection
www.broward.org/dpep
(PLEASE SEE LICENSE CONDITIONS ON THE BACK)

This document is printed on recycled paper.

**NOTICES OF
VIOLATION**



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
P.O. Box 15425
West Palm Beach, Florida 33416

David B. Struhs
Secretary

MAR 06 2001

CERTIFIED MAIL #700 0600 0024 1600 7751
RETURN RECEIPT REQUESTED

NOTICE OF NONCOMPLIANCE

Mr. Robert Salerno
3015 SW 54th Ave
Fort Lauderdale, FL 33314

DW- Ferncrest Utilities WWTF

RE: Residuals Annual Summary

Dear Mr. Salerno:

A review of Department files for the above referenced facility has revealed the following deficiency:

- Failure to submit to the Department a Residuals Annual Summary for the year 2000, which is a violation of Chapter 62-640, Florida Administrative Code (FAC).

According to Chapter 62-640 FAC, each facility is required to submit to the Department a Residuals Annual Summary by February 19 of each year. You may wish to consult your agent and/or engineer to address the above referenced deficiency. Please be aware that this letter does not supersede other Department correspondence, notification of deficiencies in other areas, enforcement action, etc.

The Department requests that within fifteen (15) days of receipt of this letter, you submit a Residuals Annual Summary for the year 2000. If the deficiency is not resolved in a timely manner, the Department may take enforcement action. If you have any questions, please contact Mr. John Mitnik at the above address or you may call (561) 681-6709.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Melissa L. Meeker
Director of District Management
Southeast District

MLM/jpm

cc: Todd Brown, DEP/WPB
Tim Gray, DEP/WPB

"More Protection, Less Process"

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Department of Planning and Environmental Protection

Pollution Prevention and Remediation Division

218 S.W. 1st Avenue

Fort Lauderdale, FL 33301

(954) 519-1260 • Fax (954) 765-4804

WARNING NOTICE

MAILED TO: ROBERT V SALERNO, PRESIDENT
RESPONDENT: FERNCREST UTILITIES INC
ADDRESS: 3015 SW 54 AVE
 DAVIE FL 33314

LOCATION OF VIOLATION:
FERNCREST UTILITIES INC
3015 SW 54 AVE
DAVIE 33314
BUSINESS CONTROL #: 1068
RRR #600002477898275
01 19600

DATE OF ISSUANCE: 3/27/01
DATE OF VIOLATION: 3/26/01

Under Chapter 27 of the Broward County Code, the Dept of Planning and Environmental Protection has the authority and duty to control and regulate air, water and noise pollution in Broward County.

You are hereby placed on notice that the Department has reason to believe that you are presently operating in violation of Section 27-356(b)(4)c.5. of the Code which states in part...

Hazardous Material Facility Licenses:

Operating requirements: The operation of a hazardous material facility subject to licensing shall be in accordance with all applicable portions of this chapter. In addition, the following requirements shall apply:

Handling and storage:

All drums containing hazardous material shall be stored within a secondary containment area or in a building or other secure area which meets the requirements of secondary containment and is protected from weather and in accordance with all applicable fire codes.

On 3/26/01, during a compliance inspection, a DPEP inspector observed five gallon pails of oil and a parts washer outside of proper secondary containment. Respondent shall ensure that all drums of hazardous materials are placed within a proper secondary containment structure within the time period specified in this notice.



Department of Planning and Environmental Protection

Pollution Prevention and Remediation Division

218 S.W. 1st Avenue

Fort Lauderdale, FL 33301

(954) 519-1260 • Fax (954) 765-4804

COMPLIANCE NOTIFICATION

5/15/01

ROBERT V SALERNO, PRESIDENT
3015 SW 54 AVE
DAVIE, FL 33314
ATTN: FERNCREST UTILITIES INC

Re: Warning Notice #01 19600
FERNCREST UTILITIES INC
0003015 SW 54 AVE
DAVIE, FL 33314

The Department of Planning and Environmental Protection has verified compliance with the above referenced Warning Notice. Accordingly, this notice is considered closed, and no further action is required at this time.

Thank you for your cooperation in establishing compliance with the Broward County Natural Resource Protection Code concerning this important matter.

Sincerely,

Richard G. Wilkins, Director
Division of Pollution Prevention and Remediation

CC: RAY T POCCIA JR



Department of Planning and Environmental Protection

Pollution Prevention and Remediation Division

218 S.W. 1st Avenue

Fort Lauderdale, FL 33301

(954) 519-1260 • Fax (954) 765-4804

COMPLIANCE NOTIFICATION

5/15/01

ROBERT V SALERNO, PRESIDENT
3015 SW 54 AVE
DAVIE, FL 33314
ATTN: FERNCREST UTILITIES INC

Re: Warning Notice #01 19599
FERNCREST UTILITIES INC
0003015 SW 54 AVE
DAVIE, FL 33314

The Department of Planning and Environmental Protection has verified compliance with the above referenced Warning Notice. Accordingly, this notice is considered closed, and no further action is required at this time.

Thank you for your cooperation in establishing compliance with the Broward County Natural Resource Protection Code concerning this important matter.

