CLASS A and B WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

Utilities, Inc. of Florida - Pasco County

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 (/)

BINDER 4 of 11

System(s):

Orangewood

BOCUMENT NUMBER-CATE 09070 OCT-28

UTILITIES, INC. OF FLORIDA CHEMICAL USE DATA TEST YEAR: 2006

	· · · · · · · · · · · · · · · · · · ·	Chemical	Water	Unit
County	System Name	Used	Treatment	Price
County	O)Stelli (tall)e			
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
		·		
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
			W-10-	
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Seminole	Park Ridge	Chlorine	24554	# 4 4E/mai
Seminole	Park Hloge		3-4 gpd	\$ 1.15/gal
		Polyphosphate_	1-2 gpd	\$14.00/ gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
County	Oystem rume	0300	reament	11100
Seminole	Phillips	Chlorine	2-3 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
Seminole	Crystal Lake	Chlorine	3-4 gpd	\$ 1.15/gal
		Polyphosphate	1-2 gpd	\$14.00/ gal
		Chemical	Water	Unit
County	System Name	Used	Treatment	Price
				0.4.67=1
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
			Water	Unit
0	Custom Nome	Chemical		
County	System Name	Used	Treatment	Price
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
	Dear Lake		7-10 dpd	ψ 1.15rgar
		Chemical	Water	Unit
				Price
County	System Name	Used) Meannenn i	riice
County	System Name	Used	Treatment	rne
County	System Name Jansen	Chlorine	12-15gpd	\$ 1.15/gal

UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
PINNELLAS COUNT	Y'							
	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Алтопіа	Yes	No	294	Gals	\$ 0.45	0.8 gal/day
PASCO COUNTY								;
	Buena Vista Manor	None	Yes	No				
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	\$ 0.87	4.2 gal/day
	Summertree	Gas Chlorine	Yes	No	7.8	lbs	\$ 0.90	21.3lbs/day
	Orangewood	Liquid Chlorine	Yes	No	1774	Gals	\$ 0.87	4.8 gal/day
				<u> </u>			<u> </u>	

57.7

PAGE 02/02

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09/26/2006

13:52

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89/26/2886

14:31

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UTILITIES, INC. OF FLORIDA 2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	(Yes) No	Yes / No	1,325 G.4L	GALS	0,95/GAL	4.9 gals/de
		Ammonia	Yes/Na	Yos/No				
	CROWNWOOD	Stick Chlora	Yes/No	(CS/No	50 485	LBS 1	2.16/28	0.2 185/Ja
		Liquid Chlorine	Yes/No	Yes No	1,945 6.4	GALS	0.95 /GAL	7-2 gals /cla
		-Gas Chlorino	- Yeo / No	Yes/No				
4		Liquid Chlorine	CALARY	Yen/No-	1			
		Granular Chlory		(Yas)/No	100 485	LBS :	1.48/68	0.4 LB>/day
					<u> </u>			
					(50202)			

(269 days sofar)

89/26/2006 89:28

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P. 04

Orangewood Docket No. 060253-WS

Pasco County

Test Year Ended December 31, 2005

-	ı

Orangewood

Docket No. 060253-WS

25.30-440(1) Detailed Map

Test Year Ended December 31, 2005

<u>MAPS</u>

SUBMITTED TO COMMISSION SEPARATELY

Orangewood

Docket No. 060253-WS

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

Wis-Bar

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

Test Year Ended December 31, 2005

02/15

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A Transline High Month States	LUY I 4 DECK	3	21	0/2	#3	30.6-7 30.9-/
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	การบระเท	r:ednaucy			LECONSTO	วัว ยสสม
1275	(39)	PWSTD No			AS NO AN ON SAL	System mains:

E.E. E13

%26

Orangewood

Docket No. 060253-WS

25.30-440(3) Chemical Analyses

Test Year Ended December 31, 2005

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS 10#; 6511311

Client Sample ID: 1

Site: 4531 Aegean

Sample Number: T059821-01

Report No.: T059821

Date/Time Sampled: 09/27/05

Date/Time Received: 9/27/05 13:30

Sampled By: Stephen Habery

Shipping Method:

Disinfection Byproducts

Contain ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	£ab MDL	Analysis Date	Analysis '7ma	OOH Lab Cert #
2450	Chieroueutic Acid		ug/L	0.81	U	£552,2	0.51	10/08/2006	1)8:00	E82574
2461	Dichloroacetic Acid		<u>цд/</u>]_	0.56	Ū	E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichtorescetic Acid		ug/L	0.60	Ų	Ę552,2	0.60	10/08/2005	116:00	E82574
2453	Bromoveutic Acid		սց/Լ	0.34	υ	£552.2	U.34	10/08/2005	00:811	EB2574
2454	Dibromoscetia Adid		ភពី/្	0.45	U	€552.2	0.45	10/08/2005	(18:00	E82574
2941	Chloroform		ug/L	5.0		E502.2	0.31	10/10/2005	6:30	E82574
2942	Bromotorm		цg/L	2.2		≝502.2	0.36	10/10/2005	6:30	E82574
2943	Bromodichloromathans		u ц/ L	8.2		E502.3	0.38	10/10/2005	6:30	E82574
2044	Dibromochioromethane		ug/L	7.5		E502.2	0.28	10/10/2005	6:30	E82574

The compound was applying for suit hold detection limit and the laboratory practical quantitation limit.
 The compound was applying for suit had detected.

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Report No.: T059821

Project Name: Orangewood

Date/Time Sampled: 09/27/05 09:00

Matrix: Drinking Water

Date/Time Received: 9/27/05 13:30

PW\$ ID#: 6511311

Client Sample ID: 2

Sampled By: Slephen Habery

Site: 2227 Arcadia Sample Number: T059821-02

Shipping Method

Disinfection Byproducts

Contain ID	Centain Name	MCL	Unita	Analysis Regults	Qualifier	Analytical Method	Lab MOL	Analysis Date	Analysis Timu	DOH Lab Cort.#
2450	Chiproscatle Acid		սց/Լ	0.81	u	£552.2	0.81	10/08/2005	08:00	E82574
2451	Dichloroacetic Acid		ے/ر <u>و</u> د	2.8		E552.2	0.56	10/08/2005	08:00	E82574
2452	Trichloroucetic Acid		ug/L	0.66	U	E552.2	0.60	10/08/2005	08:00	E82574
2463	Bromoscatic Acia		կց /Լ	0.34	IJ	£552.2	0.34	10/08/2005	08:00	E82574
2454	Dibromoacetic Acid		រេជ្ជ/្រ	3.8		E552.2	0.45	10/08/2005	06:00	E52574
2941	Chloroform		ug/L	8.4		ES02.2	0.31	10/10/2006	16:30	E82574
2942	Bromoform		u <u>@</u> /L	3.5		E502.2	0.36	10/10/2005	16:30	E82574
2943	Bromodichioromethano		ug/L	11		€502.2	0.38	10/10/2005	16:30	£82574
2844	Dibromoshloromothane		ψ <u>α</u> /L	12		£502.Z	0.28	.10/10/2005	16:30	€82574

The reported vake is treatesen the laboratory motitod detection timit and the taboratory practices quentification timit.

U The compound was analyzed for but not detected.

MOL Mothod Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL.

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: 3

Site: 2647 Flintwood

Sample Number: T059821-03

Report No.: T059821

Date/Time Sampled: 09/27/05 09:11

Date/Time Received: 9/27/05 13:30

Sampled By: Stephen Habery

Shipping Method:

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Auslyyly Time	DOH Lab Cert. #
2450	Chieroscetic Acid		υ ⊈/ L	0.81	Ų	E552.2	0.81	10/08/2005	08:00	E82574
2451	Dichloroscette Actd		ug/L	1.2	i	£\$52,2	0.56	10/08/2005	QQ;RQ	E82574
2452	Trichloroacetic Acid		ug/L	0.60	U	E652.2	0,60	10/08/2005	08:00	E82574
2463	Bremosastic Adid		սգ/Լ	0.34	U	E552.2	0.34	10/08/2005	58:00	E82574
2454	Dibromoacetic Acid		ug/L	3.1		E552,2	0.45	10/08/2005	28:00	E82574
2941	Chloroform		ug/L	z. 0		£502,2	0.31	10/10/2005	16:30	E82574
2942	Bromoform		ug/L	2,3		5502.2	0.36	10/10/2005	16:30	E82574
2943	Bromodichloromethane		ug/L	3.5		E502.2	0.38	10/10/2005	16:90	E82574
2944	Dibrogochioromethano		ug/L	5.8		2502.2	0.28	10/10/2005	16:30	E82574

The reported value is between the laboratory medical defaction that and the laboratory precises quantifylias (i.e.).

The compotent was snalyzed for but not detacted.

MDL Method Reporting Limit For all Results qualified with an f. the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PW8 ID#: 6511311

Cilent Sample ID: 1

Site: Well #1

Sample Number: 7'052019-01

Report No.: T052019

Date/Time Sampled: 03/02/05

Date/Time Received: 3/2/05 14:35

Sampled By: Robb Crow

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID Contam Name	MCL U		alysis Sults Qualifier	Analytical Method	Lab MOL	Analysis Data	Analysis Time	DOH Lab Cert. #
Conductivity	umh	108/ci 4	190	SM2510B	0.10	03/07/2005	11;15	E84589

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Cilent Sample ID: 1

Site: Well #1

Sample Number: T052019-01

Report No.; T052019

Date/Time Sampled: 03/02/05 08:30

Date/Time Received: 3/2/05 14:35

Sampled By: Robb Crow

Shipping Method: AEL Pick-up

Secondary Contaminants

Contam	ID Contam Name	MCL	Unite	Analysis Results	Qualifier	Analytical Mothod	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cort, #
1017	⁴ Total Chlorides	250	mg/L	37	•	SM4500CL-E	1.3	03/07/2005	11:00	E84589
1055	Sulfate (as 804)	250	mg/L	26		E375.4	1.4	03/15/2005	08:45	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

6601 Southpoint Parkway Jacksonville, Florida 32216 (904) 363-9350 FAX (904) 363-9354

Client:

Utilities, Inc.

Report No.:

T054252

Project Name:

Orangewood

Date Sampled:

5/2/2005

Project Number: SH629-W

Date Received:

5/2/05 15:00

PWS ID#:

6511311

Date Reported:

5/17/2005

Attention:

Stephen Habery

Phone Number:

8002721919

Address:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Orangewood

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

629/3.2

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: 1

Site: Well I

Sample Number: T054252-01

Report No.: T054252

Date/Time Sampled: 05/02/05

8:59

Date/Time Received: 5/2/05 15:00

Sampled By: Robb Crow

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analysis Results Analysis Analysis DOH Lab Contam ID Contam Name MCL Units Qualifier Analytical Method Lab MDL Time Cert.# Conductivity umhos/cr 500 SM2510B 2.0 5/13/2005 E84589

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Report No.: T054252

Project Name: Orangewood

Date/Time Sampled: 05/02/05

Matrix: Drinking Water

Date/Time Received: 5/2/05 15:00

PWS ID#: 6511311

Client Sample ID: 1

Site: Well I

Sampled By: Robb Crow

Sample Number: T054252-01

Shipping Method: AEL Pick-up

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	41		SM4500CL-E	1.3	5/9/2005	9:34	E84589
1055	Sulfate (as SO4)	250	mg/L	29		E375.4	1.4	5/10/2005	10:30	E84589

MDL Method Reporting Limit

For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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

PUBLIC WATER SYSTEM INFORMATIO	N (to be completed by sampler – Please type or print legibly)
System Name: Only on the Co	PWS I.D. #: 6 5 1 7 3 7 1
System Type (check one): Scommunity Address: 2446 Recading	
City: _ Mallacar	State: 12 / ZIP Code: 2 46 70
Phone #: 327 - 934 - 97	3) Fax#:
E-Mail Address:	
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known):
Sample Date: 57 2 05	Sample Time: AM PM (Circle One)
Sample Location (be specific):	
•	results for trihalomethanes and haloacetic acids): mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
Entry Point (to Distribution)	Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites**
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other: //www.ridale
☐Ave Residence Time	Sampling Procedure Used or Other Comments:
□Near First Customer	
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for ac for nitrate or nitrite MCL	dditional requirements attach a results page for each site.
Sampler's Name:	PCOVIDED TO THE PROPERTY OF THE PARTY OF THE
Sampler's Phone #:	
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by	sampler)
(Print Name)	
(Print Name)	(Print Title)
do HEREBY CERTIFY that the abor complete and correct.	ve public water system and sample collection information is
Signature: \(\square\)	<u> </u>

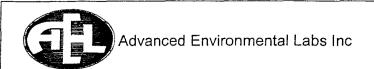
Reporting Format 62-550.730 Effective January 1995, Revised January 2004

Page 1 of [insert number of pages]

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

	ORY CERTIFICATION CURRENT DOH ANAL		(to be complet	ed by lab - Please type or	print legibly)
LabName:	Advanced Environme	ental Labs - Tampa	a	Florida	Certification #: E84589
Address:	9610 Princess Palm	Avenue	····· • · ·	Certification I	Expiration Date: 06/30/2005
	Tampa, Florida 33619	9			phone #: (813) 630-9616
ANALYSIS	INFORMATION (to be	e completed by la	b		
PWS ID (1	from page 1): 6511311			Date Sample	(s) Received: 05/02/2005 15:00:0
Lab Assign	ned Report Number or	Job ID T054252		Sample Number (From page 1) T054252-01
Group(s) A	nalyzed Results attac	hed for complianc	e with chapter	62-550, F.A.C. (check all	that appl
1	norganics	Synthetic Organ	nics	Volatile Organics	Disinfection Byproducts
	All 17	All 30		All 21	Triha
	Partial	All Except D	ioxin	Partial	Haloaceti
Ē	Nitrate	Partial		Radionuclides	Bromate
	Nitrite	Dioxin Only		Single Samp	Chlorite
	Asbestos Only			Qtrly Composite**	Secondaries
				Quity Composite	All 14
					Partial
Were any a	nalyses subcontracted	l? ☐ Yes 💆	No		y ₁ r amai
If yes, pleas	se provide DOH certific	ation number			
ATTACH D	OH ANALYTE SHEET	FOR EACH SUB	CONTRACTE	D LAB	··· ··
			CERTIFIC	CATION	
,	Print Name)	Project Manager		,	
National En	VICERTIFY that all atta vironmental Laboratory	iched analytical di Accreditation Co	ata are correct inference (NEI	and unless noted meet al .AC).	requirements of the
Signature:	SIM C	14-		Date:	3/1/105
analysis res	provide a valid and culuits will result in rejecticult in notification of the	on of the report, p	ossible enforc	ement against the public v	nalyte Sheet for the attached vater system for failure to sample,
** Please pr	ovide radiological sam	ple dates location	ns for each qua	arter.	
COMPLIAN	CE DETERMINATIO	(to be completed	by DEP or DO	H)	
Sample Coll	ection Info Satisfactory	Yes	No	Sample Analysis Info Sa	atisfactory: Yes No
Replaceme	ent Sample(s) Requested	(circle or highlight gr	oup(s) above)		ested (circle or highlight group(s) above)
Additiona	I Monitoring Required	(circle or highlight	group(s) abov	/e)	
Reason(s):		,			
(000011(0)).	MCL(s) Exceeded Missing Analyte Sh Other:	eet(s)	Detection(Location U	s) Insatisfactory	Incomplete Report Analysis Unsatisfactory
Person Notifi					
Comments	~			Date f	Notified:
	nd:		DED/DOU D	ouloudes Officials	
ate Review	au.		DEP/DOM R	eviewing Official:	





Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

Date/Time Rcvd:	Date/Time Rcvd: 5/2/05 1500 Log-In request number: TO 54353										
Received by:	KM		Completed by	:	TD	!					
Cooler/Shipping	Information:										
Courier: AEL C	lient □ UPS □ Por	ny Express □ FedE	× □ AES □ ASAP	☐ Other (desc	ribe): _						
Type: Ø Cooler □ Bo	x 🛘 Other (describe)									
Cooler temperature:	Identify the cooler a	nd document the ten	nperature blank or ic	e water measu	ıremen	t					
Cooler ID											
Temp (°C) Û											
Temp taken from	☐ Sample Bottle										
	ZIR gun □ IR gun □ IR gun □ IR gun										
Temp measured ☐ Thermometer (enter ☐ Thermometer (
Other Information Any discrepancies sho		the "Comments" sec	tion below.		YES	NO	NA				
1. Were custody se	als on shipping contai		· · · · · · · · · · · · · · · · · · ·		120	+					
	pers properly included	· · · · · · · · · · · · · · · · · · ·									
3. Were custody pa	pers properly filled ou	ut (ink, signed, match l	labels)?	·····							
	rive in good condition										
		e #, date, signed, analy	ysis, preservatives)?								
	abels agree with the ch	· · · · · · · · · · · · · · · · · · ·									
	tles used for the tests		11.10			ļ					
	ceived within holding	iques indicated on the	label?								
	-	esence of air bubbles?									
11. Were there air bu											
		et ice? If "No," check	one: □ NO ICE □ BL	UE ICE							
13. Was the cooler te					41.5						
		d by Sample control?	(VOA checked by ana	ysts)							
15. Were the sample	<u> </u>	-			٠٠٠٠						
16. Were samples acc	<u> </u>	_ 			-						
17. Was it necessary	to split samples into o	ther bottles?									
						<u> </u>					
Comments:											
											
							<u>.</u>				
Lit ID:											

CHAIN OF CUSTODY RECORD

Li Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 → Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

J Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER: T054252

	J Oriando:	2106 NW 67th Place, Suite 528 S. North Lake Blvd., St	7, Gainesville, FL iite 1016, Altamor	. 32606 • (i ite Springs	352) 367-1500 s, FL 32701 • (4	Fax (352) 367-00 107) 937-1594 Fa:	50 < (407) 937-1	597				Pa	age	of	
CLIENT NAME:			PROJEC						BOTTLE						
11131111	· <u>1 / . (</u>		00	4. 19	E. Levi C.	2.39			SIZE &	¥					
ADDRESS:	The second secon		P.O. NU	MBER /	PROJECT	NUMBER:	1016	Carrier	TYPE	~					į
	· 0.0 · 0.0		PROJEC			<u> </u>	- V - A	** **W.	ΝE						l.
PHONE:	Committee of the committee of the committee of	FAX:							A Q L U	0					В
	2 X Dr. (*);								Y I S R	```					N U
CONTACT:		18. 1. m. v	SAMPL	ED BY:	120	6.6.00	Site.		I E S D	· .					M B
TURN AROUND	TIME:	REMARKS / S	PECIAL INST	RUCTIO						-					E R
S. OTEANITS & CO.										3					
STANDARD						~				`,		·			
J RUSH	V									2		·			
	The state of the s	Andrew Marie Carlo						1		1					
WW ≂ waste water	SW=surface wate	r GW⊪ground water	DW =drinking) water	OIL A	N≕air SO≕	soil S I	_=sludge	Preserv						
SAMPLE ID		APLE DESCRIPTION		Grab Composite	SAN DATE	MPLING TIME	MATRIX	NO.							
,	VN2 1 1	700		2		EST SAN	F			6					
					3 2.0	2 2 700	0.4	!							10
<u> </u>	The second secon		-					ļ							
	The second second second	1970 Tel De Communication (1970) and Changes assume		e terre constitue de la consti											
					<u> </u>										
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, sai	AB.			2	ALC	leful.	105/0	2/15		上床.	Mad	∫ (j)	37/2	NoT	15
ender von der Stein	linp B			3	\	- 1/								1	
••••) 6		J.	4	· · · · · · · · · · · · · · · · · · ·					1				\	1

Analytical Report

Client: Utilities, inc.

Project Name: Orangewood

Matrix: Drinking Water

PW8 ID#: 6511311

Client Sample ID: 1

Site: Well #1

Sample Number: T056483-01

Report No.: T056483

Date/Time Sampled: 07/05/05

Date/Time Received: 7/5/05 14:95

Sampled By: Jack Adkins

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analysis Results And lysin Contam ID Contam Name Qualifier Analytical Method Lab MDL Unite Conductivity umn**os**/ci SM2510B 8,10 7/14/2005 13:00 E64589

MOL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MQL

Analytical Report

Client: Utilities, Inc.