Sincerely,

Richard G. Wilkins, Director
Division of Pollution Prevention and Remediation

CC: RAY T POCCIA JR

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS — An Equal Opportunity Employer and Provider of Services

Josephus Eggefeltton, Jr. Ben Graber Suzanne N. Gunzburger Kristin D. Jacobs Rene Lieberman Lori Nance Parish John E. Rodstrom, Jr. James A. Scott Diana Wasserman-Rubin

Visit us on the Internet: www.broward.org/dpep



NOTICE OF VIOLATION

Broward County Health Department
Broward County, Florida

NO. **07008**

The undersigned Inspector certifies that he has just and reasonable grounds to believe and does believe that:

NP NW E ~~S~~ SW
MAIN EE

(Day of Week) Wednesday Month Aug Day 2 Year 2000 at _____ A.M. P.M.

NAME (Print) Charlotte Carol

STREET 3305 SW 60th

IN THE CITY OF: Davie BROWARD COUNTY, FLORIDA

LOG PERMIT E0489 B.C.H.D. COUNTY STATE

OWNER Sem Crest Utilities Inc.

OWNER'S ADDRESS CITY AND STATE 3015 SW 54 Street Davie FL

DID COMMIT THE FOLLOWING OFFENSE/VIOLATIONS 33314

- WATER
- SEWAGE
- GARBAGE
- INSECT
- RODENT
- FOOD EST.
- SW. POOL
- ANIMAL BITE
- TRAILER PK.
- SEPTIC TANK
- RAD. HEALTH
- SCHOOL
- INF. WASTE
- REC. CAMP
- OTHER

OTHER VIOLATIONS/COMMENTS: Open sewer clean out cap. Raw sewage on front lawn

IN VIOLATION OF: STATE STATUTE	<u>386.04(1)(a)</u>
STATE ADMINISTRATIVE CODE	
BROWARD COUNTY CODE	<u>14-67(h)(1)</u>

INSPECTOR: Jamie Stone I.D. NO. 37
Jamie Stone DATE: 08/02/00
Signature of Inspector

THE CITED VIOLATION MUST BE CORRECTED BY 8 A.M. ON OR BEFORE: 08/04/00

THE DEPARTMENT MAY INSTITUTE FURTHER ACTION BEFORE THE BROWARD COUNTY HEALTH AND SANITARY CONTROL BOARD TO FORCE COMPLIANCE AND MAY SUBJECT THE VIOLATOR TO CIVIL PENALTIES AND CRIMINAL CHARGES.

ACCEPTANCE AND SIGNING OF THIS NOTICE OF VIOLATION BY THE DEFENDANT ONLY ACKNOWLEDGES RECEIPT OF SAME.

COPY POSTED
Signature of Defendant: ROBERT V. SALERNO
Print Name of Defendant

DEFENDANT
Broward County Health Department, 2421 SW 6th Ave., Ft. Lauderdale, FL 33315-2613
303-EH/66 BCHD (Rev 3/97) 831-0402(11)



Jeb Bush
Governor

Department of Environmental Protection

Southeast District
P.O. Box 15425
West Palm Beach, Florida 33416

David B. Struhs
Secretary

MAY 23 2000

CERTIFIED MAIL Z 220 327 123
RETURN RECEIPT REQUESTED
Mr. Robert V. Salerno
Ferncrest Utilities
3015 Southwest 54th Avenue
Fort Lauderdale, FL 33314

WARNING LETTER
WL 00-0063 DW06 SED
DW - Broward County

SUBJECT: Compliance Evaluation Inspection

Dear Mr. Salerno:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A Compliance Evaluation Inspection of Ferncrest Utilities on April 14, 2000 confirmed that the location of the effluent discharge point has been moved an approximate 1,500 feet due to a dredge and fill operation. The Department was not notified of this change. Also during the inspection, a review of sludge hauling records indicated land application to County Line Ranch. This site is not listed in the permit as an approved land application site.

Permit Number FLA013583 Section I A.11 requires a specific discharge point that contains a mixing zone for pH. Moving the outfall may effect the effluent limitations and may result in an effluent violation regarding pH limits. Furthermore Section VI.17 requires advanced notice to the Department of any planned changes in the permitted facility of activity which may result in noncompliance with permit requirements.

Operation of a facility in violation of Florida Statutes and Rules may result in liability for damages and the judicial imposition of penalties up to \$10,000.00 per violation per day, pursuant to Sections 403.121 and 403.161, Florida Statutes.

You are requested to contact Steve Sherman at (561) 681-6681 within fifteen (15) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

"More Protection, Less Process"

Printed on recycled paper.

Bob Salerno

From: Bob Salerno [bsfcu@ammi.net]
Sent: Friday, June 09, 2000 3:11 PM
To: 'mshivashankar@broward.org'
Cc: 'steve.sherman@dep.state.fl.us'
Subject: Utility Spill

To: DNRP, Water Resources Division
Waste Water Licensing Section

From: Robert V. Salerno
Ferncrest Utilities

Subject: Incident Notification, Collection System Overflow

RE: Ferncrest Utilities

Date: June 9, 2000

Be advised that on Wednesday June 7, 2000 at 8:00 am there was a discharge at: 3147 SW 61st Avenue, Davie Florida.