Project Nama: Orangewood

Matrix: Drinking Water

PWS (D#: 6511311

Client Sample ID: 1

Site: Well#1

Sample Number: T056483-01

Report No.: T056483

Date/Time Sampled: 07/05/05 5:20

Date/Time Received: 7/5/05 14:65

Sampled By: Jack Adkins

Shipping Method: AEL Pick-up

Secondary Contaminants

Contam ID	Contain Name	MCL	Unite	Ansiyale Results	Qualifier Analytical Method	Lab MDL	Anniyeta Date	Antiyels	DOH Lab Cert.#
1017	Total Chimides	250	mg/L	39	SNA4500CL-E	1.3	7/7/2006	1:1:06	E84589
1055	Sulfato (4% 504)	250	mg/L	28	E375.4	1.4	7/13/200	6 9:10	E84559

MOL Method Reporting Limit

For all Results qualified with an I, the PQL to defined to be 4 times the MDL

DRIN								
	KING WATER BACTERIOLOGICAL SA AND LABORATORY REPORTING		TION		For Lab t	ise Only		
	Advanced Environmental Laboratories, Inc.				The lab per	forming this and	alysis is checked o	n the left.
D RANI Sa	Hithpoint Pkwy - Jacksonville, FL (\$2216 - 904,383,9350 - Fex 904)			(
	истропа Риму посволине, на 65216 • 904,3636,550 • 193 904, истем Рим Аче Тинии, FL 33619 • 813.636,9616 • рех 613.630			1			9/118 18	1 % #1
CHE IDE NV	V 67th Pieus, Stc. 7 - Oghaeville, FL 32500 - 352.367.1500 - Fax 3	52.367.0060 * I*H#620			Lab Receipt	Date & Time:	8/1/3, 15	C /
🛈 528 R. N	ionh Lake Blvd., Ste. 1016 • Allemanna Springe, FL 32701 • 407,93	7.1594 - Fax 407.90V.159	7· E53078		Analysis Det	c & Time; 💆	34113 10	34
Report N		ab ID:		.	Sample Acc	eptance Criter	ia:	=1
Analys	is Requested: (please check all that apply)				Sample Prose		ce 🗒 Not On los	<u>₽~2 (, ~</u> c
HPC	tard Coliform Tast				Disinfectant C		Detector	mg/L
☐ Other				- 1	rus sampre d	Dea not theat the t	ollowing NELAC req	uiremerts:
System	Nome: Ofquye wood			<u> </u>	1 SW9	p. 65	111	7//
	Address: 2448 Arcadia Ri	cl			Clty:	170/10	day	ـــا اـــــ
System a	ir Owner's Phone #: 227-974	9(3)	F:	ਬx #: _			, , , , , , , , , , , , , , , , , , , ,	
Collecte	KODD COW		C	allecta	r's Phona #	フセノー	434.9	761
Type of	Supply: (check only one)						<u> </u>	
Privat		<u> </u>	ottled W	ater .		Water System	Limited Use	
Reason	for Sampling: (check only one) Routine C	ompliance 🗌 Rep	eat 🗌	Replac	coment 🛄	Main Cleurunce	V/ell Survo	Other
Sample	Collection Date: 8-1.05	_					_	
TO STATE	The Man of the Land of the Control o					1. 14.5		Foreign Control
7 746/16/	And the second s		STATE OF STREET	120021-141			atysis Method: 57	
Sample	Sample Point	Collection	Snla	Disinfe	ect	Fecal or E. coli A		- CT-4 - P-42
Number	(Location or Specific Address)	Thre	Type1	H62.0				Lab
			/	(mg/L		Non Total Coliforn Coliforn	Fecal or Date	
						2011.01111	in. Con Granin	Number
/ /	well I	804	R	P		A		-01
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4	4ve/14	51 VM	R	V		A		04
7	GWELL 4 4620 Danlington		R	2.3		A		.05
5 6	4620 Danlington	81 V/A 835/14	- V-	 -		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		05
7560	4620 Danlington 2632 US19	877/34 830/14 \$37/14	- V-	2.5		AAAA		1
2	4620 Danlington 2632 US19 4801 Ann	81 UM 830/14 537/146 842/14	<i>p</i>	 -		A		05
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Average of community 4.900. Do	HWEILY GRADUM TON GRADUM TON	87 1/14 837/146 8 1/2/14 nples. (Complete for floris up to and includi	D :	2-5°	² De Ali tests are	A A A A A A A A A A A A A A A A A A A	ordani e With NELA	05 06 04 04
Average of community 4,900. Do	HWELL 4 HWE	87 1/14 837/146 8 1/2/14 nples. (Complete for floris up to and includi	D :	2-5°	² De Ali tests are	A A A Adio affined in Florkla Adi	ordani e With NELA	05 06 04 04
Average of community 4,900. Do Disinfects Person pe	HWELL 4 HWE	87 1/14 837/146 8 1/2/14 nples. (Complete for floris up to and includi	か b	2-1 2-2	All tests are	A A A A A A A A A A A A A A A A A A A	ordani e with NELA	05 06 04 04 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELL 4 GRACIAN JEST MS 19 YEST ANA of disinfectant residuals for rautice and repeat han and nontransient noncommunity systems serving popular not include raw or plant samples in the everage.) int Randoual Analysis Method: XIDPD Colorimetric informing analysis let: Certified operator (# C-2/5-C)	SY 1/M S37/Ms S37/Ms SY2Ma Apples. (Complete for flore up to aird includi	D :	2-1 2-2	All tests are	A A A A A A A A A A A A A A A A A A A	ordani e with NELA	05 06 04 04 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELL 4 GREAT CONTINUES TON 263 2 U.S / 9 YEST ANN of disinfectant residuals for routine and repeat san and nontransient noncommunity systems serving popula not include raw or plant samples in the average.) int Rasidual Analysis Method: XIDPD Colorimetric arthorning analysis is: Certified operator (# C-3/5C) Expervised by a cert operator (#	SYZHA SYZHA Apples. (Complete for tions up to and includi Other: Employed by a cwrlifte Employed by DEP or	D :	2-1 2-2	All tests are	A A A A A A A A A A A A A A A A A A A	ordani e with NELA	05 06 04 04 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWE/I 4 GREAT AND Grant Residuals for routine and repeat ser and nontransient noncommunity systems serving popular not include raw or plant samples in the average.) and Residual Analysis Method: ADPD Colorimetric informing analysis is: 13/50 Expervised by a cert operator (#	S7/Ms S37/Ms S2/Ms	D :	Z-Z-Z	All tests are	A A A A A A A A A A A A A A A A A A A	ordani e with NELA	05 06 04 04 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELL 4 GREAT CONTINUES TON 263 2 U.S / 9 YEST ANN of disinfectant residuals for routine and repeat san and nontransient noncommunity systems serving popula not include raw or plant samples in the average.) int Rasidual Analysis Method: XIDPD Colorimetric arthorning analysis is: Certified operator (# C-3/5C) Expervised by a cert operator (#	S7/Ms S37/Ms S2/Ms	D ing	Z- Z- Z- Date St Date St	All tests are WS notified by site notified by	A A A A A A A A A A A A A A A A A A A	ordani e with NELA iulta:	05 - 06 - 04 - 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWE/I 4 GREAT AND Grant Residuals for routine and repeat ser and nontransient noncommunity systems serving popular not include raw or plant samples in the average.) and Residual Analysis Method: ADPD Colorimetric informing analysis is: 13/50 Expervised by a cert operator (#	S7/Ms S37/Ms S2/Ms	D D D D D D D D D D D D D D D D D D D	Z- J Date Pl Date St Signatu	All tests are WS notified by ste notified by Lire:	afined in Florida Add performed in acc. Lab of positive reside to positive residents.	ordani e with NELA	05 - 06 - 04 - 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELLY GRAD DUNING TON 2632 US/9 (SSI AM)	S7/Ms S37/Ms S2/Ms	D D D D D D D D D D D D D D D D D D D	Z- J Date St Date St Satisfa ncomy	All tests are Wis notified by ate notified by ire: Cotory Dieto Collect	afined in Florkia Adia performed in accident positive residual formation information infor	ordani e with NELA	05 - 06 - 04 - 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELLY GRADO DEMINGTON 2632 US/9 YES I AMA Of disinfectant residuals for routine and repeat sense and nontransient noncommunity systems serving popular not include raw or plant samples in the average.) Interest Residual Analysis Method: XIDPD Colorimetric informing analysis is: A certified operator (#	S7/Ms S37/Ms S2/Ms	D ing	Z- Z	All tests are William notified by site notified by are: Arctory plete Collect t Samples	afined in Florkia Adia performed in acrossitive residual for positive residual for posit	DEP/DOH	05 - 06 - 04 - 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELLY GRADO DEMINGTON 2632 US/9 YES I AMA Of disinfectant residuals for routine and repeat sense and nontransient noncommunity systems serving popular not include raw or plant samples in the average.) Interest Residual Analysis Method: XIDPD Colorimetric informing analysis is: A certified operator (#	S7/Ms S37/Ms S2/Ms	D D D D D D D D D D D D D D D D D D D	Z-1 Z-2 Date St Date St Signatu Satisfa ncomp Repea	All tests are WS notified by site notified by are: Jectory slette Collect t Samples I sement Sam	afined in Florida Add a performed in acc. lab of positive resident	DEP/DOH	05 - 06 - 04 - 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELLY GRAD DENING TON 2632 US/9 YEST AND YEST AND Of distinfections residuels for routine and ropeas serion and nontransient noncommunity systems serving popular not include raw or plant samples in the average.) Interest Residual Analysis Method: ADPD Colonimatric informing analysis is: A certified operator (#	S7/Ms S37/Ms S2/Ms	D by databased and the second and th	Z-1 Z-2 Date St Date St Signatu Satisfa ncomp Repea	All tests are Wis notified by site notified by site notified by site of the collect of Samples I sement Sam ewed by OE	afined in Florida Add a performed in across the of positive resident res	DEP/DOH	05 - 06 - 04 - 02-130, Table 1
Average of community 4,900. Do Disinfects Person pe	HWELLY GRADO DEMINGTON 2632 US/9 YES I AMA Of disinfectant residuals for routine and repeat sense and nontransient noncommunity systems serving popular not include raw or plant samples in the average.) Interest Residual Analysis Method: XIDPD Colorimetric informing analysis is: A certified operator (#	S7/Ms S37/Ms S2/Ms	D by databased and the second and th	Z-1 Z-2 Date St Date St Signatu Satisfa ncomp Repea	All tests are WS notified by site notified by are: Jectory slette Collect t Samples I sement Sam	afined in Florida Add a performed in across the of positive resident res	DEP/DOH	05 - 06 - 04 - 02-130, Table 1

DEP 3ample Type Codes: D = Distribution (Reutine Comptiance); C = Repeat or Check: R = Raw; N = Entry to Distribution: P = Plant Tap; \$ = Special (clearance, etc.)

Analysis: Methods: MF = 3M92228 & D; MTF = 9221B & EC/MUG; MMO/MUG = SM923B; HPC = SM9215B

Results: A = colifornic are abount; P = colifornis are present; C = confluent growth; TNTC = too numerous to count

19 Mass: 10 2005 71 .euA

FAX 40. :

FROM:

Analytical Report

Client: Utilities, Inc.

Report No.: 1057547

Project Name: Orangewood

Date/Time Sampled: 09/01/05 10:80

Matrix: Drinking Water

Date/Time Received: 8/1/05 15:30

PWS 10#: 6511311

Client Sample ID: 1

Sito: Well 1

Sampled By: Robb Crow

Sample Number: T057547-01

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Cont

item (D	Contam Name	MCL	Units	Analysia Rasults	Qualifier	Analytical Method	LAB MDL	Analysis Data	Anal sis	DDH Leb Cert. #
	Conductivity	,II,	nhos/a	500		SM2510B	2.0	QB/D3/2005	21 00	E84589

MDL Matted Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Report No.: T057547

Project Name: Orangewood

Date/Time Sampled: 08/01/05 08:03

Matrix: Drinking Water

Date/Time Received: 8/1/05 15:30

PW8 ID#: 6511311

Date Hims Recolved: 0/1/0

Client Sample ID: 1

Sampled By: Reibb Crow

Sita: Well 1

Shipping Mothod: AEL Pick-up

Sample Number: T057547-01

Snipping Mothod: Atil Pick

Secondary DW Standards

Contam ID	Contam Name	MCL	Unite	Analysis Results	Qualifler	Analytical Method	LAB MOL	Analysis Oete	Abaly #1% The e	DOH Lab Cart. #
1017	Total Chioridea	250	mg/L	43		SM4500CI-E	1,3	08/08/2005	13/10	E04589
1055	Sulfate (46 804)	250	mg/L	29		€375.4	1,4	08/05/2005	104)0	E84589

MDI. Method Reporting Limit For all Results qualified with an i, the PQL is defined to be 4 times the MDI.

Analytical Report

Client: Utilities, Inc.

Report No.: T058932

Project Name: Orangewood

Date/Time Sumpled: 09/06/05 08:02

Matrix: Drinking Water

Date/Time Received: 9/6/05 13:20

PWS ID#: 6511311

Client Sample ID: 1

Site: Well 1

Sampled By: Robb Crow

Sample Number: T058932-01

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Contam ID	Contem Name		Analysis Results Qualifie	r Analytical Method	Leb MDL	Analysia Data	Analytis Time	Carl #
	Conductivity	umhas/er	490	SM25108	2,0	09/10/2005	14:00	E84589

MUL. Method Reparting Limk For all Results qualified with an $I_{\rm c}$ the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Report No.: TI)58832

Project Name: Orangewood

Date/Time Sampled: 05/06/05 08:02

Matrix: Drinking Water

Date/Time Received: 9/3/05 13:20

PWS ID#: 6511311

Client Sample ID: 1

Sampled By: Rubb Crow

Site: Well 1 Sample Number: T058932-01

Shipping Method: AliL Pick-up

Secondary DW Standards

Contam	ID Contem Name	MCL	Units	Anniyala Results	Qualifier	Analytical Method	LIB MOL	Arralysis Date	Angly sta	DOH LAN	
1017	Total Chlorides	260	ms/L	38		E300,0	2.1	09/03/2006	15: 28	E64589	•
1065	Sulfate (na 804)	250	mg/L	27		E300,0	2.1	69/03/200G	15:28	E84588	

MDL. Method Reporting Limit.
For all Results qualified with an 1, the PQL is defined to be 4 times the MDL.

Analytical Report

Client: Utilities, Inc.

Report No.: 170510042

Project Name: Orangewood

Date/Time Sampled: 10/03/05

Matrix: Drinking Water

Date/Time Received: 10/3/05 12:50

PWS ID#: 6511311 Client Sample ID: Well 1

Sampled By: Flobb Crow

Site: Orangewood

Sample Number: T0510042-01

Shipping Method: / EL Pick-up

Secondary DW Standards

Comam ID	Contain Name	MCL	Units	Analysis Rosults	Qualifier	Analytical Method	Lao MOL	Analysis Date	Analysis Tiraa	DOH Lab Cort. #
1017	Total Chicristes	250	mg/l_	42.		E300.0	2.1	10/6/2005	10:29	E84589
1055	Sulfate (as 504)	250	mg/L	27		E300.0	1.4	10/8/2005	10:29	E84589

MDL Method Reporting Limit For all Results qualified with an 1, the PQL is defined to be 4 times the MDL

									6	2a
DRIN	NKING WATER BACTERIOLOGICAL SAMPL AND LABORATORY REPORTING FOR	E COLLI	ECTIC	М	For	Lab Use	Only			
1	Advanced Environmental Laboratories, Inc.				The	lab perforn	ning this ar	alyeis is	chocked on	the left.
Q 2106 P Q 2106 P Q \$25 S. Report Analys	Southpoint Priving, - Judicison Wills, FL 19216 - 904.383.9350 - Few 904.383.935 Princese Palm Ava Tempa, FL 33619 - 613.630,6916 - Fax 913.630.4921 - VW 67m Prace, Ste. 7 - Cameruffle, FL 32606 - 366.907.1909 - 10x 352.767. North Leve Brus, Ste. 1016 - Attamorée Springs, FL 32701 - 407.597.1884 Number: Sub-Contract Lab ID: Requested: (please check all that apply) Indand Coliform Test	E84580 .0050 • \$62620 • Fax 407.937.1	597• E5a	107 8	Samp Samp Sample Disinfer	His Date & He Accepta Preservation Ctent Check	Time: ance Criter on 52-57 Ill Not	//-/- ria: Ico □ N Detected	ol On Ice	7
	n Name: Oryngo wood			- 1					TENC ISON	amens:
		#			_ P	WS 1.D.	012		15	
System	Address: 2448 Arcadro Rule or Owner's Phore #: 227-924-965	<u> </u>				ity: 10	liclay	· F	1	
Collect	or: Stephen Hobery			Fax #:			· > >	850	-913	
	f Supply: (check only only)		_	Collecto	rs Pho	me #	21.	7 5 7	-915	
	munity Water System Noncommunity Water System		Nontrar	nsient No	ncomm	nunity Wate	er System	<u> </u>	nited Use 8	iystem
	for Sampling: (check only one) X Routine Compilar	noe □ Red	Bottled best F	Water Replac	cement	- T Mala	Cina			
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Sample	Sample Point	1	1	1	{	Total	Collorn An	alysis Met	hod: 5119	3228
Number	(Location or Specific Address)	Callection Time	Type		IPH	Pecal	OF E. CON A		7	Lab
1	1	+	P	-	-		m Collierm	Fecal cr E. coll	Data Qualifier	Sample Number
2_	Well	630Kg	15	18	-		A			0)
	Wellz	637Am	R				A			-07
3	Well 3	64114	R				A			-03
4	Well 4	64214	R	1			4			
5	2539 Cheval	655742	D	1.8			1		- 7	-04
6	2624 Temple wood	DIJAR	D	20			7			05
7	4726 Bonton	77774	n				77			00
Average of	disinfectant residuals for routine and repeat samples. (C	Complete for		≥.0		2	H			07
4,900. Do n	of include raw or plant samplus in the average.)	o and includin	vo		All test	Tuorined in are perfon	Fiorida Admi Mediin acco	nistrativo C rdance visi	ode Rule 62×1 h NELAC sta	190, Table 1
, c. cc., p.c.	nt Residual Analysis Mothod: DIDPD Colorimetric Dothe forming analysis is:	<u>«</u>		Date PW			ositiva resui			inder co.
	certified operator (#	by a certified by DEP or D	datt	Date Stat	e notifie	d by lab of p	ositive reaul	ts:		
Name				Signatur	بر :	2	9/3	-		
· · · · · ·	and Mailing Address of Person to Receive Re	pod	Title:		-		B			
	D. E. P.			atisfact	Ory			DIP	DOH USE	ONUV
	3804 Coconut Palm		🔲 Ir	ncomple	te Col	ection In	formation	- •••	2017 DGE	JIVLI
	Tampa, FL 33619	. [🗖 R	eplacen	nent S	s Require amples F	ed Bequired			1
		1	Date	Reviewe	od by [EP/DOH:				
D Camer -		Page 1 of 1	UEP/	DOH Re	viewin	g Official:				
- Serriple 195	Codes: D = Olstribution (Routine Complement) C = Reserve						_			

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

Analysis Methods: MF = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM92238; HPC = SM9215R

Results: A = colitorius are absent; P = coliforms are present; C = contined arouth. TMC = to a suppose to social. OEP S

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: Well # 1

Site: WTP

Sample Number: T0511162-01

Report No.: T0511162

Dats/Time Sampled: 11/01/05 05:31

Date/Time Received: 11/1/05 14:00

Sampled By: Staphan Habery

Shipping Method: AGL Pick-up

Miscellaneous Analytes

Contam ID Contam Name Analysis Amilyris DOH Lab Qualifier Analytical Mothod Lab MDL Times Ganductivity July 101 £120.1 0.10 11/04/2005 15:00 E84589

MDL. Method Reporting Limit . For all Results qualified with an I, the PQL is defined to be 4 times the MDL $\,$

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: Well # 1

Site: WTP

Sample Number: T0511162-01

Report No.: T0511162

Date/Time Sampled: 11/01/05

Date/Time Received: 11/1/05 14:00

Sampled By: Stephen Habury

Shipping Method: AEI. Pick-up

Secondary DW Standards

Analysis Analysis Analysis ÞÓH Lab Contom ID Contem Name Units Qualifier Analytical Method Lab MDL Results Time Date Cart. # Total Chlorides 260 mg/L 1017 41 6M4500CL-E 11/04/2005 18:57 E84589 1055 Sulfate (32 SQ4) 250 mg/L 26 €375.4 1,4 11/04/2005 16:00 E84589

MDL. Method Reporting Limit For all Results qualified with an I, the POL is defined to be 4 times the MDL

ATTH RICK

ORANGEWOOD WATER CO. 2448 ARCADIA RD. HOLIDAY, FL 34690

12-2-05

Here is what was sampled for The month of salou

Olw Bredies spec cond, soy, G(s

CIT Bacties TDS SOY. CIS XH3 NO2 NOS HPC

SIT. Beckies

manor Backies

TIP Becties Spec cond 304 cls

Thanks Steve H.

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311 Client Sample ID: 1

Sample Number: T056483-01

8ite: Well#1

Report No.: T056483

Deta/Time Sampled 07/05/05

Date/Time Received 7/5/05 14:55

Sampled By: Jack Adkins

Shipping Method: ARL Pick-up

Inorganic Contaminants

•										
Contain ID	Contam Name	MCL	Unite	Analysta Rosulta	Qualifier	Analytical Method	Lab MOL	Analysis Onte	Ar styele	DISH Lab Carl #
1040	Nitrate (as N)	10	mg/L	6.4		SM4500NO3-F	0.14	7/7/2006	10:02	E84589
1041	Nitrite (ne N)	1.0	mg/L	0.034	บ	\$M4500NO3-F	0.084	7/7/2005	10:03	FRASBO

U The compound was antisysted for but not detected.

MDt. Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL.

Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: 2

Site: Well #2

Sample Number: T056483-02

inorganic Contaminants

Report No.: '7056483

Date/Time Sampled: (17/05/05

Date/Time Received: 1/6/05 14:55

Sampled By: Jisck Adkins

Shipping Method: AEL Pick-up

Contam II	Contem Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Data	Arrely sis	DOH Leb Cart. #
1040	Nitrato (se N)	10	mg/L	7.1		9M4500NO3-F	0.14	7/7/2006	10:73	E64589
1041	Nirke (as N)	1,0	mg/L	6.034	υ	SM4800NQ3-F	0.034	7/7/2005	10213	E84589

U The compound was analyzed for out not detected.

MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MQL

Analytical Report

Client: Utilities, inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: 3

Sita: Well #3

Sample Number: T056483-03

Report No.: T056483

Date/Time Sampled: 01/05/05 8:37

Date/Time Received: 7,5/06 14:55

Sampled By: Jack Adkins

Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name		MCL	Units	Analysis Pasults	Qualifier	Analytical Method	Lab MOL	Analysis Pate	Andly ils	pOH Leb Cert. #
1040	Nitrate (as N)		10	mg/L	6.5		SM4500NO3-F	0.14	7/7/2006	10:113	E84589
1041	Hitribo (#6 N)	•	1,0	nig/L	q.084	ับ	5M4500NO3-F	9.094	7/7/2005	10,413	E84589

U The compound was goalyzed for but not detected.

MDI, Method Reporting Limit.
For all Results quelified with an I, the PQL is defined to be 4 times the MDL.

Analytical Report

Client: Litilities, Inc.

Report No.: 17356483

Project Name: Orangewood

Date/Time Sampled: 01/05/05 5:40

Matrix: Drinking Water

Date/Time Received: 7/5/05 14:55

PWS ID#: 6511311

Client Sample ID: 4

Sampled By: Jack Adkins

Site: Well #4 Sample Number: T056483-04

Shipping Method: AEL Pick-up

Inorganic Contaminants

Contem 10	Contem Nema	MCL	Units	Analytis Results	Qualifler	Analytical Muttod	Lab MPL	 Analysis Date	Analys is	DON Leb Cert. #
1040	Nitrate (ne II)	10	mg/L	4.3		9M460QNO3-F	0.14	7/7/2006	10:31	E84589
1041	Mitrita (an N)	1.0	mg/L	0.25		8M4500NO3-F	0.034	7/7/2006	10:31	E64589

U The compared was analyzed for but not detected.

MDL Method Reporting Until For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Report No.: T0510042

Project Name: Orangewood

Date/Time Sampled: 10/03/05 08:45

Matrix: Drinking Weter

Date/Time Received: 10/8/05 12:50

PWS ID#: 6511311

Client Sample ID: Well 4

Site: Orangewood

Sampled By: Robb Crow

Shipping Method: AE, Pick-up

Sample Number: T0510042-04

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysi: Date	Antiys s Time	DOM Lab Cert, #
1040	Nitrata (as N)	10	mg/L	6.4		\$M4500NO3-F	0.14	10/04/200	5 15:01	E84689
1041	Nitrite (as N)	1.0	mg/L	0,041		SM4500NQ3-F	0.034	10/04/200	15:01	E 84589

MDL Method Reporting Limit For all Results qualified with an I, the PQL is defined to be 4 times the MDL.



Analytical Report

Client: Utilities, Inc.

Project Name: Orangewood

Matrix: Drinking Water

PWS ID#: 6511311

Client Sample ID: Well 1

Site: Orangewood

Sample Number: T0510042-01

Miscellaneous Analytes

Report No.: T0510042

Date/Time Sampled: 10/03/05 08:00

Dato/Time Received: 10/3/05 12:50

Sampled By: Roth Crow

Shipping Method: AEL Pick-up

Analysis Results Analysis Analysis DOH Lab Contam ID Contam Name Qualifler Analytical Mathed Lab MDL MCL Units Date Time Cert, # Conductivity imhor/ei 460 SM2610B 10/04/2005 16:16 EB4589

MDL, Method Reporting Limit. For all Results qualified with an I, the PQL is defined to be 4 times the MDL.