This discharge was discovered at approximately 8:00 am by one of our servicemen and continued until approximately 11:30 am. Approximately 150 gallons of wastewater occurred to ground. No catch basins or water bodies were involved. The discharge location was an area with public access. The discharge occurred at 3147 SW 61st Avenue, Davie which is located in the Silver Oaks Mobil Home Park. The estimated discharge quantity is based on the amount of wastewater collected by our vacuum during clean up. The cause of the backup was a accumulation of grease blocking an eight collection line downstream from the discharge location.

The discharge was fully recovered and disinfectant was utilized in the ground areas. There was no discharge to surface water so no sampling was done. The facility was fully operational at 12:00 noon the same day and clean up was complete by 3:00 pm. The measures taken to correct the problem and prevent it's reoccurrence are as follows:

- 1) A water jet was brought in to unblock line.
- 2) The eight inch gravity main was cleaned of grease.
- 3) The street and property around the discharge were cleaned up and disinfected.

The system is now free of grease and flowing properly. No further work is necessary.

Robert V. Salerno
President

BEFORE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

**BROWARD COUNTY DEPARTMENT OF PLANNING
AND ENVIRONMENTAL PROTECTION
Petitioner**

vs.

NOTICE OF VIOLATION # 99-30543

**FERNCREST UTILITIES, INC.
Respondent**

SETTLEMENT AGREEMENT

This cause having been set for Hearing before a Hearing Examiner on August 10, 2000 to determine whether or not the Respondent, Ferncrest Utilities, Inc., violated Section 27-193(b)(4)a. of the Broward County Code of Ordinances which states:

"No domestic wastewater, non-domestic wastewater, or other wastewater shall be discharged into nor shall facilities conveying such wastewater be connected to any sewer designated to carry stormwater, unless the discharger is in compliance with a current NPDES permit and county license. No stormwater shall be discharged into nor shall a stormwater facility be connected to a sanitary sewer."

Respondent, FERNCREST UTILITIES, INC. admits that on or about October 3, 1999 it violated Section 27-193(b)(4)a. of the Broward County Code of Ordinances when, as the result of a lift station failure, domestic waterwater leaked into a storm sewer located at the intersection of SW 60th Avenue and SW 29th Court, Davie Fl. 33314.

By settlement of this cause, it is understood that Respondent waives its right to an administrative hearing and the rights set forth in Section 27-32 of the Broward County Code. It having been agreed by the Respondent to dispense with the Hearing and enter into this agreement, it is agreed that the Respondent shall pay, within 30 days from the date of approval by Broward County Board of County Commissioners, a Civil Penalty of \$4,800.00 and administrative costs of \$300.00 for a total of \$ 5,100.00.

Furthermore, Respondent agrees to develop a Wastewater Utility Continuity of Service Plan (CSP) that is acceptable to Broward County Department of Planning and Environmental Protection. Said plan shall be a written emergency plan to handle spills and abnormal events in the wastewater treatment plant and conveyance systems. A suggested format for the CSP is provided in Attachment A. The plan shall include at a minimum the following:



Department of Environmental Protection

Lawton Chiles
Governor

Southeast District
P.O. Box 15425
West Palm Beach, Florida 33416

Virginia B. Wetherell
Secretary

JUN 23 1995

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Robert V. Salerno, President
Ferncrest Utilities
3015 SW 54th Avenue
Fort Lauderdale, FL 33314

NOTICE OF NONCOMPLIANCE
Ferncrest Utilities WWTP
GMS ID No. 5006P02315
Broward County

Dear Mr. Salerno:

A review of the May 1995 Monthly Operating Report (MOR) submitted for your facility has revealed the following deficiencies:

the pH reading was below the range of 6.0 to 8.5 on the following dates: May 1, 3-5, 10-19, 22-31.

You may wish to consult your plant operator and/or engineer to address the above deficiencies, all of which are violations of Department rules and regulations.

Please be aware that this letter does not supersede other Department correspondence, notification of deficiencies in other areas, enforcement actions, etc.

If the noted deficiencies are not resolved in a timely manner, the Department may take enforcement action. If you have any questions, please call Ms. Ginny Powell at 407/433-2650 ext. 258.

Sincerely,

A handwritten signature in cursive script that reads "John J. Petronio".

John J. Petronio
Environmental Manager
Domestic Waste Compliance/Enforcement

JJP/gh

cc: Doug Knapp, BCDNRP
WPB DEP Files

(170123)



Department of Natural Resource Protection
Division of Pollution Prevention and Remediation Programs
218 S.W. 1st Avenue
Fort Lauderdale, FL 33301

(305) 519-1260 • FAX (305) 765-4804

8975

DATE February 28, 1995

43386

ISSUED TO HAMILTON C FORMAN JR
RESPONDENT FERNCREST UTILITIES INC
ADDRESS 2400 E COMMERCIAL BLVD STE 820
FT LAUDERDALE, FL 33305
DATE OF VIOLATION 02/17/95
LOCATION OF VIOLATION 3015 SW 54 AVE
FT LAUDERDALE, FL 33314

**WARNING
NOTICE**

RRR # Z 366 880 416

Under Section 8.17, Charter of Broward County and in accordance with the rule and regulations promulgated thereunder, the Broward County Department of Natural Resource Protection has the authority and the duty to control and regulate air, water and noise pollution and beach erosion in Broward County.

You are hereby placed on notice that the Department has reason to believe that you are presently operating in violation of Chapter 27-356(b)(4)c.5. of the Broward County Code or State of Florida Rule _____ which states in part...

"All drums containing hazardous material shall be stored within a secondary containment area or in a building or other secure area which meets the requirements of the secondary containment and is protected from weather and in accordance with all applicable fire codes"

*** SEE ATTACHMENT ***

Accordingly, you are hereby advised to rectify and respond to the aforesaid violation no later than 30 days after receipt of this notice.

Failure to comply may result in the issuance of a Notice of Violation and a Hearing to assess Civil Penalty. Should it be determined at the Hearing there is a violation and the alleged violators are guilty, a commensurate Civil Penalty in an amount up to \$15,000.00 shall be recommended for each day or portion thereof during which the violation occurred.

Your response and/or any questions concerning this Warning Notice should be directed to NICK KONTAX at the above address.

Sincerely,

Mira Barer - Director

By: Nick Kontax 2/28/95
KEVIN M. BURGER
DIVISION DIRECTOR

CC: KEVIN BURGER, DNRP
LORRAINE VERANO, DNRP
ROBERT SALERNO, PRES

NICK KONTAX

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS - An Equal Opportunity Employer and Provider of Services

Scott Cowan Suzanne N. Gunsburger John F. Hart Lori Nance Parrish Sylvia Pollier John E. Rodstrom, Jr. Gerald F. Thompson

We're Building A Future For Your Family. And Your Business.



NOTICE OF VIOLATION

HRS - Broward County Public Health Unit
Broward County, Florida

NO. 89072

The undersigned inspector certifies that he has just and reasonable grounds to believe and does believe that:

NP <input type="checkbox"/>	NW <input type="checkbox"/>	E <input type="checkbox"/>	S <input checked="" type="checkbox"/>	SW <input type="checkbox"/>
MAIN <input type="checkbox"/>	EE <input type="checkbox"/>			

(Day of Week) O N	Month 9	Day 6	Year 95	at 11:30	AM P.M.
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NAME (Print) Fern Croft Utilities
 STREET 3211th SW 95th AV lift station
 IN THE CITY OF: FT. Lauderdale, FL 33314 BROWARD COUNTY, FLORIDA

LOG PERMIT	V10685	COUNTY <u>X</u>	STATE <input type="checkbox"/>
OWNER	<u>Ferncroft Utilities I</u>		
OWNER'S ADDRESS	<u>3015 SW 54 AV</u>		

DID COMMIT THE FOLLOWING OFFENSE/VIOLATIONS:

- | | | |
|--------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> WATER | <input type="checkbox"/> FOOD EST. | <input type="checkbox"/> RAD. HEALTH |
| <input checked="" type="checkbox"/> SEWAGE | <input type="checkbox"/> SW. POOL | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> GARBAGE | <input type="checkbox"/> ANIMAL BITE | <input type="checkbox"/> INF. WASTE |
| <input type="checkbox"/> INSECT | <input type="checkbox"/> TRAILER PK. | <input type="checkbox"/> REC. CAMP |
| <input type="checkbox"/> RODENT | <input type="checkbox"/> SEPTIC TANK | <input type="checkbox"/> OTHER |

OTHER VIOLATIONS/COMMENTS:
Improperly treated sewage (odour from lift station)

IN VIOLATION OF: STATE STATUTE	<u>386.041(1)(a)</u>
STATE ADMINISTRATIVE CODE	<u>—</u>
BROWARD COUNTY CODE	<u>14-67(b)(1)</u>

INSPECTOR: KARY HENRY I.D. NO. 33
Kary Henry Signature of Inspector DATE: 9/11/95

THE CITED VIOLATION MUST BE CORRECTED ON OR BEFORE: 9/13/95

THE DEPARTMENT MAY INSTITUTE FURTHER ACTION BEFORE THE BROWARD COUNTY HEALTH AND SANITARY CONTROL BOARD TO FORCE COMPLIANCE AND MAY SUBJECT THE VIOLATOR TO CIVIL PENALTIES AND CRIMINAL CHARGES.

ACCEPTANCE AND SIGNING OF THIS NOTICE OF VIOLATION BY THE DEFENDANT ONLY ACKNOWLEDGES RECEIPT OF SAME.