Analytical Report

Client: Utilities, Inc.

Report No.: T0510042

Project Name: Orangewood

Date/Time Sampled: 10//3/05

08:00 Date/Time Roceived: 10/1/05 12:50

Matrix: Orlnking Water

PWS ID#: 6511311

Sampled By: Robb Crow

Client Sample ID: Well 1

Site: Orangewood

Sample Number: T0510042-01

Shipping Method: AEL Pick-up

Inorganic Contaminants

Contem ID	Contam Nama	MCL	Unite	Analysis Results	Oualifier	Analytical Method	Lab MDL	Analysis Date	Anulyski Time	DOH Lab CARL #
1040	Nitrato (as N)	10	mgyL	7.1		E300.0	0.14	10/04/2005	16:07	E84689
1041	Nitrite (as N)	1.0	mg/L	0.039		E300.0	0.034	10/04/2005	16:07	E84589

MDL. Method Reporting Limit For all Results qualified with an I, the PQL ω defined to be 4 times the MDL

Analytical Report

Client: Utilities, Inc.

Report No.: T0510042

Project Name: Orangewood

Date/Time Sampled: 10//13/05 08:11

Matrix: Orlnking Water

Date/Time Received: 10/3/05 12:50

PWS ID#: 6511311

Client Sample ID: Well 2

Site: Orangewood

Sampled By: Robb Crow

Sample Number: T0510042-02

Shipping Method: AEL Pick-up

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysia Rosulis	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysin Time	DOH Leb Çort. #	_
1040	Nitrato (as N)	10	mg/L	8.7		SM4600NO3-F	0.14	10/04/200	5 16:07	E84589	
1041	Nitrite (as N)	1.0	mg/L	0.046		SM4500NO3-F	0.034	10/04/200	6 16:07	E84589	

MDL Method Reporting Limit

For all Results qualified with an I, the PGL is defined to be 4 times the MDL

Wis-Bar

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005



See page 2 for instructions.						•		
1. General Information for	the Month/Year of: January 2004							
Consecutive System Name: B	luena Vista Manor (Wis-Bar)				PWS Identific	ation Number	or: 6515221	
Consecutive System Type:		Community [Trans	ient Non-Community	L. HO IDVINI	WOLLD TANK	1. 0010221	
Number of Service Connection			Total I	Population Served at Er	nd of Month:	473		
Consecutive System Owner:					•			
Contact Person: Patrick Flynr			Contac	t Person's Title: Region	nal Director			
Contact Person's Mailing Add				Altamonte Springs	State		Zip Code: 327	14
Contact Person's Telephone N	umber; 800-272-1919		Contac	t Person's Fax Number	r: 407-869-696	l		
	ress: p.c.flynn@utilitiesinc-usa.com			·····				
41. Daily Data for the Mont								
Type of Disinfectant Residua	Maintained in Distribution System:	Free Chlorine		Combined Chlorine (Ch	loramines)	Chlorin	c Dioxide	
Commission of Co				Combined Chlorine (Ch	74 TOWN	207110	A STATE OF THE STA	
They are considered the same		315/2012			\$ 25 Page 118			
of the Point in Empirimation orthograph System maps	PORTING AND THE PROPERTY OF THE PARTY OF THE					Completed	olinia in	AL DELL'AR
Attention System media.		21/2/2011/2011				(10)	Lagrange .	
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			l	•				
111. Certification by Author	rrized Representative							
I am duly authorized to sign the	his report on behalf of the consecutive system	m identified in Par	rt I of t	his report. I certify tha	t the information	n provided i	n this report is tru	e and
accurate to the best of my kno	owledge and belief.					-		
///	2-2-04	Stephen Habery			C0013			
Signature and the		Printed or Type		· · · · · · · · · · · · · · · · · · ·	C8012	e Number or	TS4L	
		rimma or rabe	- × + 1011	v	Licens	ic numitoel of	TILLE	

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FROM :

(Vin) (29)



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.

7.0	
I. General Information for the Month Year of: February 2004	
Consecutive System Name: Buena Vista Manor (Wis-Bar)	PWS Identification Number: 6515221
Consecutive System Type:	
Number of Service Connections at End of Month: 134	Total Population Served at End of Month: 473
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl Zip Code: 32714
Coptact Person's Telephone Number: 800-272-1919	Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com	
II. Daily Data for the Month/Year of: February 2004	
Type of Disinfectant Residual Maintained in Distribution System:	ree Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide
Own Conscious at Research Consequence Services and a service at the Consequence of the Co	
of the Principle Description Wild Sun Problem Supplement Supplemen	
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F. (1975)	
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III. Certification by Authorized Representative	
	identified in Part I of this report. I certify that the information provided in this report is true and
accurate to the best of my knowledge and belief.	- France - Annual Control of the Annual Cont
3.8.04	
	Stephen Habery C8012
Signature and Date	Printed or Typed Name License Number or Title
Signature and Date	Printed or Typed Name License Number or Title



ee page 2 for instructions.						
I. General information for	the Month/Year of: March 2004					
Consecutive System Name: I	Buena Vista Manor (Wis-Bar)			 	PWS Identification Nur	nher 6515221
Consecutive System Type:	Community Non-Transient	t Non-Community	Transi	ent Non-Community	1 110 140111111111111111111111111111111	300.0313141
Number of Service Connection	ons at End of Month: 184				nd of Month: 4>3	
Consecutive System Owner:	Utilities, Inc. Of Florida					
Contact Person: Patrick Flyn			Contact	Person's Title: Regio	nal Director	
ontact Person's Mailing Ad	dress: 200 Weathersfield Aye.			Itamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone I			Contact	Person's Fax Numbe	т: 407-869-6961	
Contact Person's E-Mail Add	dress: p.c.flynn@utilitiesinc-usa.com	· · · · · · · · · · · · · · · · · · ·				
II. Daily Data for the Mon	th/Year of: March 2004					
Type of Disinfectant Residua	al Maintained in Distribution System:	Free Chlorine		ombined Chlorine (C	bloremines) [] Chle	orine Dioxide
Lawest Residual			20027		moranimes) Cirk	NESS CONTRACTOR AND ACCORDANCE
Distribution at Remote of the Point in Distribution Month System, me/l	Emergency of Abdantial Operating Condition Work that toyoless Taking Want South	A Chargonicals Out of	Name of the last	Disanter and Concernington of Remote Print on Pastribution	. Manufertance Work that Ihr	an Operating Conditions: Repair or Most Jaking Water System Components
domb System, mg/I	Operation		Monto	Nation made	1	Air of Operation
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III. Certification by Authornal duly authorized to sign to courage to the best of my known and the courage to the best of my known and the courage to the best of my known and the courage to the best of my known and the courage to t	this report on behalf of the consecutive	system identified in Stephen Hab		nis report. I certify th	nat the information provider	led in this report is true and
Signature and Date	, , , , , ,	Printed or Ty			License Numb	or or Titla
Signature and Date		Finited of Ty	hen mann	5	Piccuse Maine	or thic



See page 2 for instructions.

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1. General Information for the Month/Year of: April 2004					
Consecutive System Name: Buena Vista Manor (Wis-Bar) PWS Identification Number: 6515221					
Consecutive System Type:	Community Non-Transient Non-Community	Transient Non-Community			
Number of Service Connection		Total Population Served at End of Month: 473			
Consecutive System Owner:					
Contact Person: Patrick Flyn		Contact Person's Title: Regional Director			
	dress: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl Zip Code: 32714			
Contact Person's Telephone		Contact Person's Fax Number: 407-869-6961			
Contact Person's E-Mail Add	ress; p.c.flvnn@utilitiesinc-usa.com				
II. Daily Data for the Mon	th/Year of: April 2004				
Type of Disinfectant Residua	al Maintained in Distribution System:	Combined Chlorine (Chloramines) Chlorine Dioxide			
lime lands		This feddor: 12 Drivingers or Abres and Operating Constitutes Repair of a fitted Deposition of Relatives Deposition with the Relative Deposition of the Rela			
Disinfectant Day Concentration at Remote		The state of the s			
of the Pomi in Distribution	Emergency or Amorrous Operating Conditions, Royal in Assaulanance, Work that Involves Taking Witer System Components Out of	187 A SECTION OF REPORT OF THE PETER OF ADMINISTRATION OF ADMINISTRATION OF THE PETER OF THE PET			
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10 2.7					

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

The same of the sa		
- 1 - VY	Stephen Habery	C8012
Signature and Date	Printed or Typed Name	License Number of Title



See page 2 for instructions.

oce page 2 for histractions.						
1. General Information for	the Month/Year of: May 2004					
Consecutive System Name: E	uena Vista Manor (Wis-Bar)				PWS Identification Nu	mber: 6515221
Consecutive System Type:	⊠ Community Non-Transient N	Von-Community	Transi	at Non-Community	1 11 O IGCHIRICATION TVI	mocr. 0313421
Number of Service Connection	ons at End of Month: 184			pulation Served at En	d of Month: 473	
Consecutive System Owner:	Utilities, Inc. Of Florida		10001	padanon berved at tal	u Or Month. 723	· · · · · · · · · · · · · · · · · · ·
Contact Person: Patrick Flyni	1		Confact	Person's Title: Region	al Director	
Contact Person's Mailing Add	fress; 200 Weathersfield Ave.			tamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone N	lumber: 800-272-1919			Person's Fax Number		(215 Codo. 527 F)
	ress: p.c.flynn@utilitiesinc-usa.com	 	Contact	1 CI SOILS I'AX I VAINDEI	. 407-803-0301	
II. Daily Data for the Mont	May 2004					
Type of Disinfectant Residua	Maintained in Distribution System:	Free Chlorine		ombined Chlorine (Ch		orine Dioxide
Lowest Residual Disaffectant				Transaction and		
Day Concentration at Remarko	Emergency or Abnormal Operating Combitions	Repair or Managerimes	Page 1	Devintation (Providence of Africa	hal Opening Continues. Reput or
of the Pourt in Distribution	Work that involves Taking Water System	Components Out of 🕟	and the	Prourit on Dates sharings.	No denotes West Paid to	volves Talking Water System Components
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	nis report on behalf of the consecutive s	y seems interior in 1	ant i of t	as report. I certify in:	ម មាន មេដែយនៅវិស័ធ ភូមិទីទី	ned in inis labour is man and
accurate to the best of my kin	-					
/	6-2 of	Stanban H.J.			C8912	
Signature and Date			Stephen Habery		License Number or Title	
organisme and Date		Printed or 1 y	Printed or Typed Name		Liconce Number of Lille	

See page 2 for instructions.	the Contract of the Contract o
1. General Information for the Mont's Year of: June 2004	
Consecutive System Name: Buena Vista Manor (Wis-Bar)	PWS Identification Number: 6515221
Consecutive System Type: Community Non-Transient Non-Community	Transient Non-Community
Number of Service Connections at End of Month: 89	Total Population Served at End of Month;
Consecutive System Owner: Utilities, Inc. Of Florida	
Contact Person; Patrick Flynn	Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl Zip Code: 32714
Contact Person's Telephone Number: 800-272-1919 Contact Person's E-Mail Address; p.c. flynn@ntilitiesinc-usa.com	Contact Person's Fax Number: 407-869-6961
II. Dans Data sor the Moses Year of: June 2004	
Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorid	ne Combined Chlorine (Chloramines) Chlorine Dioxide
	Complied Chot and Cho
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三世 7・3	
111. Certification by Nuthurized Representative	
I am duly authorized to sign this report on behalf of the consecutive system identified	in Part I of this report. I certify that the information provided in this report is true and
accurate to the best of my knowledge and belief.	·
2-6-04 Stephen H	abery C8012
Scotten 11	Typed Name License Number or Title
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Consecutive System Types: Brear Vise Among Carls 1844 Consecutive System Consecutions at East Plant Managery (2012) Consecutive System Consecutive System: Consecuti	sabure and Date	ameld banuf no hatning	alif to radmis Asmaoi. I
Outsective System News: Dec Community (1) reasist Mon-Community (2) reasists where the community (1) reasists where the community (1	40.1.8	Stephen Habery	C8012
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Descriptive System Plane: Broad Vision Members (Sommeily) Descriptive Members (Sommeil	MERCE IN the Deet of mrs levels on behave	e system identified in Part 1 of this report, 1 certify t	SE THE REPORTABLIST PROVIDED IN THE PROPERTY OF THE SELD
Part Street Name of Wis-Est Applied Trees Part Street Applied Trees	in parties and a Maded no transa sidt meis at havindtus Vlub i		
PWS Identification Number: 651272 Outset Person's Paten Visit Money (Wis-Elsen) PWS Identification Number: 651272 Outset Person's Paten Owner: Utilities Into Of Plontile Outset Person's Paten Owner: Utilities Into Of Plontile Outset Person's Paten Owner: Utilities Into Of Plontile Outset Person's Paten Owner: Utilities Address 200 Wentsteld Mee Outset Person's Paten Owner: Utilities Address 200 Wentsteld Mee Outset Person's Paten Member: 600-272-1919	National Miner of the College Man 1 .		
PWS Identification Numer: Broam Visia Manner (Wise-Ear) Outsettive System Numer: Broam Visia Manner (Wise-Ear) Outsettive System Numer: Broam Visia Manner (Wise-Ear) Outsettive System Owner: Uniformer (Winder Inc.) Outsettive System Inc. Outsettive	5-と 選		
PWS Identification Number: 651272 Outset Person's Partin Process. M. Community PWS Identification Number: 651272 Outset Person's Partin Process. M. Community Total Provided at End of Month: 15 Outset Person's Partin Process. M. Community Total Person's Partin Process. M. Communit	ライン	S <u> </u>	
PWS Identification Number: 651522] Outsetling Statem Nume: Board Value Andrews (Outsetling Statem) PWS Identification Number: 651522] Outsetling Statem Nume: Board Values: Date of Month: 15 Outsetling Statem Owner: Utilities Inc. Of Floring Outsetling Statem Statem Owner: Utilities Inc. Of Floring Outsetling Statem Statem Owner: Utilities Inc. Outsetling Statem Statem Owner: Outsetling Statem Owner: Outsetling Statem	て、2 類	7-7	
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Duscetting System Name: Barne Visits Manne (Wis-Bar) Outset Paranta System Over an End of Month: 45 Strain Strain Advers: ne. Around the System Outset Paranta Maintenance in Distribution System: A Distribu			
Outsective System Tree: Borne Visis Manor (Wis-Bar) Outsective System Tree: Borne Visis Manor (Wis-Bar) Outsective System Tree: Connections at End of Month: 1702 Total Portaling Adverse: Deal of Month: 1703 Total Portaling Adverse: Deal of Month: 1704 Total Portaling Adverse: Deal of Month: 1705			
Described System Name: Burgar Visia Namou (Wis-Bar) Outset Practic System Owner: Division System: International Distribution System: Compact Practice Statem Owner: Utilities International Internati	ニー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		
Objective System Name: Busin Vista Manor (Wis-Bar) Object Person's Daries (Stop North: 1887) Object Person's			
Objective System Name: Busin Variables Manor (Wis-Bur) Objective System Press: SO Origins June of Month: (87) Objective System Press: SO Origins June of Month: (87) Objective System Press: Dec. Of Planter Objective System Press: Dec. Of Planter Objective System States of Month: (87) Objective System States of Month: (87) Objective System States of Month: (87) Objective States of Month: (87) Objective States of Month: (87) Objective Monther Spring Address: Oo. Of Planter Objective States of Monther States of Month: (87) Objective Monther Spring Address: Oo. Of Planter Objective Monther Spring Address: Oo. Of Planter Objective Monther Spring Address: Oo. Of Planter Objective Monther Spring Maintenance of Monther System: Objective Contest Person's Fax Number: 407-869-696] Objective Monther Monther Monther Spring Objective			
Obsecutive System Name: Basta Vista Mame: Discretions at End of Month: (%) Obsecutive System Type: A Community (%) Obsecutive System Owner: Utilities, Inc. Of Florida Outset Person's Farther Discretions at End of Month: (%) Outset Person's Farther Discretions at End of Month: (%) Outset Person's Farther Discretions at End of Month: (%) Outset Person's Estabone United System: (%) Outset Person's Farther Discretions at End of Month: (%) Outset Person's Farther Discretions (%) Outset Person's Farther Discretio			
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See page 2 for instructions.						
1. Conera Information for the Month Year of: 1/01/2004						
Consecutive System Name: Buena Vista Manor (Wis-Bar)	PWS Identification Number: 6515221					
Consecutive System Type:						
Number of Service Connections at End of Month: 184	Total Population Served at End of Month: 473					
Consecutive System Owner, Utilities, Inc. Of Florida						
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director					
Contact Person's Mailing Address; 200 Weathersfield Ave.	City: Altamonte Springs State: F1 Zip Code: 32714					
Contact Person's Telephone Number, 800-272-1919	Contact Person's Fax Number: 407-869-6961					
Contact Person's E-Mail Address: p.c.flyon@utilitiesinc-usa.com						
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III. Certification by Authorized Representative.	。					
I am duly authorized to sign this report on behalf of the consecutive system	identified in Part I of this report. I certify that the information provided in this report is true and					
accurate to the best of my knowledge and belief.						
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12.2.04	Stephen Habery C8012					
Signature and Date	Printed or Typed Name License Number or Title					

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Contact Person's Mailing Address: 200 Wentbersfield Ave.	476			T States F	I Sip Co	Code: 32714
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Consecutive System Owner Utilities, Inc. Of Florida						
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I am daily authorized to eign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is time and accurate to the best of my knowledge and belief.

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER



See page 2 for instructions.

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

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I am duly sustained to sign this report on behalf of the consecutive system identified in Part I of this report. I cartify that the information provided in this report is true and accurate to the best of my knowledge and belief. 150

Signature and Date

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Stephen Habory Printed or Typed Name

License Number or Title

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER $\left| \mathcal{L} \right|_{\mathcal{L}}$



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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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Orangewood

Docket No. 060253-WS

25.30-440(4) Operations Reports

Test Year Ended December 31, 2005

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

See page 2 for instructions.

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) records of amounts of chemicals used and chemical feed additional energies of the PWS owners are presented to the PWS owners	it during the month indicense above; (1) Furthermore, I agree to provide these ion for at least ten years.	s a licensed operator staffed or visited this plan prilate treatmond process performance records, with copies of this report, at a convenient local	plant were propued each day that orque, sales; as (2) if applicable, app	89: 22 23: 86
t plant identify that I of this report. I certify that the sourcement of the feet and conform to water the following additional operations records for this	edge and belief. Loenify that all drink	n plant operator ticensed in Plonids, um the leu A is true and scourate to the best of my knowl	I, the undersigned water meatmen information provided in this repo	8136261 <i>8</i> 38
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MONTHLY OPERATION REPORT FOR PW"8s TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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82/22/2884



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

See page 4 for instructions.

1	Forest al Information for the Mouth 3 gas of:	Decos			
	Public Water System (PWS) Information	WECO3	······································		
Ţ	DIVS Name Commonwell			Pare ti est il	
	PWS Two: Community Non-Transient Non-C	minumine Termelo	nt Non-Community	PWS Identification N	omber: 6511311
	Number of Service Connections at End of Month: 591	THE PARTY OF THE PARTY OF	Total Domination Se	D Consecutive	
İ	PWS Owner: Utilities Inc. of Florida		Tora comentary 25	rved at Bud of Month: 1478	
ı	Contact Person: Patrick C. Flynn		Contact Person's Ti	le: Regional Director	
	Contact Person's Mailing Address: 200 Weathersfield Ava.		City: Alternante Spr		75- C-1, 20714
	Coxtact Person's Telephone Number: 407 869,1919			Number: 407.869.6961	Zip Code: 32714
,	Contact Person's E-Mail Address: D.c. flynn@utlificainc-usa.com	71	Canada Cassilaa	110410M. 407.609.0502	
B.	Water Treatment Plant Information				
	Plant Name: Well 2			Plant Telephone Num	her: 800-222-1910
	Plant Address: 4627 Darlington Rd.		City; Holiday	State: Fl.	Zip Code: 34690
	Type of Water Treated by Plant: Raw Ground Water	D Purchased Finished \	Nater		
	Permitted Meximum Day Operating Capacity of Plant, gallons	per day: 210,000			
	Plant Category (per subsection 62-699.310(4), P.A.C.): V		Plant Class (per sub	section 62-699.310(4), F.A.C.);	C
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	, Leriberting in Lemberhiel Operator				
Ļ	the undersigned water treatment plant operator licensed in Plorid	a, am the lead/chief operat	or of the water treatm	ent plant identified in Part I of th	its report. I certify that the
in	formation provided in this report is true and accurate to the best of	of my knowledge and belie	f. I centify that all dri	nking water treatment chemicals	used at this plant conform to
N	F International Standard 60 or other applicable standards refere	nced in subsection 62-555.	320(3), F.A.C. Talso	centify that the following addition	mal operations records for this
pri	ant were prepared each day that a liceused operator staffed or vis sex; and (2) if applicable, appropriate treatment process performs	ico ins plan dunig me n	iona maratea apove. V passe to avaide the	(1) fecons of amounts of chem	losis used and chemical feed
	est and (2) it appites die, approprime treatment process personka waer can retain them, together with copies of this report, at a con			ac seminensi oberances 1960IE3	m merand omeer ed ing P.M.S.
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^{*} Refer to the Instructions for this report to determine which plants rount provide this information.

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ORANGEWOOD WATER LOSS RECORD

INCLUDE SERVICE LINE MAIN BREAKS, HYDRANT EXCERCISE FLUSHING

MONTH/YEAR /2. 65 629 - W

DATE	TYPE CODE	CL2 RESIDUAL	GALS FLUSHED	TYPE OF PIP	STREET NAME
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HYUM	7997	samp		८ ५// ३	Tanks
			9001		
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TYPE CODE: 1) Water Breaks

- 2) Hydrant Flushing
- 3) Meter Defect
- 4) Construction
- 5) Other

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MATTER MONTHLY OPERATION REPORT FOR PWIS TREATING RAW GROUND WATER OR PURCHASED FINISHED

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See page 2 for instructions.

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

See page 2 for instructions.

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NETAW MONTHLY OPERATION REPORT FOR PWS TREATING RAW GROUND WATER OR PURCHASED FINISHED

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See page 4 for instructions.

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19er; 800-272-1919	Plant Telephone Num	CIA: Holiday		mus, nau-soniesidilusanord, s	noiseande l'Adel Address v. ser Treatment Plant information F. Hell Same: Well 3	2) B. W T)
Zip Code: 32714	13 31835	Contact Person's Title: R City: Altsmonte Springs Contact Person's Fax Nu		97A bladerafied Ave 9191, 938, 702	ontact Person: Patrick C. Flynn ontact Person's Mailing Address: N ontact Person's Telenhous Number	5
		a specification and their		188 disaMio be	umber of Service Connections at Every New Or Plevids	N

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Harbory

Total Population Served at Bush of Moutin.

Consecutive

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MATTER MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED

Printed or Typed Name

owner can retain them, together with copies of this report, at a convenient location for at least ten years.