COPY POSTED

DEFENDANT ROBERT M. SALERNO
 Signature of Defendant
 Print Name of Defendant

HRS - Broward County Public Health Unit, 2421 SW 8th Ave., Ft. Lauderdale, FL 33315

EMPLOYEE LIST

Ferncrest Utilities Inc

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

List of Employees, Duties, Responsibilities Certificates Held and Allocation Methods

Name	Title	Salary	Per	Percent		Dollar Allocation	
				Water	Sewer	Water	Sewer
Robert V. Salerno	President	\$ 69,293.14	Week	50%	50%	\$ 34,646.57	\$ 34,646.57
Albert M. Salerno	Operations Manager	\$ 51,441.77	Week	50%	50%	\$ 25,720.89	\$ 25,720.89
Fredic Edmondson	Field Service Supervisor	\$ 54,261.96	Hour	50%	50%	\$ 27,130.98	\$ 27,130.98
Stanley Mazurkiewicz	Maintenance Manager	\$ 34,642.80	Week	50%	50%	\$ 17,321.40	\$ 17,321.40
Debra A Salerno	Office Manager	\$ 41,432.27	Week	50%	50%	\$ 20,716.14	\$ 20,716.14
Toni Clark	Customer Service Rep	\$ 19,811.72	Hour	50%	50%	\$ 9,905.86	\$ 9,905.86
Leonard Hancock	Liftstation Mechanic	\$ 13,368.68	Hour	50%	50%	\$ 6,684.34	\$ 6,684.34
Michael Martinez	Operator Trainee	\$ 27,755.93	Hour	50%	50%	\$ 13,877.97	\$ 13,877.97
Michael Woodside	Operator Trainee	\$ 32,377.11	Hour	50%	50%	\$ 16,188.56	\$ 16,188.56
Craig Duquesnay	Operator Trainee	\$ 10,183.93	Hour	50%	50%	\$ 5,091.97	\$ 5,091.97
Charles Clendening	Field Serviceman	\$ 19,649.06	Hour	50%	50%	\$ 9,824.53	\$ 9,824.53
Michael Creamer	Liftstation Mechanic	\$ 8,898.59	Hour	50%	50%	\$ 4,449.30	\$ 4,449.30
Kevin Foley	Operator Trainee	\$ 9,449.69	Hour	50%	50%	\$ 4,724.85	\$ 4,724.85
Leon Liberus	Operator Trainee	\$ 20,248.09	Hour	50%	50%	\$ 10,124.05	\$ 10,124.05
Total		\$ 412,814.74					
Carlos Rodriquez	Field Serviceman	\$ 15.00	Hour	50%	50%	\$ 7.50	\$ 7.50
Amy Schafer	Operator Trainee	\$ 8.50	Hour	50%	50%	\$ 4.25	\$ 4.25

Ferncrest Utilities Inc

Company: Ferncrest Utilities
Docket No.: 011073-WS
Test Year Ended: December 31, 2000

List of Employees, Duties, Responsibilities Certificates Held and Allocation Methods

Name	Explanation	Certificates Held			Duties and Responsibilities
		Water	Sewer	Other	
Robert V. Salerno		A	A		Full Responsibilities for all aspects of Company
Albert M. Salerno		B	B		Responsible for operation & main of treat plants
Fredic Edmondson		C	C		Operate plants and supervise field service
Stanley Mazurkiewicz					Maintain plant and supervise field service
Debra A Salerno					Supervise office operation, interface with PSC
Toni Clark					Maintain customer relations, billing & collections
Leonard Hancock	Hired 8/2000				Operate & maintane liftstations & field service
Michael Martinez					Operate, test & maintain plants
Michael Woodside					Operate, test & maintain plants
Craig Duquesnay					Operate, test & maintain plants
Charles Clendening	Left Company in 200				Meter reading, customer complaints & repairs
Michael Creamer	Left Company in 200				Operate & maintane liftstations & field service
Kevin Foley	Left Company in 200				Operate, test & maintain plants
Leon Liberus	Left Company in 200				Operate, test & maintain plants
	Hired in 2001				Meter reading, customer complaints & repairs
	Hired in 2001				Operate, test & maintain plants

LIST OF VEHICLES

Ferncrest Utilities Vehicles

Company: Ferncrest Utilities

Docket No.: 011073-WS

Test Year Ended: December 31, 2000

Type	Year	Serial Numb	Original Cost	Assigned to	Method of Allocation
Chevrolet Pickup	1997	1GCEC14W1YZ126923	15,000	Field Service	Direct costs 50% Water and Sewer
Izuzu pickup	1998	1GGCS1940W8656419	9,000	Robert Salerno	Direct costs 50% Water and Sewer
Yamaha Golf Cart	2000	JR3-200392	4,500	Field Service	Direct costs 50% Water and Sewer
Yamaha Golf Cart	2000	JR3-200176	4,500	Field Service	Direct costs 50% Water and Sewer

CUSTOMER COMPLAINTS

Ferncrest Utilities Customer Compliants by Month and Type

Company: Ferncrest Utilities
 Docket No.: 011073-WS
 Test Year Ended: December 31, 2000

	Sewer Backups	Water Quality	Leaks	Misc	Meter Test	Re Read
Jan-00	4		7	2	1	
Feb-00	4		8			
Mar-00	1		3	4	2	1
Apr-00	5		6			
May-00	4		2		3	1
Jun-00	4		5	5	3	2
Jul-00	5		11	2	3	1
Aug-00	4		5	5		
Sep-00	4		12	2	3	
Oct-00	6		9	1	2	1
Nov-00	15	1	13	1	1	
Dec-00	4		4	2		
Total	60	1	85	24	18	6

Complaint Log 2000

<u>Date</u>	<u>Acc.#</u>	<u>Name & Address</u>	<u>Complaint</u>	<u>Solution</u>
01-04	1031	John Waytt 3151 SW 61 Ter.	Leaking at Valve	Leak on Cus side
01-05	1026	Vir. Carafalo 3130 SW 62 Ave	High Consumption	Tested Meter
01-04	1938	Ethelyn Smith 6136 SW 36 th St	Leak	Leak on Cus. Side
01-18	1555	Boyce 6119 SW 35 th St	Water Break	Coupling Reset
01-19	1475	Chapman 3563 SW 62 nd Ave	Sewer Backup	Cleared Blockage
01-21	1764	Shenk 3306 SW 59 th Ave	Sewer Backup	Cleared Blockage
01-21	2478	Douglas 5211 SW 34 th St	Leak before meter	Changed Meter pipe
01-23	1729	Hernandez 3320 SW 58 th Ave	Sewer Backup	Cleared Blockage
01-28	2082	Lenches 5258 SW 32 nd St	Meter Leaking	Fix leak at meter
01-28	1618	McCurdy 5647 SW 32 nd St	Straight Pipe	Pulled Pipe
01-31	1458	Varmidix 6148 SW 34 th St	Sewer Backup	Cleared Blockage
02-14	2558	Grillo 5300 SW 35 th St	Leak at meter valve	Replaced Valve
02-07	1465	3451 SW 62 nd Ave	Sewer Backup	Cleared Blockage
02-11	1234	Rubinstein 3201 SW 61 Ave	Leak at meter	Leak on Cust. Side
02-15	1728	Olga 3316 SW 58 th Ave	Leak at meter	replaced adapter
02-17	1126	Davis 3043 SW 61 Cir	Water Break	Fixed break
02-22	1078	Gormly 3057 SW 61 st Ave	Sewer Backup	Cleared Blockage
02-23	1467	Sirimarco 3471 SW 62 nd Ave	Water Leak	Leak Repaired
02-22	1381	Taylor 6046 SW 29 th Place	Leak at meter	Fixed Pipe at meter
02-22	1140	Algrcon 3070 SW 60 th Ave	Sewer Backup	Cleared Blockage
2-25	1833	A 5817 SW 36 th St	Leak at meter	needs to move truck
03-01	1133	Wagner 6011 SW 30 th Ct	Ck for leak	No Leak

03-03	2064	Nicosia	3111 SW 54 th Ave	Please Ck Inop	Meter working fine
03-06	2013	Joiner	5301 SW 29 th St	Test Meter	Meter Ok
03-01	1833		5817 SW 36 th St	Leak at Meter	Leak repaired
03-03	1133	Wagner	6011 SW 30 th Ct	Ck to see if meter is running	No
03-06	4895	Lumpart	5858 SW 36 th St	Leak on cust side	Replaced Meter
02-16	1261	Carroll	3224 SW 60 th Cir	Meter Spinning	Meter in Use
03-20	1943	Hutchins	3587 SW 62 nd Ave	Sewer Backup	Cleared Blockage
03-20	1234	Rubinstein	3201 SW 61 Ave	Replace Cap	Cap Replaced
03-20	1384	Cameron	6066 SW 29 th Pl	Leak at meter	Fixed leak
03-30	1096	Kaffel	3150 SW 61 Ter	Water Break	Fixed Break
04-06			3266 SW 60 th Cir	Sewer Backup	Blockage Cleared
04-06	1613	Champagne	5731 SW 32 nd St	Broken Pipe	Cust. Side
04-06	1668	Muskus	5946 SW 34 th St	Water Leak	Repaired
04-06	1936	Whitehead	3593 SW 61 Way	Sewer Backup	Cleared Blockage
04-07	1466	Brown	3461 SW 62 nd Ave	Sewer Backup	Blockage Cleared
04-07	1703	Simpkins	5935 SW 33 rd St	Water Break	Repaired Break
04-13	2477	Bushchauer	5201 SW 34 th St	Leak at meter	Leak Cust. Side
04-17	2262	Patterson	3401 SW 50 th Ter	Leak at meter	Repaired Leak
04-17	1380	Marth	6042 SW 29 th Pl	Sewer Backup	Cleared Blockage
04-30	1234	Rubinstein	3201 SW 61 Ave	Replace Clean Out	
05-2	2485	Carron	5277 SW 34 th St	Leak at Valve	Replaced Valve
05-2	2046	Schneider	5317 SW 32 nd St	leak at meter	Fixed leak
05-09	1898	Castro	5867 36 th St	High Consumption	Tested meter