E Non-Trensien Non-Community

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PWS Name Original 2W9

See page 4 for instructions.

A Public Water System (PWS) Information To and dimply out on nonnancial lands of A.

Signature and Date

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WATER LOSS RECORD

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

See page 2 for instructions.

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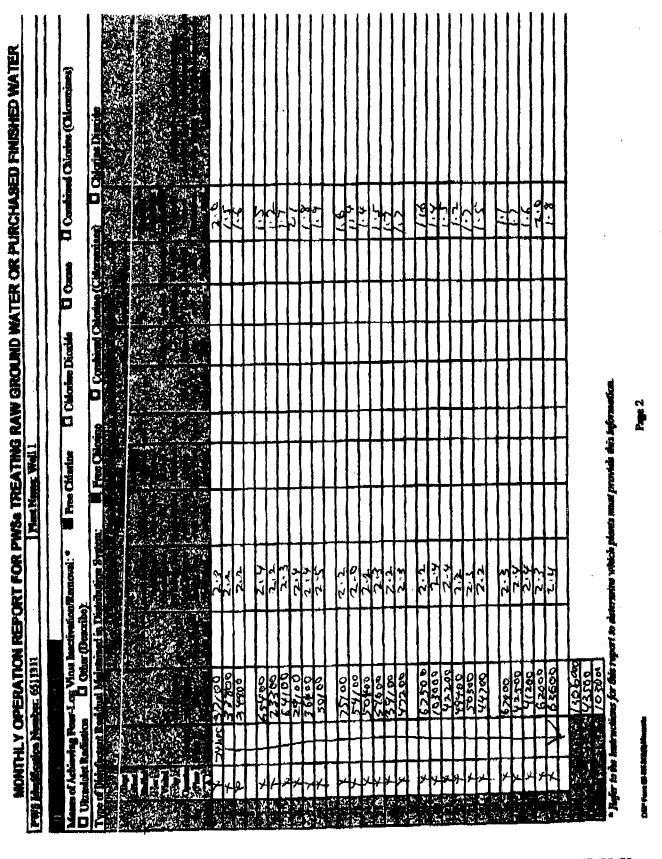
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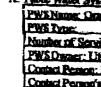
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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	Design Charles and the Ly Sharp of Sharp	Sept	05		
A.	Public Water System (PWS) Information				
	PWSNume: Orneenwood			PWS loguineria	Number militii
	PWS Ivor Commenter D Non-	Transcat Non-Community D To	naical Nun-Community	Consecutive	
	Number of Service Connections at End of Mon	tr.591	Total Posulation Se	aved at Bad of Month:	U8
	PWSDamer: Utilities Inc. of Florida				
	Contact Person: Patrick C. Plum			Re: Regional Director	
	Contact Person's Mailing Address: 200 Weather	stield Ave	City: Alternoste So		Zip Code: 32714
	Contact Person's Telephone Number 407.869 1		Contact Person's Fo	rk Number: 407,169,6961	
R	Contact Person's E-Mail Address: p.o.flysmillant Water Treatment Plant Information	IDENTIC-HES COM			
	Plus Name: Well 3-4				
	Plant Address: 2448 Arcadia Rd.		City: Holiday	Sinte Pl	mber, 800-272-1919
		round Weser D Purchased Finish	and Water	Total I	Zip Code: 34690
	Permitted Maniagum Day Operating Capacity of	Plant, sellings per day: 75 000	AND THE STATE	· · · · · · · · · · · · · · · · · · ·	
	Plant Category (per subsection 62-699.310(4). I	AC): V	Plant Class (persid	pection 62-699.310(4), F.A.	e)·C
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Ļ	the undersigned water treatment plant operator lie	cased in Florida, son the lead/chief of	erator of the water treatm	sent plant identified in Part I	of this report. I certify that the
iu	formation provided in this report is true and accur	ate to the best of my knowledge and t	selief. Loortify that all dr	inking water treatment chemi	cels used at this plant conform to
	SF International Standard 60 or other applicables and were prepared each day that a licensed operate				
A.M.	tes; and (2) if applicable, appropriate treatment p	meest performance records. Furthern	one I serve to envide th	nac additional uneralitata rece	rds to the PWS owner so the PWS
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED

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

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. Public Water System (PWS) Information			
PWS Name: Orangesmod		PWS Identification	Number: 6511311
PWS Type: Community Non-Transient N	on-Community Transient Non-Comm	enity Consecutive	
Number of Service Connections at End of Month: 591	Total Popula	sion Served at End of Month, 147	8
PWS Owner: Utilities inc. of Florida			
Contact Person: Patrick C. Flynn		on's Title: Regional Director	
Contact Person's Mailing Address: 200 Westhersfield Ave.	City: Altamo	ente Sorings State: Fl	Zip Cede: 32714
Contact Person's Telephone Number: 407.869.1919	Contact Per	on's Fax Number: 407,869,6961	
Contact Person's E-Mail Address: n.c. flyan@utitiesinc-us	a,com		
Water Treatment Plant Information			
Plant Name; Well 1			imber: 800-272-1919
Plant Address: 4730 Darlington Rd.	City: Holida	y States Fl.	Zip Code: 34690
Type of Water Frented by Plant: Row Ground Wat			
Permitted Maximum Day Operating Capacity of Plant, gal	lons per day: 240,000		
Plant Category (per subsection 62-699.310(4), F.A.C.); V	Plant Class	(per subsection 62-699,310(4), F.A.C	L C
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rates: and (2) if applicable appropriate treatment process per	formance records. Furthermore, I have no pro	wide these additional operations reco	rds to the PWS owner so the PWS
owner can retain them, together with copies of this report, at	a convenient location for at least ten years.		
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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED

					
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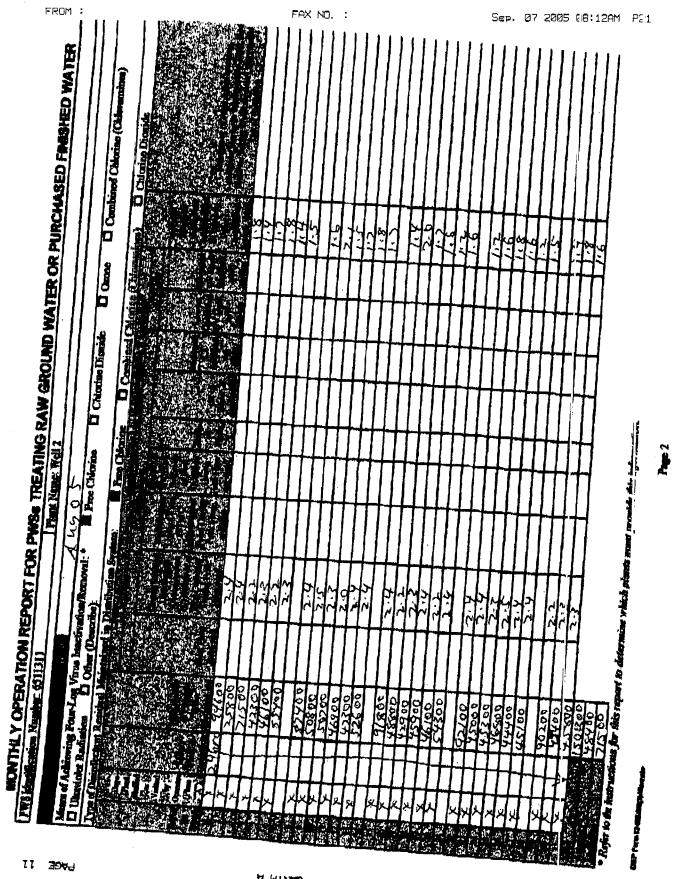
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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Contact Person's Trinchone Number: 497.869.1919 Contact Person's Fax Number: 407.869.6961 Contact Person's Fax Number: 407.869.6961 Water Treatment Plant Information Plant Telephone Number: 800-272-1919	Plant Telephone Number: 800-272-1919 Sty: Hulidgy State: Fl. Zip Code: 34690 tor and Class (per subsection 62-699,310(4), F.A.C.): C section 1.10(1) [New Code: 34690] 80/2- [Ohr] [New Code: 34690]
Contact Person's E-Mail Address: n.c. (Ivenshallinesino-use com Water Treatment Plant Information Plant Rame: Well 3-4 Plant Telephone Number: 800-272-1919 Plant Address: 2448 Artadia Rd. Dyne of Water Treated by Plant: Raw Ground Water Punchased Finished Water Pantited Maximum Day Operating Capacity of Plant, gallors per day: 75,006 Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): V Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C Plant Class (per subsection 62-699-310(4), F.A.C.): C	Plant Telephone Number: 800-272-1919 State: Fl. Zip Code: 34690 for lant Class (per subsection 62-699,310(4), F.A.C.); C 80/2- (0.hr) (wee/ct/f)
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MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

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

See page 2 for instructions.

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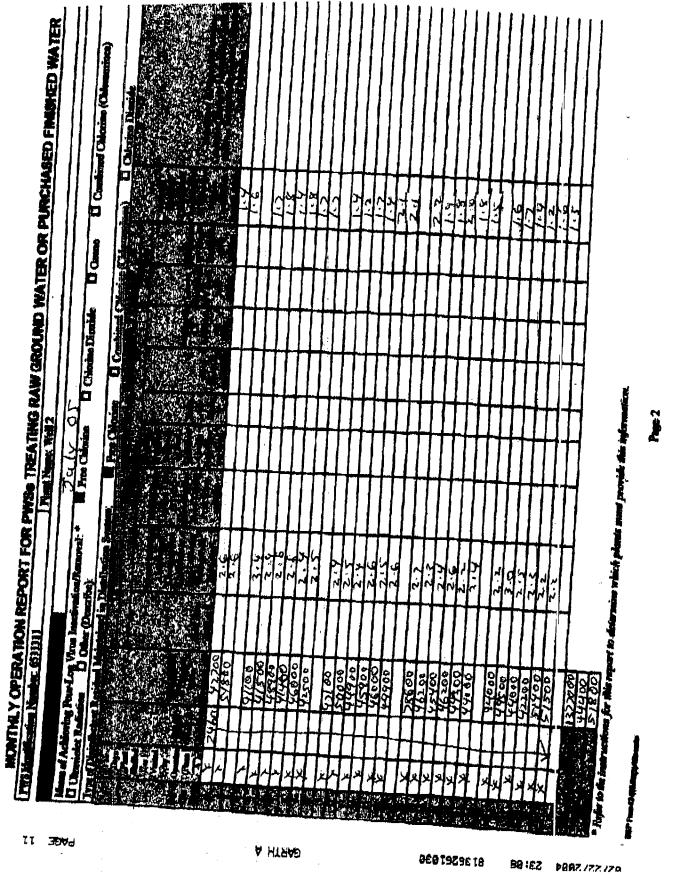
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RETAW MONTHLY OPERATION REPORT FOR PWS TREATING RAW GROUND WATER OR PURCHASED FINISHED

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

See page 2 for instructions.

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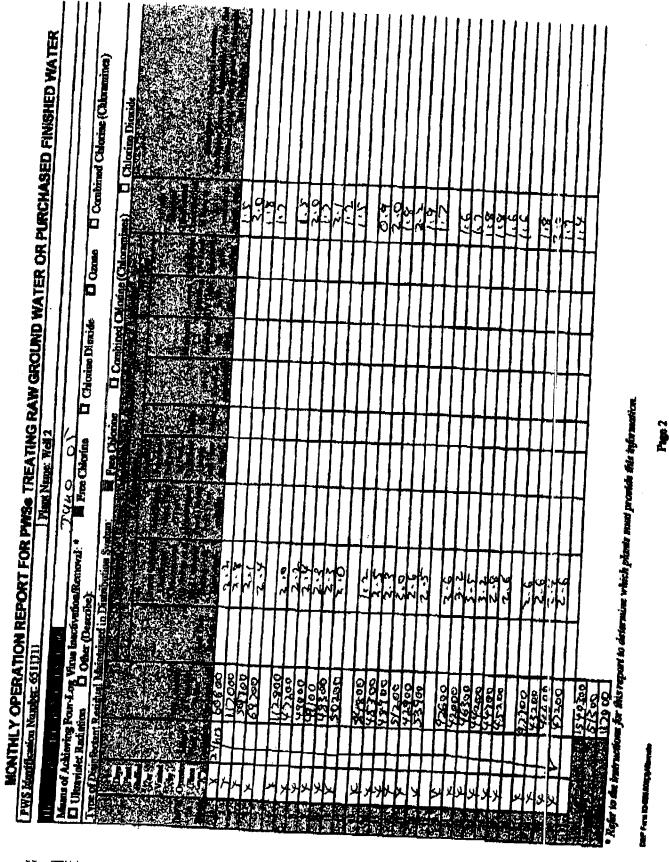
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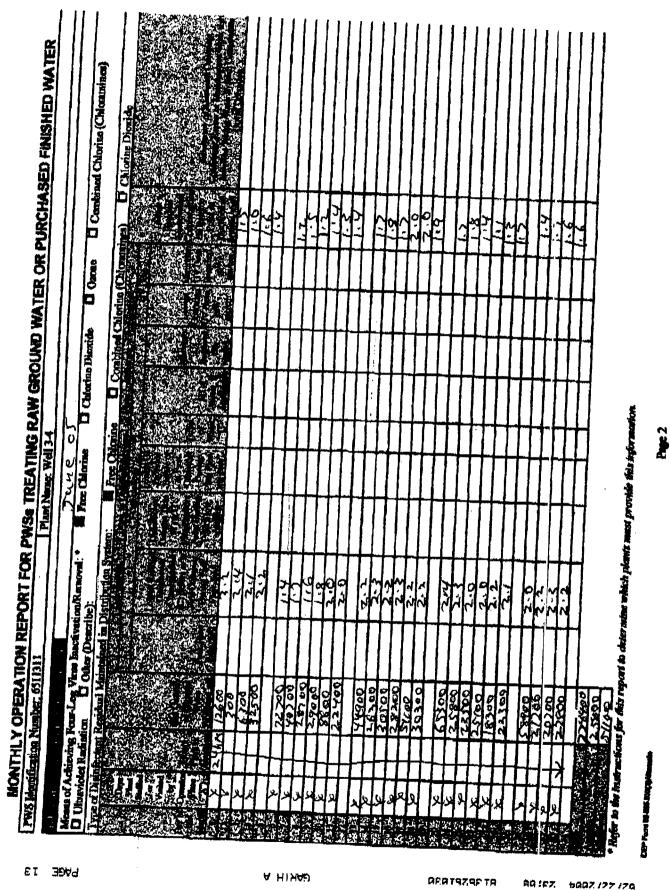
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## MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

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

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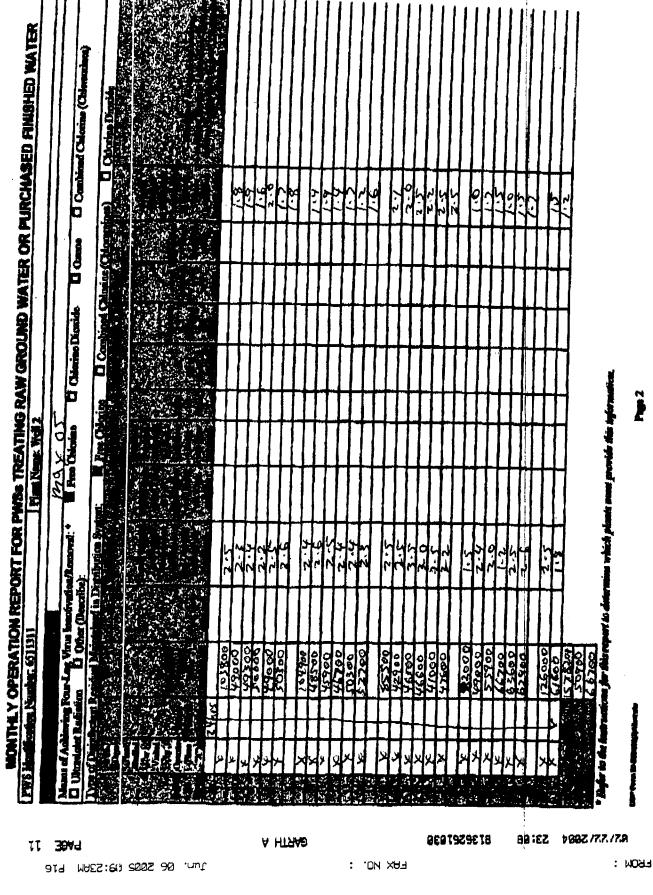
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MONTHYEAR: May 65

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- 1) Water breaks
- 2) Mishing hydrants
- 4) Construction
- 5) Other

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Form Modified 10/20/03

File: Flushing & Water Loss Record

# FILE COPY

# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSS THAT HAVE



See page 2 for instructions.

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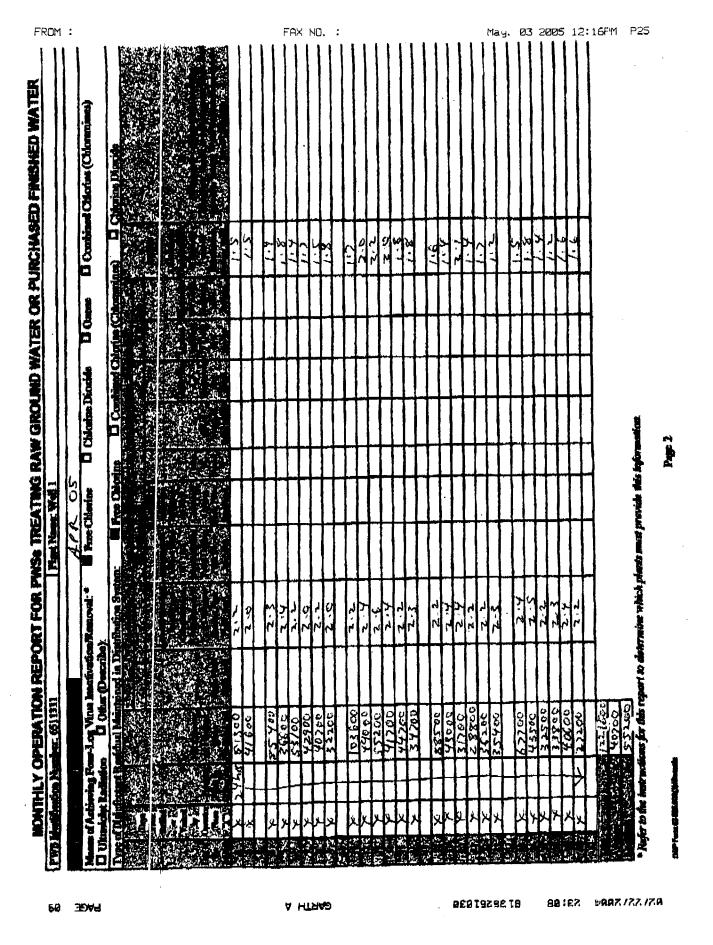
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#### MONTHLY OPERATION REPORT FOR PWS: TREATING RAW GROUND WATER OR PURCHASED FINENIETI WATER

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	PWS Owner Uniting									
	Contact Person: Pretrick			Contact Persons	Title: Rantouri Director					
		ne Addinger 200 Weathershield	tre.	City: Afternoone \$	State P	Zip Code: 32714				
	Contest Person's Telep	hose Number: 497,869,1919			Sec Humber: 407,869,6961					
	Control Property R. Mai	il Address no from Coditionis	-100							
B.	Water Trembenert Plant	Informatico								
	Plant Plant Well 3-4				Plant Telephone Number: #00-272-1919					
	Phot Address 2448 A			City: Holiday	State: Fl.	Zip Code: 34690				
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I, the undersigned water treatment plant operator licensed in Florida, son the lead/third operator of the vector treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment character used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-535-320(3), F.A.C. I also certify that the following solitional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) monds of amounts of chemicals used and chemical food rates; and (2) if applicable, appropriate treatment process performance records. Purthermore, I agree to provide faces additional operations records to the PWS corner so the PWS owner can retain them, together with copies of this report, et a convenient location for at location years.

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Nigrature and Date	Printed or Typed Name		License Number

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#### MIONTHLY OPERATION REPORT FOR PWISE TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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2005

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Contact Partner: Patrick				Cantage Persons I			
oriest Person's Mailin	e Address: 209 Washersfield A	N.C.		City: Alternante 8	riu	State: 19	Zin Code: 32714
	one Number: 407.369.1919			Contact Persons E	Number 407	NG9_6961	
Inter Person Eddi	Address we from Conditioning	ME COT					
Mr. Treatment Plant	formation:						
ingt Names, Well 1					Place	Telephone Nuc	ber: 800-272-1919
	الدال مستعدكات			Civ. Holiday	State	- 101	Zie Code: 34690
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lest Address: 4730 De Vess of Water Treated	ry Plant: Raw Ground V		and Fundament				
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Yes of Water Treated	by Plant: Raw Ground V by Operation Capacity of Plant,	alless ser day, 24	0.000	Vita			

NEF Interestional Standard 66 or other applicable standards referenced in subvention \$2-555.120(3), F.A.C. I also could'y that the following additional operations recently flust were proposed each day that a focused operator staffed or visited this plant during the month indicated above: (1) records of amounts of chamicals used and chamical find rates; and (2) if applicable, appropriate treatment process performance recerds. Purthermore, I oppos to provide these additional operations recerds to the PWS owner so the FWS current can entries there in another with popping of this report, at a portranient location for at least too years.

2 5-3.05	Stephen	Habery	C-8015
Signature and Date	Printed or Typed Name		Liverse Number

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## WATER LOSS RECORD

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

See page 2 for instructions.

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# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWS4 THAT HAVE MULTIPLE TREATMENT PLANTS



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#### WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

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Type Code

- 1) Water brooks
  2) Plushing hydrants
  3) Mater defect
  4) Construction
  6) Other

File: Plushing & Water Lose Record

Form Modified 10/20/03

Feb. 28 2005 01:20PM P1

EAX NO. :

4000

FROM:

# FILE COPY 629



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

See page 2 for instructions.

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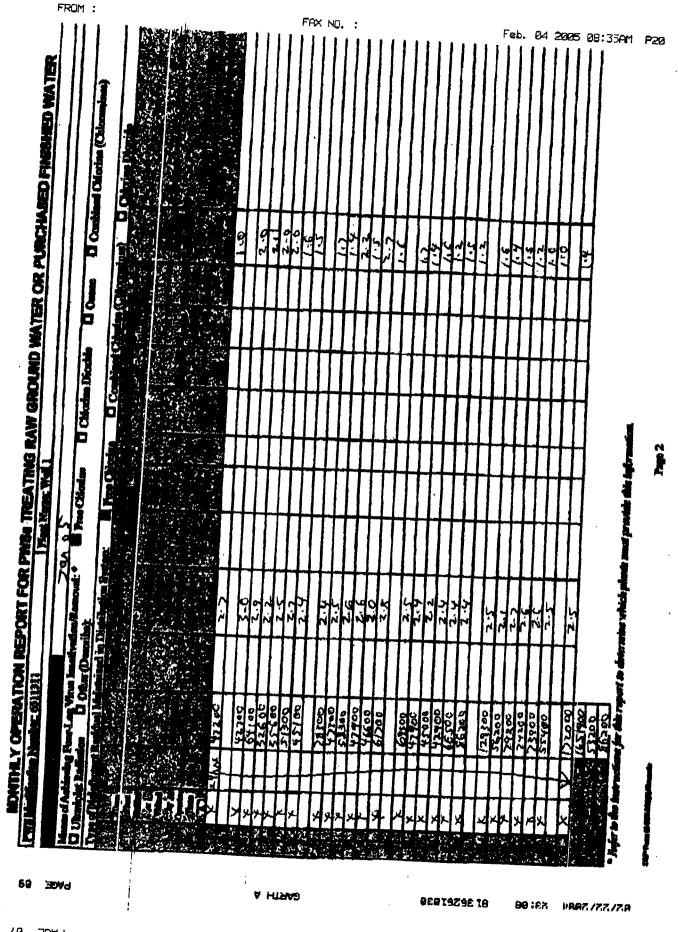
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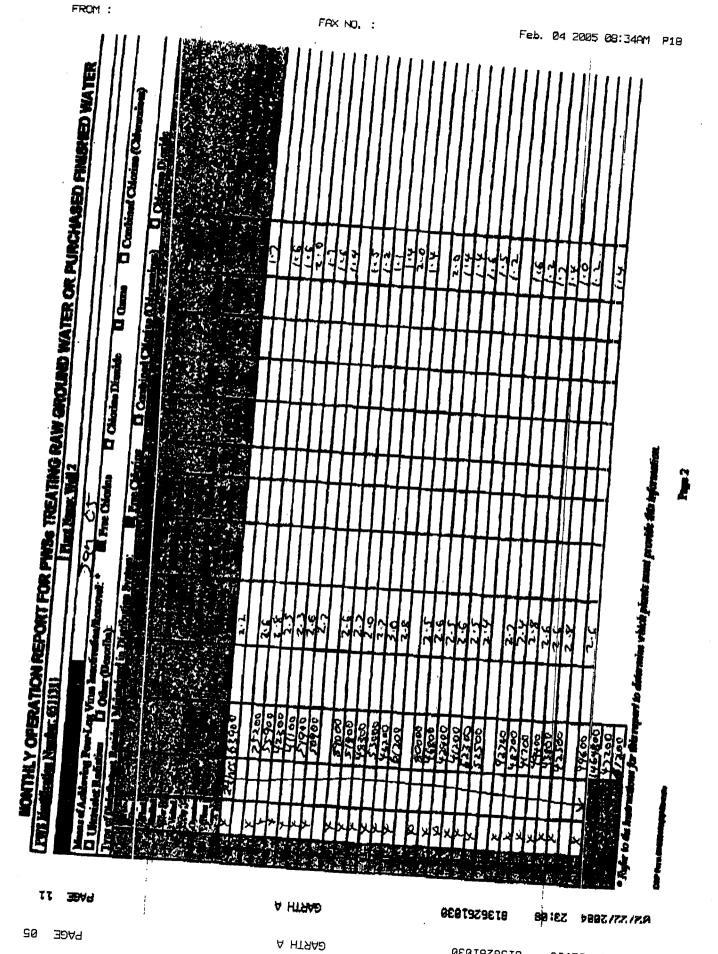
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Form Modified 10/20/03



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

See page 2 for instructions.

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	2 for history										
Daily Fi	nished-Water	r Production fo	or the Month/Y	ear of: Jam	uary 2004						
Commu	oity Water Sys	stem (CWS) Na	me: Orangewoo	d							
Public V	Vater System (	PWS) Identific	ation Number: (	511311							
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

Public W	Information fo							
	ater System (DY	WS) Information	y 2004				<del></del>	
	me: Orangewoo		<del></del>					
					<del></del>		PWS Identification No	ımber, 6511311
PWS Ty		ommunity Non-Transient	Non-Community [	Transic	ent Non-Community		secutive	
Number	of Service Con		11		Total Population Se	erved at Er	nd of Month: 147	8
	wner: Utilities, I				<del></del>		·····	
	Person: Patrick				Contact Person's T			
		g Address; 200 Weathersfield A	/e		City: Altamonte Sp	rings	State: Fl	Zip Code: 32714
		one Number: 800-272-1919			Contact Person's Fr	ax Number	r: 407-869-6961	
Contact	Person's E-Mail	Address: p.c.flynn@utilitiesinc	usa.com		· · · · · · · · · · · · · · · · · · ·			
	eatment Plant I	nformation						
	ame: Well 1		<del> </del>		···		Plant Telephone Num	
	ddress: 4730 Da			<u> </u>	City: Holiday		State: Fl	Zip Code: 34690
	Water Treated			Finished	Water			
		ny Operating Capacity of Plant, g		)				
		section 62-699.310(4), F.A.C.):			Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	C
Licensi	ed Operators	Name		inse Clas	Lucius Number		Paris Blade	(a) Writed (a) (b)
Lead/G	nel theanter	Stephen Habery		С	8012		40 F	Irs.
Other O	perutors	Robb Crow		С	13150		401	lrs.
		Chris Lanni		C 130			40	255
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		/Chief Operator	nt 11 11 11 11 11 11 11 11 11 11 11 11 11				11 1C 11 TO 17 C	To all the sho
the unders	signed water tre	atment plant operator licensed in	Florida, am the lead/ch	net opera	itor of the water treati	nent plant	identified in Part 1 of t	nis report. I certify that the
HORBIAHOU	i provided ili dili	s report is true and accurate to the	e dest of my knowledge	and ben	er. I certify that all of	rinking wa	ner treatment chemical	and anarations records for thi
ilant were r	nonan Sumuaru	l 60 or other applicable standards ay that a licensed operator staffed	referenced in subsection of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	on 02-000	0.320(3), F.A.C. I als	o ceruiy u e: (1) reco	rds of amounts of ther	nicals used and chemical feed
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rears and to	n make them ave	appropriate deathent process pe adable for review upon request.	mornance records. Full	raterinoi.	c, ragico o remin ine	20 minitial	in obermions records (	to the broad one to me touch ton
,	unika iliani dv	name to review aport request.						
ML -		2-2-04	Stephen Haber	y			C8012	
Signature at	nd Date		Printed or Type	ed Name			License N	umber

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER 3 PWS Identification Number: 6511311 Combined Chlorine (Chloramines) III. Daily Data for the Month Year of: January 2004 Free Chlorine Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Type of Disinfectant Residual Maintained in Distribution System. Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Consideration Co X CO Net Creamity of Prinshed Water Prinsesto, pa 2.03 plant u 15/20 2.4 535 632 466 502 2.0 2.5 923 352 2.6 30k 1921 3.6 208 2,0 靈 100

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



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

See page 4 for instructions.

. General Information for the Month/Year of: January 2004				
. Public Water System (PWS) Information		· · · · · · · · · · · · · · · · · · ·		
PWS Name: Orangewood		······································	PWS Identification	Number: 6511311
PWS Type: Community Non-Transient Non-Commu	mity Transi	ent Non-Community	Consecutive	
Number of Service Connections at End of Month: 591		Total Population Ser	ved at End of Month: 1.478	
PWS Owner: Utilities, Inc. of Florida				
Contact Person: Patrick Flynn		Contact Person's Title	e: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Spri	ngs State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 800-272-1919		Contact Person's Fax	Number: 407-869-6961	
Contact Person's F-Mail Address: p.c.flynn@utilitiesinc-usa.com				
Water Treatment Plant Information				
Plant Name: Well 2			Plant Telephone Nu	umber: 727-934-9137
Plant Address: 4627 Darlington Rd.		City: Holiday	State: Fl	Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water	Purchased Finished	Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per da	y: 210,000	· · · · · · · · · · · · · · · · · · ·		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subs	section 62-699.310(4), F.A.C	.): C
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II. Certification by Lead/Chief Operator				
, the undersigned water treatment plant operator licensed in Florida, am	the lead/chief oper	ator of the water treatme	ent plant identified in Part I of	of this report. I certify that the
nformation provided in this report is true and accurate to the best of my l	knowledge and bel	ief. I certify that all dri	nking water treatment chemi-	cals used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in	1 subsection 62-55	5.320(3), F.A.C. I also	certify that the following add	litional operations records for this
plant were prepared each day that a licensed operator staffed or visited th	is plant during the	month indicated above:	(1) records of amounts of cl	nemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance re	cords. Furthermor	e, I agree to retain these	additional operations record	is at the plant site for at least ten
years and to make them available for review upon request.				
2-2-04 Stept	ien Habery		C8012	
	ed or Typed Name			Number

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

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^{*} Refer to the instructions for this report to determine which plants must provide this information.

FAX NO.



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

See page 4 for instructions.

Signature and Date

I.	General Information	for the Mouth/Year of: January 2004							
Ā,	Public Water System (P	WS) Information							
	PWS Name: Orangewo			· · · · · · · · · · · · · · · · · · ·	PWS Identification	Number: 6511311			
	PWS Type: 🗆 C	ommunity Non-Transient Non-Co	mmunity Transic	ent Non-Community	Consecutive	171200000000000000000000000000000000000			
		nnections at End of Month; 591			ved at End of Month: 1,478				
	PWS Owner: Utilities,			7 10an 1 opinion ov					
	Contact Person: Patrick	Flynn		Contact Person's Titl	e: Regional Director				
	Contact Person's Maili	ng Address; 200 Weathersfield Ave.		City: Altamonte Spri		Zip Code: 32714			
	Contact Person's Telep	hone Number: 800-272-1919			Number: 407-869-6961				
	Contact Person's E-Ma	il Address: p.c.flynn@utilitiesinc-usa.com							
В.	Water Treatment Plant								
	Plant Name: Wells 3-4				Plant Telephone Nu	mber: 727-934-9137			
	Plant Address: 2448 A			City: Holiday	State: Fl	Zip Code: 34690			
	Type of Water Treated		Purchased Finished	Water					
		Day Operating Capacity of Plant, galions p	er day: 75,000						
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V			section 62-699.310(4), F.A.C.				
	Lieuwei (petane)		Jiegos Cin						
	Selection of the force		С	8012					
	Other Common and	Robb Crow	С	13150	O Hrs.				
		Chris Lann.		13130					
		Tom StafferD		1270					
I	I. Certification by Lea	d/Chief Operator							
1,	the undersigned water tr	eatment plant operator licensed in Florida	am the lead/chief opera	ator of the water treatm	ent plant identified in Part I o	f this report. I certify that the			
in	formation provided in th	is report is true and accurate to the best of	my knowledge and beli	ief. I certify that all dri	nking water treatment chemic	cals used at this plant conform to			
N:	SF International Standar	d 60 or other applicable standards reference	ced in subsection 62-555	5,320(3), F.A.C. I also	certify that the following add	litional operations records for this			
pl	ant were prepared each of	day that a licensed operator staffed or visit	ed this plant during the	month indicated above	: (1) records of amounts of ch	emicals used and chemical feed			
		, appropriate treatment process performan	ce records. Furthermon	e, I agree to retain these	e additional operations record	s at the plant site for at least ten			
ye	ears and to make them av	vailable for review upon request.							

Stephen Habery
Printed or Typed Name

C8012

License Number

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

v S Identifica	tion Number: 65113	11	Plant Name: Wells 3-	-4		
Daily Dat	a for the Month/Yes	er of January 2004				
ans of Achie	eving Four-Log Virus	s Inactivation/Removal: *	Free Chlorine	Chlorine Dioxide	Ozone Co	mbined Chlorine (Chloramines)
Ultraviolet 1	Radiation Oth	ner (Describe):	Martine Cultural	CHOIMC DIOXIGE		momed Chornie (Chorninies)
pe of Disinfi	ectant Residual Main	tained in Distribution Syste	m:	ine Combined C	Chlorine (Chloramines)	Chlorine Dioxide
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

Ø8 2004 10:18AM

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

See page 2 fcr instructions.

mu	nity Water Sy:	stem (CWS) N	or the Month/ ame: Orangewo	od							
ic V	Vater System	(PWS) Identific	cation Number:	6511311			· · · · · · · · · · · · · · · · · · ·				
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#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

A Public Water System (PWS) Information  PWS Name: Orangewood  PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive	511311
	511311
PWS Pure: Community   Non Transity No. C.	
Number of Service Connections at End of Month: 591	
LPWS Owner: Utilities Inc. of Florida	
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Alternante Springs State: Ft Zip	Code: 32714
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961	
Contact Person's E-Mail Address: p.c. flynn@utliticsinc-usa.com	
B. Water Treatment Plant Information	
Plant Name: Well 2 Plant Telephone Number: 800	
	Code: 34690
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 210,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Allegaed Operators   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Display   Displ	rd - Fire Park
1 SO(2 ) Yours	
Other Objection Robo Crow (3150 Yours	
Chris (9hn) C /3/30	
704 Statterd C 12750 Weekinds	
H. Certification by Lend Chief Chief and	
I, the undersigned water treatment plant operator licensed in Fiorida, am the lead/chief operator of the water treatment plant identified in Part I of this repor	t. I certify that the
information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at	this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection 62-555, 320(3), F.A.C. I also certify that the following additional oper	rations records for this
plant were prepared each day that a licensed operator staffed or visited this plant during the mouth indicated above; (1) records of amounts of chemicals us	ed and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the P	Chairmon so me hand same
owner can retain them, together with copies of this report, at a convenient location for at least ten years.	
3.3.04 Stephen Habory (8012	
Signature and Date Printed or Typed Name License Number	

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Plant Name: Well 1

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

Mar.

2004 10:21AM

Const 1

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

Sec	page 4 for instructions.					
	Camera Informatica i		2004			
A.	Public Water System (PW:	S) Information				
	PWS Name: Orangewood				PWS Identification N	impher: 6511311
	PWS Type: Com	munity   Non-Transient Non-	Community  Transic	nt Non-Community	Consecutive	
	Number of Service Conne	ctions at End of Month: 591		Total Population S	erved at End of Month. 1478	7
	PWS Owner: Utilities Inc.	of Florida				
	Contact Person: Patrick C	Fivon		Contact Person's T	itle: Regional Director	
	Contact Person's Mailing	Address: 200 Weathersfield Ave.		City: Alternome Sp	rings State: Fl	Zip Code: 32714
	Contact Person's Telephor	ne Number: 407.869.1919		Contact Person's F	x Number: 407.869.6961	
		ddress: p.c.flynn@utlitiesinc-usa.c	om.			
B.	Water Treatment Plant Inf	ormation				
	Plant Name: Well 1				Plant Telephone Nun	
	Plant Address: 4730 Dari			City: Holiday	State: Fl.	Zip Code: 34690
	Type of Water Treated by		Purchased Finished	Water		
		Operating Capacity of Plant, gallon	s per day: 240,000			
	Plant Category (per subse	ction 62-699.310(4), F.A.C.): V			bsection 62-699.310(4), F.A.C.)	C
		Name		Liotuse & grater	DAVIS DEL	(6) Worker
	Lead Calot Corning	stephen Aaber		30/2	Yohis	<del></del>
	Other Oppositors	ROSB CYGW		13150	1) 11	
		Chris lanni	C	13130	1.	
	L	70m stafford.		12230	weekacks	
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1	the undersigned unter treat	ment plant operator Regued in Flor	ids am the lead/chief opera	or of the water treat	ment plant identified in Part I of	this report. I certify that the
-	francisia armidad in ilie :	compaid to term and severate to the best	s of my transledge and belic	of Topodiffy that all d	<u>rinking water treatment Chemics</u>	ifð filséti att tutt beamt comonn en
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ra	ies, and (2) if applicable, a	opeopriate treatment process perform	nance records. Furthermore	, I surce to provide t	hase additional operations record	is to the PWS Owner so me PWS
01	wner can retain them, toget	her with copies of this report, at a o	onvenient location for at less	it ten years.		
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions. I. County to common to the Morney Con off 500A A. Public Water System (PWS) Information PWS Name: Orangowood PWS Identification Number: 6511311 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 591 Total Population Served at End of Month: PWS Owner: Utilities Inc. of Florida Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714 Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407,869,6961 Contact Person's E-Mail Address: n.c. fivent@utlitiesinc-usa.com B. Water Treatment Plant Information Plant Name: Well 3-4 Plant Telephone Number: 800-272-1919 Plant Address: 2448 Arcadia Rd. City: Holiday State: Fl. Zip Code: 34690 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallone per day: 75,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Discussion Colors and A THE RESIDENCE SHOWING The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa Land Chesan stephen Habery 5012 end of Other Oscours 13150 Robb Crow 21404 Chris lanai 13130 40605 tom stations weekel  $\mathbf{C}$ 12750 H. Certification to Lend Chief Operator

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

3-3.04	stephen	Habery	C-86V
Signature and Date	Printed or Typed Name		License Number

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

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# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWS8 THAT HAVE



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

See page 4 for instructions.

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Information			
3			POVC Identification Member 4511211
PWS Type: Community   Non-Translent Non-Community		☐ Transient Non-Community ☐	Conscience
		Total Pormission Seried a	Total Pormistion Served of Hand of Mouth (4)
PWS Owner. Unities Inc. of Planida			
Contact Person: Projeck C. Flynn		Contact Person's Title: Regional Director	ologia Risactor
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Alternmente Springs	Cate: 17
Cantact Person's Telephone Number: 407,869,1919		Contact Person's Ear Namber 407 850 5051	•
			722.223.125
B. Water Treatment Plant Information			
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rates, and (2) if supplicable, appropriate treatment process performance records. Furthermore, I agree to provide those additional operations records to the PWS owner so the PWS NSF International Sandard 60 or other applicable standards referenced in subsection 62-555 320(3), F.A.C. I also certify that the following additional operations records for this information provided in this report is true and accurate to the hest of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed I, the undersigned water treatment plant operator licensed in Plorids, an the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

see page 4 for instructions.				
of the term for the common fire Michigan to	m unch 04			
A. Public Water System (PWS) Information				
PWS Name: Orangewood			PWS Identification N	Sumber 6511311
PWS Type: Community   Non-	Prentient Non-Community   Transis	nt Non-Community	Consecutive	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Number of Service Connections at End of Mon	5 <u>1: 591</u>	Total Population Ser	and at End of Month: 1478	<u> </u>
PWS Owner: Etilities Inc. of Florids				
Contact Person: Patrick C. Flynn		Contact Person's Titi	e: Rezional Director	·
Contact Person's Mailing Address: 200 Weather	ndield Ava	City: Altamonte Spri		Zip Code: 32714
Contact Person's Telephone Number: 407.869.1	919	Contact Person's Fax	Number: 407,869,6961	
Contact Person's E-Mail Address: n.c.flynn@ut	itiesing-usa com			
B. Water Treatment Plant Information				
Plant Name: Well 2			Plant Telephone Nur	nber: \$00-272-1919
Plant Address: 4627 Darlington Rd.		City: Holiday	State: Fl.	Zip Cods: 34690
	iround Water	Water		
Permitted Maximum Day Operating Capacity of				
Plant Category (per subsection 62-699.310(4),	F.A.C.): V	Plant Class (per subs	ection 62-699.310(4), F.A.C.)	C
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I, the undersigned water treatment plant operator is	corned in Florida on the lead/chief oner	ing of the water treatme	at plant identified in Part I of t	his report I certify that the
information provided in this report is true and accu	rate to the best of my knowledge and beli	of. I comify that all drive	king water treatment chemical	a used at this plant conform to
NSF International Standard 60 or other applicable :	standards referenced in subsection 62-555	,320(3), F.A.C. Talso (	centify that the following additi	ional operations records for this
plant were prepared each day that a licensed opersi	for staffed or visited this plant during the a	month indicated above:	<ol><li>records of amounts of chee</li></ol>	nicals used and chemical fixed
rates; and (2) if applicable, appropriate treatment D	rocess performance records. Purthermore	. I agree to provide the	se additional operations records	s to the PWS owner so the PWS
owner can retain them, together with copies of this	report, at a convenient location for at las	n ton yours.		
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Signature and Date	Printed or Typed Name		Licenso N	amber

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

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A. Public Water System (PWS) Information				
PWS Name: Orangewood				on Number: 6511311
PWS Type: Community Non-Transient N	Ion-Community - Transic	nt Non-Community	Consecutive ,	
Number of Service Connections at End of Month: 591		Total Population Se	erved at End of Month:	478
PWS Owner: Utilities Inc. of Florida		<del></del>		
Contact Person: Patrick C. Flynn			de: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave		City: Altamonte Sp		Zip Code: 32714
Contact Person's Telephone Number: 407.869.1919		Contact Person's Fa	x Number: 407,869,6961	
Contact Person's E-Mail Address: p.c. flynn@utlitiesinc-us	3.00m			
B. Water Treatment Plant Information Plant Name: Well 3-4				NY
Plant Address: 2448 Arcadia Rd		Low Tr VII.	State: Fi	Number: 800-272-1919 Zip Code: 34690
	er Purchased Finished	City: Holiday	State: FL	I Zip Cole: Japan
Type of Water Treated by Plant: Raw Ground Wat Permitted Maximum Day Operating Capacity of Plant, gal		Water		
Plant Category (per subsection 62-699.310(4), F.A.C.); V	Ions per day: 75,000	Diant Class (non sud	bsection 62-699.310(4), F.A	C):C
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I, the undersigned water treatment plant operator licensed in F information provided in this report is true and accurate to the !	lorida, am the lead/cinef operat	or of the water treatment	neat plant identified in Part	of this report. I certify that the
NSE inventational Standard 60 or other applicable standards re	cent of my emphasize and tells	SOUCE INTO THE SECOND SECOND CO.	anking water beamiest their	ditional operations recents for this
plant were prepared each day that a licensed operator staffed of	or visited this plant during the p	verte, raice tel show	e (1) meants of amounts of	chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process perf	ormance records. Purthermore.	I some to provide th	eae additional operations rec	cords to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a	convenient location for at least	ten years.	* * * * * * * * * * * * * * * * * * * *	
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Signature and Date	Printed or Typed Name		Licen	se Number

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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR FURCHASED FINISHED WATER

Plant Name: Well 3.4

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PWS Identification Number 6511311



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

See page 2 for instructions

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

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PWS Identification Number: 651[31]

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MONTHLY OPERATION REPORT FOR PAYS TREATING RAW GROUND WATER OR FURCHASED FINISHED WATER

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Plant Name: Well 2

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Jur. 192 20104 132:122F1 P22

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

Su	e page 4 for instructions.				
	Council Information per the Mont. Year of:	may 04			
	Public Water System (PWS) Information				
	PWS Name: Orangowood	•		PWS Identification N	humber 6511311
		t Non-Community Transie	nt Non-Community	Cossecutive	
	Number of Service Connections at End of Month: 591			eved at End of Month: 14	28
	PWS Owner: Utilities Inc. of Florida				
	Contact Person: Patrick C. Flynn		Contact Person's Tr	le: Regional Director	
	Contact Person's Mailing Address: 200 Weathersfield A	Ave	City: Altamonte Spe		Zip Code: 32714
	Contact Person's Telephone Number: 407 869 1919		Contact Person's Fa	x Number: 407,869,6961	
_	Contact Person's E-Mail Address: n.c. fivnn@hntitiesing	-usa.com			
B	Water Treatment Plant Information				
	Plant Name: Well 3-4		<del>~</del>	Plant Telephone Num	
	Plant Address: 2448 Arcadia Rd		City: Holiday	State: FL	Zip Code: 34690
	Type of Water Treated by Plant: Raw Ground V		Water		
	Permitted Maximum Day Operating Capacity of Plant,		T2:		
	Plant Category (per subsection 62-699 310(4), F.A.C.):			section 62-699,310(4), F.A.C.)	
	Deniel Character Name	induces.	TOWN VENDOR		in Wards .
	Long Chief Dominist Stephen Kabe	X = = = = = = = = = = = = = = = = = = =	8012	22 82	
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	1. Certification by Land Caief Operator				
Ļ	the undersigned water treatment plant operator licensed i	n Florida, am the lead/chief operat	or of the water treatm	ent plant identified in Part I of t	his report. I certify that the
KT4	formation provided in this report is true and accurate to the	he hest of my knowledge and belie	f. I certify that all dri	nking water freshwart chamical	a weed at this plant conform to
ni:	SF International Standard 60 or other applicable standard and were prepared each day that a licensed operator stalled	is recercined in Subsection 52-555.	JUC(1), F.A.C. I also	carry that the following additi	out operations records for this
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Jun. 1821 (28184 1821) ELFM 1821

#### MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number 6511311 Plant Name: Well 1.4 may 04 411. Daily Date with North Year of: Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide O Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) D Chlorine Dioxide Day Cambin Into Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano Salvano 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# MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE



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See page 2 for instructions.