05-19	1908	Rivera	5994 SW 36 th St	Sewer Backup	Blockage Cleared
05-12	1428	Mullis	6001 SW 34 th St	High Consumption	Tested Meter
05-22	1949		6146 SW 36 th St	Sewer Backup	Cleared Blockage
06-29	2279	Butler	3100 SW 51 st Ave	Leak in yard	No Leak found
06-27	2516	Modica	5252 SW 34 th st	Leak at Meter	Fixed the leak
06-22	2399	Schaeffer	3160 SW 50 th Ter	High Consumption	Tested meter
06-05	2061	Delmonaco	3100 SW54th Ave	Leak at Valve	Repaired leak
06-29	1743	Doerr	3354 SW 59 th Ave	Need new Meter box	Replaced box
06-28	1384	Cameron	6066 SW 29 th Place	Need sewer cap replaced	New cap
06-30-	2276	Fitzgerald	3050 SW 51 Ave	leak at patch	Tighten Bandaid
06-05	1898	Castro	5867 SW 36 th St	High consumption	Re-read meter
06-06	1792	Mueller	3501 SW 57 th Ave	Sewer Backup	Cleared blockage
06-27	1612	Defrank	5700 SW 32 nd St	Meter Inop	Replaced meter
06-05	1520	Orouрке	3420 SW 60 th Ave	Sewer Backup	Cleared
06-16	1380	Martes	6042 SW 29 th Place	Sewer Backup	Cleared
06-05	1361	Nodarse	6000 SW 29 th Ct.	Ck For Inop	Meter Tested
06-14	1234	Rubinstein	3201 SW 61 Ave	Clean out needs to be replaced	Rep
06-07	1182	Oare	6132 SW 33 rd Place	Water in Yard	No Leak Rain
06-07	1007	Andia	6149 SW 30 th Ct	Leak at the meter	Manhole overflow
07-19	3008-11	S/O	3024 SW 61 st Ave	Sewer Backup	Cleared
07-06	2033	Trotter	3070 SW 53 rd Ter	Ck Meter	Tested Meter
07-06	1872	Martinez	3423 SW 59 th Ave	Water Break	Break repaired
07-26	1949	Vega	6146 SW 36 th St	Sewer Break	Added New Ext.

07-06	1856	Mahar	5845 SW 35 th St	Ck for Inop	Tested meter
07-29	1832	Reddish	5811 SW 36 th St	Fix Leak	Repaired line
07-19	1719	Sohns	5802 SW33rd St	Ck Meter	Tested Meter
07-20	1380	Martes	6042 SW 29 th Pl	Water Break	Repaired Break
07-20	1376	Llufrido	6006 SW 29 th Pl	Sewer Backup	Cleared Blockage
07-12	1295	Bremser	3142 SW 60 th Ter	Leak at meter	Repaired Leak
07-29	1240	A	3256 SW 60 th Cir	Straight Pipe	Pulled Pipe
07-24	1232	Poiret	3215 SW 61 Ave	Water Leak	Customer side
07-24	1159	Carroll	3305 SW 60 Lane	Sewer Backup	Cleared
07-20	1060	Alcon	3064 SW 61 Ave	Water Break	Customer side
07-12	2532	Kagle	5251 SW 35 th St	Valve Leaking	Replaced Valve
07-06	2504	Tokan	5330 SW 34 th St	Leak At meter	no leak found
07-19	2406	A	3131 SW 50 th Rd	Leak at meter	Fix Leak
07-11	2317	Burke	2991 SW 50 th Ter	Bad leak cust side	turned off water
08-02	3028	Davie	3570SW 49 th Way	Inop Meter	Changed out meter
08-25	2341	Mann	3451 SW 50 th Ter	Leak at meter	No leak
08-11	2323	Ness	3161 SW 50 th Ter	where is shut off	Located shut off
08-11	2289	Desena	5188 SW 32 nd St	Water Leak	Washing Drain no leak
08-21	1743	Doerr	3354 SW 59 th Ave	Water break	Fixed
08-17	1780	Garcia	3330 W 57 th Ave	Sewer Back	Cleared
08-14	1510	Llufrido	3550 SW 60 th Ave	leak at meter	no leak found
08-17	1493	Lantigunia	6006 Sw 35 th Ct	Sewer Backup	Cleared Blockage
08-16	1346	Sopon	5986 SW 29 th Ct	no water pressure	Inside cust home

08-14	1187	Gonzalos	6144 SW 33 Pl	Sewer Backup	Cleared
08-21	1168	Jimenes	6040 SW 33 Pl	Leak at meter	Replaced washers
08-15	1160	Anderson	331 SW 60 th Ave	Exposed pipe	Covered pipe
08-16	1159	Carroll	3305 SW 60 th Lane	Missing sewer cap	Replaced
09-01	2502	Brosius	5360 SW 34 th St	Water break	Repaired
09-28	2198	DeGuzman	3123 SW 52way	Inop meter	Tested Meter
09-12	2081	Papillon	5264 32 nd St	leak	Shut off Valve
09-12	2116	Akin	5340 SW 33 rd St	Leak at meter	Customer side
09-22	1947	Pearson	5995 SW 62 nd Ave	Sewer Backup	Cleared
09-28	1894	Ortega	5838 SW 36 th St	Water leak	Replaced coupling
09-28	1870	Gill	3408 SW 59 th Ave	Leak in meter box	Repaired
09-22	1784	Nadasky	3350 SW 57 th Ave	Inop Meter	Test Meter
09-25	1755	Husted	3324 SW 59 th Ave	Water Leak	Repaired
09-26	1653	A	3401 SW 58 th Ave	Ck for straight pipe	Pulled Pipe
09-20	1451	Pena	6122 SW 34 th St	Leak at meter	tested meter
09-06	1447	Webb	6108 SW 34 th St	Water break	Replaced washer
09-26	1410	Corzo	3317 SW 59 th Ter	Leak	Repaired
09-26	1400	Guerra	3209 SW 59 th Ter	Inop	New Meter
09-18	1239	A	3260 SW 60 Cir	Leak	Replaced Meter
09-15	1187	Gonzolos	6144 SW 33 rd Pl	Sewer Backup	Cleared Blockage
09-06	1162	A	3320 SW 60 th Lane	Meter leaking	Replaced Meter
09-25	1182	Oare	6132 SW 33 rd Place	Sewer Backup	Cleared
10-10	2460	Catanio	5013 SW 35 th Place	Leak at Valve	Tightened Valve