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15 2004 12:18PM P1

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

See page	4 for instructions.				
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A. Public	Water System (PWS) Information			PWS Identification N	mber 6511311
PWS	Name: Orangewood			Consecutive	
	Type: Community D Non-Transient No	re-Community L. Dringe	t Non-Community	erved at End of Month 1478	
	her of Service Connections at End of Month: 591		TOTAL YOUR BROOK S	TVO AL ENGLA HILLAND	
	Owner, Utilities Inc. of Florida		Contact Bergania T	de: Resional Director	
Cont	act Person: Patrick C. Flyon		City, Altamostic Se	cinga State: Fl	Zip Code: 32714
Con	act Person's Mailing Address: 200 Westersfield Ave.		Contact Person's F	x Number: 407,869,6961	
Com	act Person's Telephone Number, 407,869,1919 act Person's E-Mail Address: n.c.fivon@utitiesinc-us.	COM			
Com	Treatment Plant Information	Lyder			1010
	Name: Well 1			Plant Telephone Nun	sber: 800-277-1919
	Address: 4730 Darlington Rd.		City: Holiday	State: Fi,	Zip Code: 34690
Typ	of Water Treated by Plant: Raw Ground Water	er Purchased Finished	Water		
Per	nitted Maximum Day Operating Capacity of Plant, gol	lons per day: 240,000			· C
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#### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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	PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive Connections at End of Month: 591  Total Population Served at End of	tive	
		Christian 1775	
	PWS Owner: Utilities Inc. of Florida Contact Person's Title: Regime   Contact Person's Title: Regime	Director	
	Contact Person's Mailing Address: 200 Westhersfield Ave. City: Altamonte Springs	State; FI	Zip Code: 32714
	Contact Person's Telephone Number: 407 969 1919 Contact Person's Fux Number: 40	7.869.6961	
	Contact Person's E-Mail Address: p.c. flyon@stitlesinc-usa.com		
	Water Transferred Most Information		
_	Plant Name: Weli 2		nber: 800-272-1919
	Plant Address: 4627 Durlington Rd. City: Holiday St	tex FI.	Zip Code: 34690
	Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water		the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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Signature and Date	Printed or Typed Name		License Number

Manual of Additional Particles   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   Protection   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#### **RETAN** MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED

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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

See page 2 for instructions.

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ic W	ater System (	PWS) Identific	ation Number: 6	5511311							
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

Se	page 4 for instructions.			4		
1	Commission Automates and a	the Mach Source	July 04			
A.	Public Water System (PW	S) Information				
	PWS Name: Orangewood				PWS Identification N	lumber: 6511311
	PWS Type: Cor	nounity D Non-Transient Non	Community Transis	nt Non-Community	Consecutive	
	Number of Service Conn	ections at End of Month: 591		Total Population Se	erved at End of Month 1478	3
	PWS Owner: Utilities Inc					
	Contact Person: Patrick (			Contact Person's T	itle: Regional Director	
		Address: 200 Weathersfield Ave.		City: Alternonte Sp	rings State: Fl	Zip Code: 32714
	Contact Person's Telepho	na Number: 407.869.1919		Contact Person's F	x Number: 407.869.6961	
_	Contact Person's E-Mail	Address: n.c.flynn@ntlitiesinc-usa.c	com			
В.	Water Treatment Plant In	formation				
	Plant Name: Well 1			<del>,</del>	Plant Telephone Nur	
	Plant Address: 4730 Dan			City: Holiday	State: FL	Zip Code: 34690
	Type of Water Treated b			Water		
	Permitted Maximum Day	Operating Capacity of Plant, gallo	ns per day: 240,000	Y		
	Plant Category (per subs	oction 62-699.310(4), F.A.C.); V		Plant Class (per su	bsection 62-699.310(4), F.A.C.)	C
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	March 1997			11		
_	L. C. e. Months of the Condition					
I,	the undersigned water treat	ment plant operator licensed in Plos	rida, am the lead/chief opera	or of the water treats	nent plant identified in Part I of	this report. I certify that the
10	romation provided in this:	report is true and accurate to the bes	st of my knowledge and belie	£. I contify that all de	inking water treatment chamics	is used at this plant conform to
LAS	or hedgerfræder zittugerg (	0 or other applicable standards refe	renced in subsection 62-555.	320/31 F.A.C. I also	a centify that the following additi	ional coerations recents for this
pu	mit were biodined each dis	that a licensed operator staffed or v	visited this plant during the n	couth indicated above	e: (1) records of amounts of che	miculs used and chemical feed
141	voe, and (2) is applicable, ap	opropriate treatment process perform her with copies of this report, at a co	mance records. Furthermore	, I agree to provide th	ese additional operations record	to the PWS owner so the PWS
	more, when				_	
		8.6.04	Stephen	Habers	<u></u>	8012
Si	gnature and Date		Printed or Typed Name	<u> </u>	License N	

☐ Chlorine Dioxide

Combined Chlorine (Chloramines)

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FEX

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* Refer to the instructions for this report to determine which plants must provide this thrormation. ONIS MERINA 1 00(81) 00235 8, かえ 33800 2.5 110.3 20382 7.2 7 20952 00019 32300 3.0 智為 7.2 AY 1 0.2 3.2 51100 2:1 23600 ママ 25675 J.Z 26.400 36.400 36.400 36.400 82 2.5 4.5 0,5 3.5 9.5 9.1 30299 9020X 7.5 7.2 107M 3.1 005 M 112 35700 ヨ・ヱ 00454 Dellus To Saddus Meinteined in Distribution System: Proc Onlorine Confined Chlorines (Chlorines)

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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Plant Name: Well I

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XIDC.

Type of Disinfectant Regidual Maintained in Distribution System:

Menns of Achieving Four-Log Virus Inactivation/Removal:

☐ Ultraviolet Radiction ☐ Other (Describe):

of dual of a mit dud B.

PWS Identification Number: 6511311

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GARTH A



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

	ge 4 for instructions.					
	ng St. Paul Language place		July OY			
	lic Water System (PV		·			
	VS Name: Oppmersyno			<del> </del>	PWS Identification	Number 6511311
	VS Ivne: Co	mounity     Non-Transient Non-	Community 🔲 Transis	nt Non-Community		
N	unber of Service Con	ections at End of Month: 591		Total Population S	ierved at End of Month: 147	8
157	VS Owner: Utilities In	c of Plorida				
120	nter Person: Patrick	C. Plyna	~		itle: Regional Director	·
	MEC PERON'S Marine	Address: 200 Westhersfield Ave.		City: Altumonte S	prings State: Fl	Zip Code: 32714
	The Person's Teleph	one Number: 407.869.1919		Contact Person's F	ex Number: 407.869.6961	
B Wa	Transfer H. Mail	Address: n.c.flyna@utlitiesinc-usa.co	XII.	<u> </u>		
T. 1	ter Treatment Plant In ant Name: Well 2	Rimanioe				
	ant Address: 4627 Day	P. D.				unnber: 800-272-1919
	pe of Water Treated b			City: Holiday	State: Pl.	Zip Code: 34690
			Purchased Finished	Water		
m	THE CONTRACT PARTY DE	y Operating Capacity of Plant, gallons	s per dey: 210,000			
	all Category (per 3110)	ection 62-699.310(4), P.A.C.): V	CARL A DAMERO BY A TOTAL CONTRACTOR	Plant Class (per st	bsection 62-699.310(4), F.A.C	C); C
		oction 62-699 310(4), F.A.C.): V	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	TOTAL	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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	ratement of at					
L, the u	inderrighted water trea	tment plant operator licensed in Florid	it, am the lead/chief operat	or of the water treat	ment plant identified in Part I	of this report. I certify that the
IIIIOIDE	anion provided in this	report is true and accurate to the best :	of my knowledge and helie	f. I contify that all d	kisking water treatment chemis	cals pend at this plant conform to
1491. III	namenini 2000 dili	of other applicable standards refere	mond in subsection 62-555.	32063) FAC 151-	n certify that the following said	litional operations records for this
Laper, a	nd (2) if anniouble a	that a licensed operator staffed or vis	sited this plant during the m	outh indicated abov	e: (1) records of amounts of cl	nemicals used and chemical feed
OWNER.	CRN MAIN them towar	ppropriate treatment process performs	ince records. Furthermore,	I agree to provide t	hese additional operations reco	rds to the PWS owner so the PWS
		her with copies of this report, at a con				
		8-6. BY	Stephen	Huber		1800
Signan	are and Date		Printed or Typed Name			Number

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

See page 4 for instructions.				
it. Command in Command on the Mouth Secretary	7414 04			
A. Public Water System (PWS) Information				
PWS Name: Omnaewood			PWS Identification	Number: 6511311
PWS Type: Community   Non-Transi	ient Non-Community   Transi	ent Non-Community		
Number of Service Connections at End of Month: 59	)		erved at End of Month: 14	178
PWS Owner: Utilities Inc. of Florida				
Contact Person: Patrick C. Plynn		Contact Person's	litle: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield	Ave	City: Altumonte S	prings State: Fl	Zip Code: 32714
Contact Person's Telephone Number: 407.869 1919	· · · · · · · · · · · · · · · · · · ·	Contact Person's I	ox Number: 407.869.6961	
Contact Person's E-Mail Address: p.c. fiven@utitiesi	ing-usa,osta		·	
B. Water Treatment Plant Information				
Plant Name: Well 3-4				lumber: 800-272-1919
Plant Address: 2448 Arcadia Rd.  Type of Water Treated by Plant:  Raw Ground		City: Holiday	State: Fl.	Zip Code: 34690
	d Water Purchased Finished	Water		
Permitted Maximum Day Operating Capacity of Plant Plant Category (per subsection 62-699.310(4), F.A.C.	NL SHIDDS DEFORY: /5,800	Test . 63 /	4 (2 (22 2) (2)	
Language Colonia .		Plant Class (per si	beection 62-699,310(4), F.A.(	
Exerker, Hal	e ×	A SOUR WHOOLE		THE DIVING THE PROPERTY OF THE
2066 CACIN	<del>**</del>	13150	40415	
から (イング)		12750	weekads	
Dave RyA		12741	71	
History of atom by the of Chief Open iter				
I, the undersigned water treatment plant operator licensed	on Florida, am the lead/chief opera	tor of the water treat	ment plant identified in Part I	of this report. I certify that the
information provided in this report is true and accurate to NSF International Standard 60 or other applicable standard	one cost of the kill-bacouge and being	200/37 BLY (DEF 197)	smking water resument country	Calls disect at this plant conform to
himili mele hechalon cach gay inver a presided operator stat	fied or visited this alant during the a	nonth indicated above	re: (1) meconds of amounts of cl	semicals smed and observical feed
isics, and (2) it applicable, appropriate treatment process	performance records. Furthermore	Lagrae to provide i	hese additional operations reco	rds to the PWS owner so the PWS
owner can retain them, together with copies of this report	t, at a convenient location for at leas	t ten years.		
26.04	Stephen	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8012
Signature and Date	Printed or Typed Name	- Mesta	License	: Number

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Plant Number Well 3-4

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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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

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PWS Identification Number: 6511311



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

See page 2 for instructions.

	ity Water Syst	Production fo tem (CWS) Na	me: Orangewoo	od							
c W	ater System (I	WS) Identifica	tion Number:	5511311							
		PLANT TO MANAGE THE		Part & Partie			Constitution.	COMPRISION.			Karara an
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b	1000 TO 1000 DE		Semestines.	Professional Marine							
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553	21 Marie 31 S. S. S. S. S.	70.0						THE PERSON NAMED IN			107500

FROM:

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

See page 4 for instructions.			<b>.</b>		
1. General leformation for t		6UST 2004			
A. Public Water System (PWS	Information				
PWS Name: Orangewood				PWS Identification N	humber: 6511311
PWS Type: Com	munity Non-Transient Non-C	Community D Transie	nt Non-Community	☐ Consecutive	
Number of Service Conno	ctions at End of Month: 591			ved at End of Month 1478	
PWS Owner. Utilities Inc.	of Florida				
Contact Person: Patrick C.	Fivna		Contact Person's Tit	le: Regional Director	
Contact Person's Mailing	Address: 200 Weathersfield Ave.		City: Altempate Spri	ings State: Fl	Zip Code: 32714
Contact Person's Telephon	e Number: 407.869.1919		Contact Person's Far	Number: 407.869.6961	
Contact Person's E-Mail A	ddress: n.c.flynn@ntlitiesinc-usa.co	11			
B. Water Treatment Plant Info	ormation				
Plant Name: Well I				Plant Telephone Nun	ber: 800-272-1919
Plant Address: 4730 Darli			City: Holiday	State: Fl.	Zip Code: 34690
Type of Water Treated by		☐ Purchased Finished	Water		
	Operating Capacity of Plant, gallons	per day; 240,000			
	ction 62-699.310(4), F.A.C.): V		Plant Class (per sub	section 62-699.310(4), F.A.C.):	C
	Numb	Local Clar	License Stanbarts	A DIMOVE	is Worker
Lead Ched Orener	Stephen HABBRY		8012	HOLFS	
Other Operation	ROBB CROW		13150	, , , , ,	
	TOM STAFFOLD		12250	weetend	
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H. Certifo at a rate Cand C	hief Onevetor				
I the undersigned water treat	ment plant operator licensed in Plorid	a, am the lead/chief onesat	or of the water treatme	ent plant identified in Part I of t	hie namort I cortific that the
information provided in this a	eport is true and accurate to the best (	of my knowledge and belie	f. I certify that all drive	king water treatment chemical	s used at this plant conform to
NSF International Standard 6	0 or other applicable standards refere	nced in subsection 62-555.	320(3), F.A.C. I also (	certify that the following additi-	anal operations records for this
plant were prepared each day	that a housed operator staffed or vis	ited this plant during the m	onth indicated above:	(1) records of amounts of chen	picals used and chemical feed
rates; and (2) if applicable, at	propriate treatment process performa	nce records. Furthermore,	I agree to provide the	se additional operations records	to the PWS owner so the PWS
owner can retain them, togeth	er with copies of this report, at a com	venient location for at long	ten years.		
	9-2-04	Stephen	HABERY	C-	8012
Signature and Date		Printed or Typed Name		License N	ımber

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

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

500	c page 4 ros management.				
١.	General & formation for the Month Year of:	HUGUST 2004			
A.	Public Water System (PWS) Information	·			
	PWSName: Orangewood			PWS Identification N	umher: 6513311
		t Non-Community   Transie	at Non-Community 🔲	Consocutive	<u> </u>
	Number of Service Connections at End of Month: 591			at End of Month: 1478	
	PWS Owner: Utilities Inc. of Florida				
	Contact Person: Patrick C. Flynn		Contact Person's Title: R	egional Director	
	Contact Person's Mailing Address: 200 Weathersfield A	VE.	City: Altamonte Springs	State: Fl	Zip Code: 32714
	Contact Person's Telephone Number: 407,869,1919		Contact Person's Fax No	nber: 407 869 6961	12.p Cocc. 32114
	Contact Person's E-Mail Address: n.c. flyng@mlitiesinc	-USA COM			
B.	Water Treatment Plant Information				
	Plant Name: Well 2			Plant Telephone Num	her: 800-277-1919
	Plant Address: 4627 Darlington Rd.		City: Holiday	State: Fl.	Zip Code: 34690
	Type of Water Treated by Plant: Raw Ground V		Water		19-20-20-20-20-20-20-20-20-20-20-20-20-20-
	Permitted Maximum Day Operating Capacity of Plant,				
	Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection	on 62-699,310(4), F.A.C.):	C
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4,	, the uncertaigned water deadness plant operator secures to the formation provided in this report is true and accurate to the	re hest of my knowledge and believ	or or use water about item pr f I certify that all drinking	united in estimate chemical	us topoit. I carriy that me
N	ISF International Standard 60 or other applicable standard	s referenced in subsection 62-555.3	320(3), F.A.C. I also certif	that the following addition	wal constitute moneta for this
	lant were prepared each day that a licensed operator staffe	d or visited this plant during the m	onth indicated above; (I) n	coords of amounts of chem	icals used and chemical feed
TE	ates: and (2) if applicable, appropriate treatment process po	erformance records. Purthermore,	I agree to provide these add	difional operations records	to the PWS owner so the PWS
0	wher can retain them, together with copies of this report, a	nt a convenient location for at least	ten years,	<del>-</del>	
	9.2-04	Stephen	Ua mail	C. S	2012
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S	Signature and Date	Printed or Typed Name	. 1	License N	imber

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^{*} Refer to the Instructions for this report to determine which plants must provide this information.



FROM:



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

300	page 4 for instructions.					
	General Information for the Ma		46057 2004			
A.,	Public Water System (PWS) Inform	nation				
ì	PWS Name: Orangewood				PWS Identification N	maber: 6511311
	PWS Type: Community	Non-Transient Non-	Community Transic	nt Non-Community C	Consecutive	
	Number of Service Connections a	End of Month: 591		Total Population Served		8
	PWS Owner: Utilities Inc. of Flor	ida				
	Contact Person: Patrick C. Fivnn			Contact Person's Title: I	Regional Director	
	Contact Person's Mailing Address	: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl	Zip Code: 32714
	Contact Person's Telephone Num	ber: 407.869.1919		Contact Person's Fax Nu	mber: 407.869.6961	
	Contact Person's F-Mail Address:		010			
B.	Water Treatment Plant Informatio	n				
	Plant Name: Well 3-4				Plant Telephone Num	ber: 800-272-1919
	Plant Address: 2448 Arcadia Rd			City: Holiday	State: Fl.	Zip Code: 34690
	Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished	Water		
	Permitted Maximum Day Operati		s per day: 75,000			
	Plant Category (per subsection 62			Plant Class (per subsect	ion 62-699.310(4), F.A.C.);	С
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	the undersigned water treatment pa formation provided in this report is					
N	SF International Standard 60 or oth	er annicable standards refer	enced in subsection 62-555	320G) FAC Talso certi	ify that the following addition	mal operations records for this
	ant were prepared each day that a l					
	tes, and (2) if applicable, appropria					
O	wner can retain them, together with	copies of this report, at a co	ovenient location for at leas	t fon years.		
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Refer to the instructions for this report to determine which plants must provide this information.

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

See page 2 for instructions.

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FROM:

FAX NO.



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

Sec	page 4 for instructions.				
		TEMBER 20	04		
<b>A.</b> )	Public Water System (PWS) Information				
1	PWS Name: Orangewood			PWS Identification	Number: 6511311
	PWS Type: Community   Non-Transient Non-C		t Non-Community	Consecutive	
	Number of Service Connections at Pnd of Month: 591		Total Population S	erved at End of Month. 147	8
	PWS Onmer: Utilities Inc. of Florida				
	Contact Person: Patrick C. Flynn Contact Person's Mailing Address: 200 Weathersfield Ave.			Title: Regional Director	
	Contact Person's Telephone Number: 407, 869,1919		City: Alternante S		Zip Code: 32714
	Contact Person's R-Mini Address: a.c. flynn@utlitiesinc-use con		Comed Person's	ax Number: 407,869,5961	
<b>B</b> .	Water Treatment Plant Information	<u>u</u>			
!	Plant Name: Well 1			Plant Telephone No	omber: 800-272-1919
	Plant Address: 4730 Darlington Rd.		City; Holiday	State: Fl.	Zip Code: 34690
	Type of Water Treated by Plant: Raw Ground Water	Purchased Finished V			
	Permitted Maximum Day Operating Capacity of Plant, gallons	per day: 240,000			
	Plant Category (per subsection 62-699,310(4), F.A.C.): V		Plant Class (per si	bsection 62-699.310(4), F.A.C	2.): C
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# MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED

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MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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Plant Name: Well 2

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

See	e page 4 for instructions.						
	Contract to were even to the Short Short	SEPTEMBE	R 2004				
A.	Public Water System (PWS) Information						
	PWS Name: Orangowood				PWS M	entification N	mber: 6511311
	PWS Type: Community U N	on-Transient Non-Community	Transic	ot Non-Community	Consecutive	)	
	Number of Service Connections at End of M	(onth: 59)		Total Population Se			8
	PWS Owner: Utilities Inc. of Florida						
	Contact Person: Patrick C. Plynn			Contact Person's Ti			
	Contact Person's Mailing Address: 200 Wes	shersfield Ave		City: Altamonte Spi		State: FI	Zip Code: 32714
	Contact Person's Telephone Number: 407 8	<u> 1919</u>		Contact Person's Fa	x Number: 407.86	9.6961	
n	Contact Person's E-Mail Address: p.c. flynor Water Treatment Plant Information	mutitiesing-uss com				<del>,</del>	
8.7.	Plant Name: Well 3-4			<del> </del>	- 13-		
	Plant Address: 2448 Arcadis Rd.			City: Holiday			ber: 800-272-1919
		w Ground Water	used Finished		State: I	'l	Zip Code: 34690
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	Plant Category (per subsection 62-699.310(	4) FACT V	2,000	Plant Class (persul	section 67,600 31	0(4) R A C ):	~
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	F. Considerationalist Local Chief Flore, star-						
	the undersigned water treatment plant operato	r licensed in Florida, and the le	ad/chief opend	or of the water treatm	ent ulant identifie	d in Part Loft	is report. I certify that the
in	formation provided in this report is true and a	courate to the best of my know	dedne and belie	f. I certify that all dri	inking water treats	nent chemicals	ot emilions bands with its heatt
N	St International Standard 50 or other applicab	do standards referenced in sub-	section 62-555.	320(3), F.A.C. I also	certify that the fo	llowing additio	nal onecutious reconfu for this
Þι	that were prepared each day that a licensed opi	erator staffed or visited this pla	ent during the n	route indicated above	: (1) records of an	counts of chear	icals used and chemical feed
28.	ites; and (2) if applicable, appropriate treatment wher can retain them, together with copies of t	t process performance records	. Furthermore,	I agree to provide the	ree additional oper	ations records	to the PWS owner so the PWS
٠,			HENCES BUT BY JOHN	COLYGERS.			•
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* Refer to the instructions for this report to determine which plants must provide this hybernation.