10-05	2095	Czarkowski	5251 SW 33 rd St	Water Break	Repaired
10-09	2119	Sullivan	5312 SW 33 rd St	Leak	Replaced Washer
10-10	2083	Delorme	5248 SW 32 nd St	Water Break	Repaired
10-30	1946	A	3591 SW 62 nd Ave	Ck for straight pipe	Pulled pipe
10-27	1927	Pitre	6115 SW 36 th St	Inop	Leak cust side
10-13	1924	Goldberg	6100 SW 36 th St	Leak at Meter	Leak Fixed
10-06	1810	Roples	3521 SW 56 th Ave	Ck For Leak	Fixed Leak
10-06	1778	Narucki	3319 SW 57 th Ave	Water Leak	Customer side
10-26	1768	Boyd	5676 SW 32 nd st	Inop Meter	Tested meter
10-16	1690	Gibson	3501 SW 59 th Ter	Sewer Backup	Cleared Blockage
10-30	1463	Mendez	3431 SW 62 nd Ave	Sewer Backup	Cleared Blockage
10-11	1425	Burns	5999 SW 34 th St	Ck for Leak	Customer side
10-16	1401	Romero	3213 SW 59 th Ter	Sewer Backup	Cleared Backup
10-11	1347	A	5999 sw 29 TH Ct	Water Break	No Leak
10-10	1295	Bremser	3142 SW 60 th Ter	Replace Shut off Valve	
10-11	1233	Martinez	3203 SW 61 Ave	Leak at meter	Leak on Cust side
10-23	1142	Gutierrez	3110 SW 60 th Ave	Sewer Backup	Cleared Blockage
11-15	2394	Sluder	6120 SW 36 th St	Sewer Backup	Cleared
11-09	1908	Rivera	5994 SW 36 th St	Water Break	Repaired
11-30	1885	Grand	5968 SW 35 th St	Leak	Replaced washers
11-30	1839	Cardona	3432 SW 58 th Ave	Sewer Backup	Cleared
11-11	1833	Murphy	5817 SW 36st	Inop	Tested Meter
11-11	1803	Pool	3532 SW 57 th Ave	Move Fence	

11-29	1758	Deaver	3321 SW 59 th Ave	Water Leak	Repaired
11-14	1766	Rathman	3305 SW 59 th Ave	Sewer Backup	Cleared Blockage
11-30	1668	Muskus	5946 SW 34 th St	Leak	Replaced Valve
11-15	1703	Simpkins	5935 SW 33 rd St	Leak	Fixed leak
11-20	1519	Mason	3430 SW 60 th Ave	Sewer Backup	Cleared
11-06	1663	Yupanqui	5916 SW 34 th St	Leak at meter	Customer Side
11-16	1450	George	6118 SW 34 th St	Sewer Backup	Cleared
11-09	1350	Young	5973 SW 29 th Pl	Water Break	Fixed
11-09	1330	Yaeckel	5948 SW 29 th Pl	Water Break	Fixed
11-20	1233	Martinez	3203 SW 61 Ave	Sewer Backup	Cleared
11-06	1187	Gonzalos	6144 SW 33 rd Pl	Sewer Backup	Cleared
11-16	1167	Melendez	6036 SW 33 rd Place	Water Break	Straight Pipe
11-03	1160	Anderson	3310 SW 60 th Ave	Sewer Backup	Cleared
11-21	1159	Carroll	3305 SW 60 th Lane	Underground sewer line replaced	
11-29	1126	Davis	3043 SW 61 Cir	Sewer Backup	Cleared Roots
11-02	1092	Warshawsky	3170 SW 61 Ter.	Sewer Backup	Cleared
12-07	1356	Wallace	5919 SW 29 th Place	Water Break	In Meter box
12-11	1812	Belanger	3540 SW 56 th Ave	Sewer Backup	Cleared
12-07	2341	Mann	3451 SW 50 th Ter	Water in Meter Box	No Leaks
12-11	1061	Rodriguez	3075 SW 60 th Ter	Water Break	Cust. Side
12-21	1351	Glover	5953 SW 29 th Pl	Need Fill from break	Landscaped
1092	1092	Warshawsky	3170 SW 61 Ter	Sewer Backup	Cleared
12-19	1058	Tello	3085 SW 60 Ter	Yard clean up from break	

12-18	1941	Bustamento	3584 SW 62 nd Ave	Sewer Backup	Cleared
12-19	1107	A	3178 SW 61 Cir	Sewer Backup	Cleared Roots
12-26	1467	Simarco	3471 SW 62 nd Ave	Ck for leak	No Leaks
12-27	1199	A	3233 SW 62 nd Ave	Valve leaking	Replaced Valve
12-27	1458	Lawreen	6148 SW 34 th St.	Replace Box	