82/22/2884

GARTH A

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



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

See page 4 for instructions.			6	2a.
1. Some College in the Second Control of the	007 04	<u> </u>		
A. Public Water System (PWS) Information				
PWS Name: Organizated			PWS Identification N	mber 6511311
PWS Type: Community Non-Transient N	on-Community D Transien	Non-Community	Consecutive	
Number of Service Connections at End of Month: 591		Total Population Sec	red at End of Month 1478	
PWS Owner. Dtilities Inc. of Florida		A SOUR A SECURIOR AND A SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURI		
Contact Person: Patrick C. Flynn		Contact Person's Title	Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave		City: Alternante Sorio		Zip Code: 32714
Contact Person's Telephone Number: 407,869,1919		Contact Person's Fax	Number: 407,869,6961	
Contact Person's E-Mail Address: n.c. flynn@ntitiesino-us	a.com			
B. Water Treatment Plant Information Plant Name: Well 1				
			Plant Telephone Num	
Plant Address: 4730 Darlington Rd.		City: Holiday	State: Fl.	Zip Code: 34690
Type of Water Treated by Plant: Raw Ground Water		der	<del></del>	
Permitted Maximum Day Operating Capacity of Plant, gall Plant Category (per subsection 62-699,310(4), F.A.C.): V		74 (61 )	C. CO COD STACE E A CO.	~
That Calculate the subsection of one 1144 [ A.C. ] V		Plant Class (per mins	ection 62-699,310(4), F.A.C.);	
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H. Calling graphs to electronic page.	7.			
I, the undersigned water treatment plant operator ficensed in P.	lacide are the landfabilit accuse	of the number treatment	at almost identified in Dart Loft	his report I profife that the
information provided in this report is true and accurate to the b	sest of my immulator and belief	rinh lie tedit vilitaes i	kino water kentment chemical:	used at this plant conform to
NSF International Standard 60 or other applicable standards re	ferenced in subsection 62-555.3:	20/3), F.A.C. Talso (	entify that the following addition	mel operations records for this
-plant were prepared each day that a licensed operator staffed o	r visited this plant during the mo	oth indicated above:	(1) records of amounts of chem	icals used and chemical feed
rates; and (2) if applicable, appropriate treatment process perfo	omnance records. Furthermore, I	serve to provide the	e additional operations records	to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a	convenient location for at least t	en year.		
Nov 2	Stephen	1 tebenx	C-	80/2
Signature and Date	Printed or Typed Name		License N	mber

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Otor tee dos		·	<del></del>	<del> </del>			Plant Name, Well 2
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WATER MONTHLY OPERATION REPORT FOR PWS TREATING RAW GROUND WATER OR PURCHASED FINISHED 82/22/2884

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Signature and Date



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

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PWS Owner: Utilities I	at of Planis		Total Possibilion Ser	red at Rind of Month: 14	28
Contact Person: Patrick	C. Plynn		Contact Person's Tie	- Regional Director	·
Contact Property Mailin	a Address: 200 Weathersfield Ave.		City: Alternonte Suri		Zip Coje: 32714
Contact Person's Teleph	one Number: 407.869.1919			Number: 407.369.6961	
Contact Persons R. Mai	Address: p.c.flymathutitiesing-use com				
Valua Trentmont Plant is	Kongeigo				
Mant Nesse: Well 3-4				Plant Telephone Nur	ber: 200-272-1919
Ment Address: 2448 An			City: Holiday	State: Fl.	Zip Code: 34698
ype of Water Treated !	v Plant Raw Ground Water DP	uschmed Finished	Water		
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#### MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

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page 4 for instructions.	16 V 04			
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Public Water System (PWS) Information			PWS Identification N	muber, 6511311
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PWS Owner, Utilities Inc. of Florida		Contact Person's Title	Regional Director	
Contact Person: Patrick C. Flynn	11.	City: Altumonte Sprin	State: Fl	Zip Code: 32714
Contact Person's Mailing Address: 200 Westberstie	d Ave.	Contact Decemble Fex	Number: 407.869.6961	
Contact Person's Telephone Number: 407.869.1919				
Contact Person's E-Mail Address: a.c. flyon@ostitic	SUIC-HELCOM	·		
Water Treatment Plant Information			Plant Telephone Nu	mber: 800-272-1919
Piant Name: Well 1		City: Holiday	State: Fl.	Zip Code: 34690
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Type of Water Treated by Plant: Raw Grou				
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	Address: n.c. flyant@utliticsinc-usa.com					
	w Addrese: 200 Westhersfield Ave.			1369.638.504 :modmuV .		
Contact Person: Partick		<del></del>	Contact Persons Dir.	e: Regional Director	iZI F	Zip Code: 32714
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PWS Name: Orangewoo	Manualty   Non-Transient Non-Community	maiamed [	Vinumann)-col/	PWS Identification	- Edmins wa	1161160
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See page 4 for instructions.					· · · · · · · · · · · · · · · · · · ·	

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

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Signature and Date

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

See	page 4 for instructions.							
	Corneral to accutation for the Monte Sept of: 1400 34							
A	Public Water System (PWS) Information							
	PWS Name: Orangewood		PWS Identification N	umber: 6511311				
			Consecutive					
	Number of Service Connections at End of Month: 591	Total Population Served	at End of Month: 14	28				
	PWS Owner: Utilities Inc. of Florida							
	Contact Person: Patrick C. Flynn	Contact Person's Title:						
	Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altumonte Springs		Zip Code: 32714				
	Contact Person's Telephone Number: 407.869.1919	Contact Person's Fax Number: 407.869.6961						
	Contact Person's E-Mail Address: p.c.flym@ntlitiesinc-usa.com							
B.	Water Treatment Plant Information							
	Plant Name: Well 3-4	Y	Plant Telephone Nun					
	Plant Address: 2448 Arcadia Rd	City: Holiday	State: Fl.	Zip Code: 34690				
	Type of Water Treated by Plant Raw Ground Water Purchased Finished	Water						
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 75,000	True Classic Constitution	(0 (00 110(I) E / (I)					
	Plant Category (per subsection 62-699 310(4), F.A.C.): V	Plant Class (per subsec	ion 62-699.310(4), F.A.C.)	C VANDA AND AND AND AND AND AND AND AND AND				
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I,	the undersigned water treatment plant operator licensed in Florida, am the lead/chief operatormation provided in this report is true and accurate to the best of my knowledge and believe	NOT OF TOC WENT FERRINGING	plant identition in Part 1 or i	Als report. 1 octary that the				
EI.	normation provided in this report is the alm accurate to the cest of my anti-wedge alm belief (SF International Standard 60 or other applicable standards referenced in subsection 62-555	320(3) F.A.C. Talso cen	if water beauties circulture life that the following additi	and anergious records for this				
1,	ant were prepared each day that a licensed operator staffed or visited this plant during the s	nonth indicated above: (1)	records of amounts of cher	nieals used and chemical feet				
Į,	ites; and (2) if applicable, appropriate treatment process performance records. Furthermore	I seree to provide these	additional operations record	s to the PWS owner so the PWS				
	wher can retain them, together with copies of this report, at a convenient location for at less		•					
	1711.04 exerten	Hobers		- 8015				

License Number

Printed or Typed Name

Signature and Date

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

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

See page 2 for instructions.

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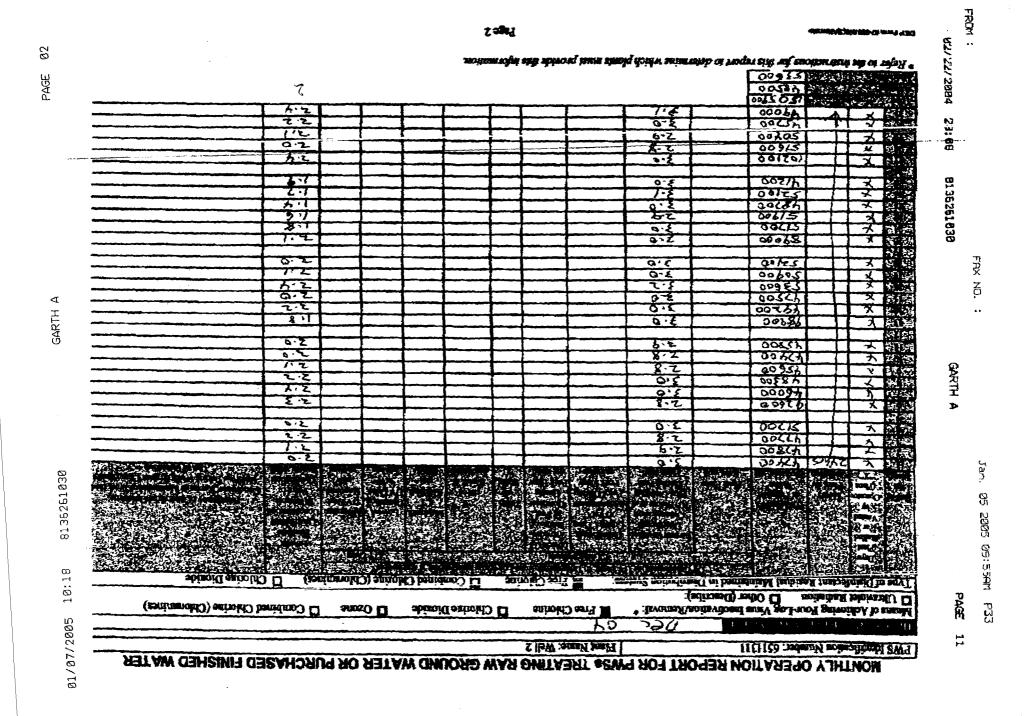
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Strawn T. Strawn T. Strawn T. Strawn T. Str Take Con 100 - restount test almost trained 1974 historian WOM mershis saided stress frances City, Alternante Springs Zin Code: 117714 Connect Resear. Patrick C. Phone Contact Person's Title: Recional Director PWR Owner Unlines fac. of Plonds 182 then M to have be accidented a coice of the reduced The Porcheton Served at Red of Manth: Chairman Lank in the Confee Transmiss - 2007 3.49 Apparatuo Funk Institute Tylinomann) PACKED COMPANY 1[Elile radault animation of 2777 mohammini (2WY) americ 1994 V olibbri 70 236

**WATER** 

MONTHLY OPERATION REPORT FOR PWS& TREATING RAW GROUND WATER OR PURCHASED FIMBHED

Owner can natale them, because or one man report, at a convenient location for at least int years. TWI and the spiritual description transfer and the spiritual and the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiritual description of the spiri plant were precured each day that a decensed operator staffed or visited this plant doring the mounts indicated above; (1) (goods of manusta of checkets used and dead decension from NAT International Standard 60 or other applicable standards reflectaced in substention 52-555.330(3), F.A.C. I also certify that the following additional operations records for this information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinks where fronteers chemicals used at this plant conform to the mederalized restrict plant appearing licensed in Plenide, see the leadshind operator of the meter plant identified in Part I of this report. I catify that the meters headstrain the meter the meters of this report. Copy of the property

acted beauty no bearing Steplen Hobery 50. h. staCl beasenstangile

FROM

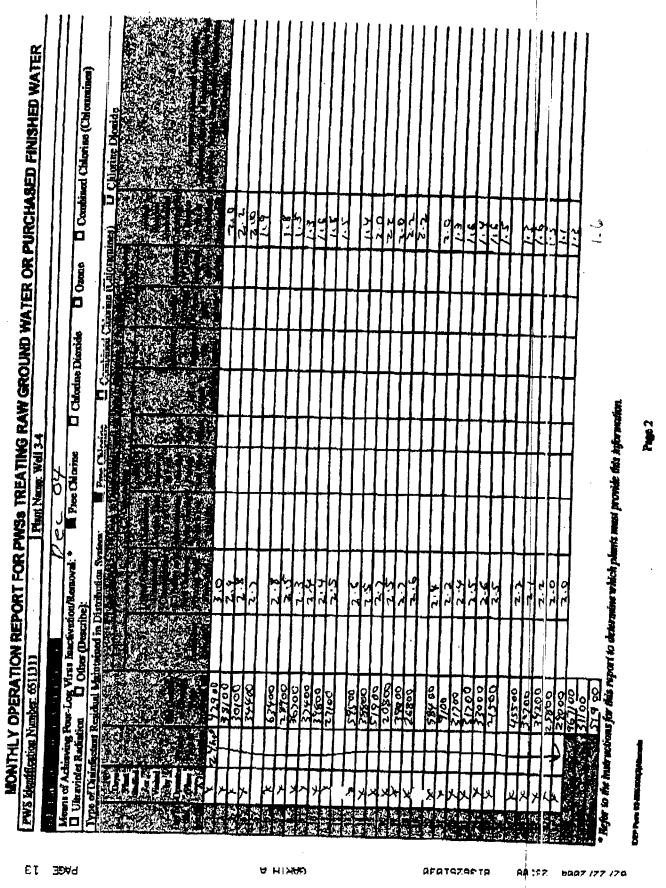
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01/07/2005

38	* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing.  Acrylanide and submit part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing.  Acrylanide and spicklarohydrin levels may be based on the polymer manyorines's carification or on third-party carification.
310	If sodium silicate is need, the amount of edded plus rationally occurring silicate, in mapl. as SiO
32E	Sequesteral Done, mal. of phombate as PO, or mal. of silicate as 5:0, -
38	
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18	E. is say you're consisting the monomer epichlomhydrin used at the water irestructed plant? No. Yes, and the pelymer dose and the epichlomhydrin level in the polymer are as follows:
8	Polymer Bone, page
,2005	is say polymen containing the areacounce territories to be made to be a serviced by the polyment of the polyment plants in the water treatment plants is and the polyment does and the acrylamide by the polyment are as follows:
37	PWS Identification Number: 6511311 [Plant Name: Welfa 3-4
01/1	MONTHLY OPERATION REPORT FOR PWS. TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

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12

PAGE

FAX NO.

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05 2005 09:53AM

P29

FROM :

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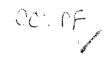
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Docket No. 060253-WS

25.30-440(5) Inspection Reports



## Department of Environmental Protection



Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Colleen M. Castille Secretary

October 11, 2005

Mr. Michael T. Dunn, P.E. Utilities Inc. of Florida 200 Weathersfield Avenue Orlando, FL 32714

Re:

Compliance Inspection Buena Vista Manor PWS-ID No. 651-5221 Pasco County

Dear Mr. Dunn:

The attached compliance inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 744-6100, extension 318.

Sincerely,

Peter Screnock

Environmental Specialist II Drinking Water Section

PS

Attachment

"Vitors Processor Lord Auruss"

Printed on recycled paper.

### **COMPLIANCE INSPECTION**

OWNER/ADDRESS: SYSTEM NAME: Mr. Michael T. Dunn, P.E. Buena Vista Manor ID: #651-5221 Utilities Inc. of Florida COUNTY: Pasco SYSTEM TYPE: C 200 Weathersfield Avenue Altamonte Springs, FL 32714 DATE OF INSPECTION: 10/5/05 SUPERVISOR: Ed Watson INSPECTOR: Peter Screnock Check List: ( Nell Protection - Housing Security Fencing ( ) Well Abandonment *( Sanitary Seal Disinfection Port Conduit Piping Inadequate size Missing Inadequate size ( Raw Water Tap - Missing Threaded Wrong location *( ) Check Valve - Inoperable Missing Wrong location ( ) Time Clock / Flow Meter - Missing Broken Make *( ) Sanitary Hazard ( ) Water Pressure Gauge - Missing Broken/Cracked ( ) Water Pressure Adequate On/Off P.S.I. *( Disinfection Free Cl₂ Residual Plant ____ mg/l Remote 0.52 ma/l A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution Chlorinator make Buena Vista Civic Center gpd *( ) Gas Chlorination: Need Separate Room Cross-Ventilation Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus; Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm *( ) Alarm Requirements Of New/Modified Systems After 1/1/93 *( ) Cross-Connection - Location: *( Auxiliary Power/Second Well (For 350 persons/150 connections) Needs Auto Start ___ Operated Monthly - Yes ___ No ___ *(◯) Certified Operator Name: <u>Steve Habery</u> Number: C-8012 ( ) Maintenance Logs ( NSF or UL Approved Chlorine Yes X ( OTHER TREATMENT - Softeners Filters Aerators Other: ( ) Miscellaneous: (⊠) NO DEFICIENCIES THIS DATE *(X) REQUIRES REINSPECTION COMMENTS:

No deficiencies at time of inspection.

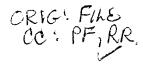
### Orangewood

Docket No. 060253-WS

25.30-440(5) Inspection Reports



# Department of Environmental Protection



Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

January 31, 2006

Mr. Patrick Flynn Utilities Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32701

Re:

Compliance Inspection

Orangewood S/D PWS-ID No. 651-1311 Pasco County

Dear Mr. Flynn:

The attached compliance inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 318.

Sincerely,

Peter Screnock

Environmental Specialist II Drinking Water Section

PS/dm^c

Attachment

cc: Steve Habery

### **COMPLIANCE INSPECTION**

OWNER/ADDRESS	SYSTEM NAME Orangewood wells 3/4	
Mr. Patrick Flynn	ID# <u>6511311</u>	SUPERVISOR: Ed Watson
Utilities Inc. Of FL	SYSTEM TYPE <u>C</u>	INSPECTOR: Peter Screnock
200 Weathersfield Ave.	COUNTY Pasco	INSPECTION DATE: 11/2/05
Altamonte Springs, FL 327	<u>01</u>	<del></del>
Altamonte Springs, FL 327  Check List:  (	using  Security Fencing  Inadequent  Apron - Cracked  Missing  Inadequent  Inadequent  Missing  Mrong location  Inadequent  Missing  Mrong location  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  Make  M	late size
(X) NO DEFICIENCIES T	HIS DATE	
(23)		
*(X) REQUIRES REINSPEC	TION	
COMMENTS		

No deficiencies at time of inspection. Water system is well operated and maintained.

TIER TWO	REPORTING Y	EAR JAN. 1 TO DEC	C. <b>31</b> , 2005	Florida	S•E•R•0	Page 1 of 1 pages
EMERGENCY AND HAZARDOUS  Facility Identification Orangewood Water Plant #1 4730 Darlington Road			Owner/Operator Name Name Utilities. Inc. of Florida Phone (407) 869-1919 Mail Address 200 Weathersfield Ave., Altamonte Spr., FL 327			
CHEMICAL INVENTORY Specific Information by Chemical	SIC Code 4941 Dun & Brad Number 07-758-0785			Emergency Contact           Name         Operator on call         Title           Phone (407) 869-1919         24 Hr. Phone (407) 869-1919           Name         Rick Retz         Title         Regional Manager           Phone (407) 869-1919         24 Hr. Phone (407) 869-1919		
Che	mical Description	Physical and Health Hazards (check all that apply)	Inventor in Pounds	ÿ	ainer sure oerature	Storage Codes and Locations (Non-Confidential) Storage Locations - Description, not address
CAS 777 Chem. Name	Secret	Fire Sudden Release of Pressure	600 Maximum Daily	Amount	L24	Chlorine room
Check all that apply: EHS Name	Pure Mix Solid Liquid Gas EHS  Gas chlorine	Reactivity Immediate (acute) Delayed (chronic)	Average Daily 365 Days on S	]		
Chem. Name	Trade Secret	Fire Sudden Release of Pressure	Maximum Daily	/ Amount		
I that apply:	Pure Mix Solid Liquid Gas EHS	Reactivity Immediate (acute) Delayed (chronic)	Average Daily  Days on			
Chem. Name	Trade Secret	Fire Sudden Release of Pressure	Maximum Dail	y Amount		
Check all that apply:	Pure Mix Solid Liquid Gas EHS	Reactivity Immediate (acute) Delayed (chronic)	Average Daily  Days on	]		
	Read and sign after completing all s	,				Optional Attachments
Certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.    I have attached a site plan   I have attached a list of site coordinate abbreviations					I have attached a list of site	
Patrick C. Flynn, Regional Director						I have attached a description of dikes and other safeguard measures

TIER TWO	REPORTING Y	EAR JAN. 1 TO DE	C. 31, 2005	Florida	S•E•R•	C Page 1 of 1 pages	
EMERGENCY	Facility Identification Name Orangewood Water Plant #2				Owner/Operator Name Name Utilities. Inc. of Florida Phone (407) 869-1919		
AND	ACOF Designator Dood			Mail Address 200 Weathersfield Ave., Altamonte Spr., FL 32714			
HAZARDOUS CHEMICAL		Pasco State F	7 7 34690		<del></del>	iersneid Ave., Attamonte opr., 1 L 32/14	
INVENTORY				Emergency			
Specific	SIC Code 4941 Dun & E	Brad Number 0 7 - 7	5 8 - 0 7 8 5		Operator on call Title		
Information by Chemical				Name Rick	) 869-1919 Poter		
, c.,	F.E.I. # 3 6	5-2850-76	3	Phone (407	869-1919	24 Hr. Phone (407) 869-1919	
		Physical and Health Hazards	Inventor in	y	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations - Description, not address	
	mical Description	(check all that apply)	Pounds		3 7 2 5	otorage Locations - Description, not address	
cas	82-50-5 Trade Secret	Fire	600		L24	Chlorine room	
Chem. Name	Gas chlorine	Sudden Release of Pressure	Maximum Daily	Amount			
Check all		Reactivity	02		HHH		
that apply:	Pure Mix Solid Liquid Gas EHS	Immediate (acute)	Average Daily				
EHS Name	Gas chlorine	Delayed (chronic)	<b>365</b> Days on S				
cas 🔲 🔲 🔲	Trade Secret	Fire					
Chem. Name	Occidi —	Sudden Release of Pressure	Maximum Daily	/ Amount			
Check all		Reactivity	Average Daily	Amount			
that apply:	Pure Mix Solid Liquid Gas EHS	Immediate (acute)	1	7			
EHS Name		Delayed (chronic)	Days on S	- Site			
САЅ ПППП	Trade Secret	Fire					
Chem. Name _		Sudden Release	Maximum Daily	/ Amount			
-		of Pressure		,			
r mar apply:		Reactivity	Average Daily	Amount			
EHS Name	Pure Mix Solid Liquid Gas EHS	Immediate (acute)		]			
		Delayed (chronic)	Days on	Site			
	lead and sign after completing all s					Optional Attachments	
my inquiry of those indi	I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.						
4	Thave attached a site plan						
Patrick C Elve	Patrick C. Flynn, Regional Director						
	in, negional director	Signature		<del></del>	Date signed	I have attached a description of dikes and other safeguard measures	

TIER TWO	REPORTING YEAR JAN. 1 TO DEC. 31, 2005			Florida	S•E•R•C	Page 1 of 1 pages
EMERGENCY AND	Facility Identification Name Orangewood Water Plan			Owner/Operator Name Name Utilities. Inc. of Florida Phone (407) 869-1919		
HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical	SIC Code 4941 Dun & B	Pasco State FL Zip 34690 Emergency Brad Number 0 7-758-0785 Name Oper Phone (40) Name Rick		Name Oper Phone (407 Name Rick	Address 200 Weathersfield Ave., Altamonte Spr., FL 327	
	emical Description	Physical and Health Hazards (check all that apply)	Inventor in Pounds	у	ainer sure oerature	Storage Codes and Locations (Non-Confidential) Storage Locations - Description, not address
CAS 7782-50-5 Trade Secret Chem. Name Gas chlorine		Fire Sudden Release of Pressure	750 Maximum Daily 0 2	/ Amount		Chlorine room
Tinai anniv	Pure Mix Solid Liquid Gas EHS  Gas chlorine	Reactivity Immediate (acute) Delayed (chronic)	Average Daily  365  Days on S	]		
Chem. Name	Trade Secret	Fire Sudden Release of Pressure	Maximum Daily	y Amount		
Check all that apply: EHS Name	Pure Mix Solid Liquid Gas EHS	Reactivity Immediate (acute) Delayed (chronic)	Average Daily Days on			
1	Trade Secret	Fire Sudden Release of Pressure	Maximum Dail	y Amount		
Check all that apply:	Pure Mix Solid Liquid Gas EHS	Reactivity Immediate (acute) Delayed (chronic)	Average Daily  Days on			
Certification (Read and sign after completing all sections)  I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.  E-Mail address of representative who prepared Tier Two Form (optional): I.n.wright@utilitiesinc-usa.com  I have attached a list of site coordinate abbreviations  Patrick C. Flynn, Regional Director  I have attached a description of						
Name and official title of owne	er/operator OR owner/operator's authorized representative	ve Signature			Date signed	dikes and other safeguard measures

Orangewood `
Docket No. 060253-WS

25.30-440(6) Permits

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6899
(352)796-7211 OR 1-800-423-1476(FLORIDA ONLY) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

UTILITIES, INC. OF FLORIDA

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FL 32714-

SUBJECT: EXTENSION - WATER USE PERMIT NO. 4668.02

Orange wood.

### DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 06/25/15. THROUGH A PROCESS OF RANDOM SELECTIONS BY COMPUTER, THE DISTRICT HAS EXTENDED THE EXPIRATION DATE OF CERTAIN PERMITS WITH ANNUAL AVERAGE DAILY WITHDRAWALS OF LESS THAN 500,000 GALLONS. THIS PROCESS WILL ENSURE THAT THE NUMBER OF RENEWAL APPLICATIONS RECEIVED IN ANY ONE YEAR DOES NOT EXCEED OUR CAPACITY TO EVALUATE AND PROCESS THE APPLICATIONS.

THIS EXTENSION OF PERMIT DURATION DOES NOT REQUIRE ANY ACTION ON YOUR PART AND IS AT NO COST TO YOU. HOWEVER, YOU WILL NEED TO UPDATE YOUR RECORDS SO THAT YOU WILL FILE AN APPLICATION FOR RENEWAL DURING THE YEAR PRIOR TO THE NEW EXPIRATION DATE.

ALTHOUGH THE EXPIRATION DATE OF YOUR PERMIT HAS BEEN EXTENDED, YOU ARE STILL REQUIRED TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF YOUR PERMIT. FOR EXAMPLE, IF YOUR PERMIT WAS ISSUED WITH CONDITIONS REQUIRING DATA, REPORTS, ETC. TO BE SUBMITTED, YOU MUST CONTINUE TO SUBMIT ALL SUCH REQUIRED INFORMATION AT THE REGULAR INTERVALS SPECIFIED IN THE CONDITIONS OF YOUR PERMIT. FOR ANY PERMIT CONDITION THAT HAS THE EXPIRATION DATE AS THE DATE BY WHICH ACTION, REPORT SUBMISSION OR OTHER COMPLIANCE IS REQUIRED, THE PREVIOUS EXPIRATION DATE APPLIES, NOT THE NEWLY EXTENDED EXPIRATION DATE.

AS A FURTHER REMINDER, YOUR EXTENDED PERMIT IS STILL SUBJECT TO AND MUST COMPLY WITH ALL APPLICABLE DISTRICT RULES, INCLUDING THOSE RELATING TO:

- THE CONDITIONS OF ISSUANCE FOR WATER USE PERMITS, AND

- RELEVANT ESTABLISHED MINIMUM FLOWS AND LEVELS AND ASSOCIATED PREVENTION AND RECOVERY STRATEGIES, AND CAN BE MODIFIED OR REVOKED FOR NONCOMPLIANCE WITH THE PERMIT, DISTRICT RULES, AND CHAPTER 373, FLORIDA STATUTES.

PAGE 2

IF THE WITHDRAWALS ON THE REFERENCED PERMIT ARE NO LONGER IN USE OR IF YOU HAVE SOLD THE PROPERTY, PLEASE INFORM US BY RETURN LETTER. ALSO, PLEASE PROVIDE THE NAME AND MAILING ADDRESS OF THE NEW OWNER.

IF YOU HAVE ANY QUESTIONS ABOUT THIS ONE-TIME EXTENSION OF YOUR PERMIT DURATION, PLEASE CONTACT STEVE DESMITH IN OUR BROOKSVILLE REGULATION DEPARTMENT AT (352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, INDICATING THAT YOUR PERMIT EXPIRATION DATE IS NOW 06/25/15. WE APPRECIATE YOUR ASSISTANCE IN THIS MATTER AND IT WILL HELP US TO SERVE YOU BETTER IN THE FUTURE WHEN YOU SUBMIT YOUR RENEWAL APPLICATION.

SINCERELY,

(SIGNED)

BJ JARVIS, DIRECTOR

RECORDS AND DATA DEPARTMENT

BJJ/

CC: FILE OF RECORD - WATER USE PERMIT NO. 4668.02



### Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899 Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

Charles A. Black Chairman, Crystal River Roy G. Harrell, Jr. Vice Chairman, St. Petersburg Sally Thompson Secretary, Tampa Joe L. Davis, Jr. Treasurer, Wauchula Ramon F. Campo Brandon James L. Cox Lakeland John T. Hamner Bradenton Curtis L. Law Land O' Lakes James E. Martin St. Petersburg Margaret W. Sistrunk Odessa

Peter G. Hubbell
Executive Director
Mark D. Farrell
Assistant Executive Director

June 25, 1992

BARTOW 813-534-1448 BROOKSVILLE (Listed) TAMPA 813-985-7481 VENICE 813-483-5970

Utilities, Inc. of Florida Attn: Donald Rasmussen 200 Weathersfield Avenue Altamonte Springs, FL 32714

Subject:

Final Agency Action Transmittal Letter General Water Use Permit No(s). 204668.02

Your Water Use Permit(s) was/were approved contingent on no objections being received within 14 days after receipt of this notice of Final Agency Action. Your Permit has been approved subject to all terms and conditions set forth in the approved Permit(s).

Any person who is substantially affected by the District's Final Agency Action concerning a Permit may challenge this Permit by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.), and Part V of Chapter 40D-1, Florida Administrative Code (F.A.C.). A request for hearing must (1) state any disputed issues of material fact; (2) explain how each petitioner's substantial interest will be affected by the District's action; and (3) otherwise comply with Rule 40D-1.521. A request for hearing must be filed with (received by) the Agency Clerk of the District at the address above within 14 days of receipt of this notice of Final Agency Action. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, F.S.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Standard Water Use Permit Conditions (Exhibit A), and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit(s) and should be practiced at all times.

Excellence Through Quality Service

# SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WATER USE GENERAL PERMIT NO. 204668.02

PERMIT ISSUE DATE: June 25, 1992 EXPIRATION DATE: June 25, 2002

IT IS THE PERMITTEE'S RESPONSIBILITY TO RENEW THIS PERMIT BEFORE THE EXPIRATION DATE, WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL.

This permit, issued under the provisions of Chapter 373, Florida Statutes, and Florida Administrative Code 40D-2 authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO:

Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 200,000

PEAK MONTHLY: 260,000

<u>Use</u> <u>Average</u> <u>Peak Monthly</u>

Public Supply: 200,000 gpd 260,000 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Pasco County, approximately 4 miles south of New Port

Richey on U.S. 19.

TYPE OF APPLICATION: Renewal WATER USE CAUTION AREA:

Northern Tampa Bay

APPLICATION FILED: May 1, 1992 ACRES: 0.9 Owned

LICATION FILED: May 1, 1992 ACRES: 0.9 Owned 158.1 ± Serviced

158.1 <u>+</u> Total

APPLICATION AMENDED: N/A

Permittee: Utilities, Inc. of Florida

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WATER USE: PUBLIC SUPPLY

SERVICE AREA NAME	POPULATION SERVED	PER CAPITA RATE
Orange Wood		
Residential Single Family	1275	130
Residential Multi-Family	54	130

Other Uses (Unmetered)
Other Uses (Metered)

I.D. NO. PERMITTEE <u>DISTRICT</u>	/ LOCATION LAT/LONG	DIAM. (INCHES)	DEPTH TOTAL/CASED	<u>USE</u>	GALLONS <u>AVERAGE</u>	PER DAY PEAK MONTHLY
1 / 1	281140/824409	12	160/62	PS	80,000	100,000
2 / 2	281143/824414	12	130/65	PS	70,000	90,000
3 / 3	281142/824354	. 8	170/68	PS	25,000	35,000
4 / 4	281141/824354	8	170/68	PS	25,000	35,000

PS=Public Supply

#### DISTRICT

I.D. NO.	SECTION/TOWNSHIP/RANGE
1, 2	30/26/16
3, 4	29/26/16

### SPECIAL CONDITIONS:

All conditions referring to the Permitting Department Director, Resource Regulation, shall be understood to refer to the Brooksville Permitting Department Director, Resource Regulation.

1. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permits Data Section, Resource Regulation Southwest Florida Water Management District 2379 Broad Street Brooksville, Florida 34609-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

Permittee: Utilities, Inc. of Florida

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- The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meters, or other flow measuring devices as approved by the Permitting Department Director, Resource Regulation, for District ID No(s). 1, 2, 3 and 4, Permittee ID No(s). 1, 2, 3 and 4. Such devices shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons. Prior to meter installation, non-use shall be documented with monthly pumpage reports indicating zero gallons withdrawn.
- 3. Water quality samples shall be collected and analyzed, for parameter(s), and frequency(ies) specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a Department of Health and Rehabilitative Services (DHRS) certified laboratory under Environmental Laboratory Certification General Category "1". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Permitting Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permits Data Section (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Permitting Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

District I.D. No.	Permittee I.D. No.	Minimum Pumpin Time (minutes)	O .	Sampling Frequency
1, 2, 3, 4	1, 2, 3, 4	15	Chlorides, Sulfates and Total Dissolved Solids	Monthly

Water quality samples shall be collected based on the following timetable:

Weekly	Same day of each week
Monthly	Same week of each month
Quarterly	Same week of months specified
Semi-annually	Same week of months specified

Analyses shall be performed according to procedures outlined in the current edition of <u>Standard Methods for the Examination of Water and Wastewater</u> by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or <u>Methods for Chemical Analyses of Water and Wastes</u> by the U.S. Environmental Protection Agency (EPA).

Permittee: Utilities, Inc. of Florida

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By January 1, 1993, the Permittee shall achieve a per capita water rate equal to or less than 150 gpd; this standard shall remain in effect until modified by rule. By April 1 of each year for the preceding period of October 1 through September 30, the Permittee shall submit a report detailing:

The population served;

- Significant deducted uses, the associated quantity, and conservation measures applied to these uses;
- c. Total withdrawals;
- d. Treatment losses.

e. Environmental mitigation quantities.

- f. Sources and quantities of incoming and outgoing transfers of water and wholesale purchases and sales of water, with quantities determined at the supplier's departure point.
- g. Documentation of reuse and desalination credits, if taken.

As of January 1, 1993, if the Permittee does not achieve the specified per capita rate, the report shall document why the rate and requirements were not achievable, measures taken to attempt meeting them, and a plan to bring the permit into compliance. This report is subject to District approval. If the report is not approved, the Permittee is in violation of the Water Use Permit.

The District will evaluate information submitted by Permittees who do not achieve these requirements to determine whether the lack of achievement is justifiable and a variance is warranted. Permittees may justify lack of achievement by documenting unusual water needs, such as larger-than-average lot sizes with greater water irrigation needs than normal-sized lots. However, even with such documented justification, phased reductions in water use shall be required unless the District determines that water usage was reasonable under the circumstances reported and that further reductions are not feasible. For such Permittees, on a case-by-case basis, individual water conservation requirements may be developed for each management period. Per capita rate requirements may be adjusted upward or downward through rulemaking and will become requirements.

- 5. The Permittee shall adopt a water conservation oriented rate structure no later than January 1, 1993. If the Permittee already has a water conservation oriented rate structure, a description of the structure, any supporting documentation, and a report on the effectiveness of the rate structure shall be submitted by January 1, 1993. Permittees that adopt a water conservation oriented rate structure pursuant to this rule shall submit the above-listed information by July 1, 1993.
- The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. The initial audit shall be conducted no later than January 1, 1993. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permits Data Section by the following dates: April 1, 1993; April 1, 1997; April 1, 2001; and April 1, 2011. Water audit reports shall include a schedule for remedial action if needed.

Permittee: Utilities, Inc. of Florida

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- 7. Beginning April 1, 1993, and by April 1 of each year thereafter, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
  - a. The number of single family dwelling units served and their total water use,
  - b. The number of multi-family dwelling units served and their total water use,
  - c. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

8. At such time as the chloride concentration in any water sample reaches the designated concentration limits designated below, the Permittee shall take appropriate action to reduce concentrations to below those set for the particular well. These measures may include, but shall not necessarily be limited to those listed in wellfield management plan required by Condition No. 3. Sample concentration readings in excess of the concentrations designated below may occur, provided long-term upward trends or other significant water quality changes do not occur. If the District determines that long-term upward trends or other significant water quality changes are occurring, the District may reconsider the quantities permitted.

District Permittee Concentration

ID No. ID No. Limit (mg/l)

1, 2, 3, 4 1, 2, 3, 4 100

Subsequent to permit issuance, the Permittee may request in writing, a review of the water quality concentration limits by the Permitting Department Director, Resource Regulation, on the basis that the limits are not feasible to attain. Prior to the request for concentration limits review, the Permittee shall document in writing to the District that all feasible wellfield management measures have been explored within reasonable limits to attain compliance with the concentration limits specified in this permit. The Permittee's written request for review of the limits must include a proposal (well by well) of the lowest feasible concentration limits (based on a review of observed field data) to the Director for consideration. This proposal shall include predictions of changes to the location of the saltwater interface, both laterally and vertically, which may result from the proposed increased limits. Permitting Department Director, Resource Regulation, accepts, in writing, that the Permittee has explored all feasible wellfield management measures within reasonable limits, that the Permittee cannot attain compliance with the concentration limits, and increasing the limits will not cause adverse impacts, the Director may consider modifying concentration limits for each well. If new limits are specified by the District, these shall supersede the limits listed in this permit.

Permittee: Utilities, Inc. of Florida

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### Annual Report

Information regarding the development and implementation of the wellfield management plan, and compliance with water quality concentration limits shall be summarized in the annual report, as described in Condition No. 4.

- 9. The Permittee shall submit to the District within 30 days after each calendar quarter a record for each month within such quarter, showing (1) Total water withdrawn from all withdrawal facilities permitted herein; (2) Total water supplied from all sources to users within the service area in which the withdrawal facilities permitted herein are located; (3) Total water supplied from external sources, if any; (4) Total water supplied to external users, if any. In addition, as part of its first report each year, Permittee shall state the total number of connections served at the end of the previous calendar year within the subdivision in which the withdrawal facilities permitted herein are located.
- 10. The Permittee shall, to the maximum extent feasible, use the permitted withdrawal facilities to meet their water supply needs up to the permitted quantities.
- 11. The total quantity distributed by the system, from the permitted withdrawal facilities and any external sources, shall not exceed 200,000 gallons per day on an average annual basis.

#### STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

Authorized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

LETTER MODIFICATION WUP NO. 20004668.003

Steve, Sampling requirements were notified.

#### ATTACHMENT A

### **MODIFICATIONS**

The following constitutes modifications to the terms and conditions of this Water Use Permit No. 20004668.002, effective February 4, 2003.

The modification of the existing Water Use Permit No. 20004668.002 is to delete the water quality monitoring requirements associated with District ID Nos. 2, 3, and 4. Water quality monitoring and reporting will still be required for District ID No. 1 as specified by the condition below. For District ID No. 1, Total Dissolved Solids (TDS) has been changed to Specific Conductance. No increases in the total permitted withdrawal rates are proposed in this modification. No adverse impacts are anticipated due to this modification.

1. TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd) are

AVERAGE: 200,000 gpd PEAK MONTHLY: 260,000 gpd

2. WATER USE: Public Supply

- 3. SPECIAL CONDITION NO. 3 IS MODIFIED Eliminate District ID Nos. 2, 3, and 4; and change TDS to Specific Conductance.
  - Water quality samples shall be collected and analyzed, for parameters, and frequency as specified below. Water quality samples from production wells shall be collected whether or not the well is being used, unless infeasible. If sampling is infeasible, the Permittee shall indicate the reason for not sampling on the water quality data form. Water quality samples shall be analyzed by a laboratory certified by the Florida Department of Health utilizing the standards and methods applicable to the parameters analyzed and to the water use pursuant to Chapter 64E-1, F.A.C., "Certification of Environmental Testing Laboratories". At a minimum, water quality samples shall be collected after pumping the well at its normal rate for a pumping time specified in the table below, or to a constant temperature, pH, and conductivity. In addition, the permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Any variance in sampling and/or analytical methods shall have prior approval of the Regulation Department Director, Resource Regulation. Reports of the analyses shall be submitted to the Permit Data Section, Records and Data Department, (using District forms) on or before the tenth day of the following month, and shall include the signature of an authorized representative and certification number of the certified laboratory which undertook the analysis. The parameters and frequency of sampling and analysis may be modified by the Regulation Department Director, Resource Regulation, as necessary to ensure the protection of the resource.

District ID No.	Permittee ID No.	Minimum Pumping Time (minutes)	<u>Parameter</u>	Sampling Frequency
1	1	15	Chlorides, Sulfates, and Specific Conductance	Monthly

LETTER MODIFICATION WUP NO. 20004668.003 PAGE 2

Water quality samples shall be collected based on the following timetable:

Weekly

Same day of each week

Monthly

Same week of each month

Quarterly

Same week of months specified

Semi-annually

Same week of months specified

Analyses shall be performed according to procedures outlined in the current edition of <u>Standard Methods</u> for the <u>Examination of Water and Wastewater</u> by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or <u>Methods for Chemical Analyses of Water and Wastes</u> by the U.S. Environmental Protection Agency (EPA).

All other terms and conditions of this permit shall remain the same as stated on WUP No. 20004668.002 and this permit will still expire on June 25, 2015.

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# Orangewood Docket No. 060253-WS

25.30-440(7) Notices

# Orangewood Docket No. 060253-WS

25.30-440(8) Field Employees

### Facilities:

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

### Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

### Employees Involved in Utilities, Inc. of Florida Operations During Test Year 2005:

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

### Field Employees:

### Pasco and Pinelles Counties:

Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License) Jack Adkins, Operator ("C" Water License)

### Marion County:

Daniel Anderson, Operator ("A" Water License and "A" Wastewater License)

### Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech James Roger Adlay, Operator Robert K Cooper, Field Tech Robb Douglas Crow, Operator Michael John Gavaletz, Operator Jimmie H. Hollister, Field Tech Alexander Lorenzo, Operator Roy Mericle, Operator Raymond Alan Parrish, Operator Jeffrey Pinder, Field Supervisor Frederick E Quinlan II, Field Tech Roberto Remigio, Meter Reader Mickey A Shue, Field Tech Ronald D. White, Field Supervisor William B Willingham, Field Tech James Dennis Yingling, PT Field Tech James Howard Pendarvis, Field Tech Preston S Boardway, PT Field Tech James Edward Carroll, Operator Leonard E Ledwell, Operator David Ryniak, Operator

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# Orangewood Docket No. 060253-WS

25.30-440(9) Vehicles

### FL Vehicles as of 5-5-06

V-1-4	V./84-h-/84-d-t	MAI	Driver Assigned	C+	Company Name
	Yr/Make/Model  99 DODGE DAKOTA	VIN 1B7FL26X6XS261957	CORY SUDOL	Cost \$15.678.58	Alafaya Utilities, Inc.
	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET		Alafaya Utilities, Inc.
	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON		Alafaya Utilities, Inc.
	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY		Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS		Alafaya Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED		Alafaya Utilities, Inc.
	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR		Alafaya Utilities, Inc.
	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP ALVIN BISHOP		Bayside Utility Services, Inc.
	06 CHEV C15 86 INTERNATIONAL	1GCEC14V86E197990 1HTLDTVN2GHA45725			Bayside Utility Services, Inc. Bayside Utility Services, Inc.
	02 CHEVY S-10	1GCCS14W628209453			Cypress Lakes, Utilities, Inc.
	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL		Cypress Lakes, Utilities, Inc.
	00 CHEV CS10803	1GCCS14W2YK195806			Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	•
	01 CHEV S10	1GCCS14W01K129325		\$15,053.85	
	98 CHEV S-10	1GCCS14X2WK245013		\$16,047.78	
	01 CHEV 1500	1GCEC14W81Z185977 1GCEC14X24Z336714		\$16,965.92	•
	04 CHEV C15 99 DODGE DAKOTA	1B7FL26X4XS261955	ROBERT BUONO LENNY GODWIN	\$16,588.04 \$15,493.25	Sandalhaven
	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT		Sandalhaven
	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT		Sanlando Utilities, Inc.
	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET		Sanlando Utilities, Inc.
	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE		Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXX\$261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN		Sanlando Utilities, Inc.
	01 CHEV \$10	1GCCS14W01K129261	ROBERTO REMIGIO		Sanlando Utilities, Inc.
	02 CHEVY S-10	1GCCS14W128209201 1GCCS14W1YK195845	ROY MERICLE		Sanlando Utilities, Inc.
	00 CHEV CS10803 01 CHEV S10	1GCCS14W71K129239	ALEXANDER LORENZO ELISA STEGER		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
	98 CHEV S-10	1GCCS14W71K129239			Sanlando Utilities, Inc.
	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS		Sanlando Utilities, Inc.
	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER		Sanlando Utilities, Inc.
	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER		Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH		Sanlando Utilities, Inc.
	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL		Sanlando Utilities, Inc.
	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER		Sanlando Utilities, Inc.
	01 CHEV 1500 01 CHV 1500	1GCEC14W71Z185310 1GCEC14W81Z183727	JAMES PENDARVIS SHAWN EBERT		Sanlando Utilities, Inc. Sanlando Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14W01Z1037Z7	MICK SHUE		Sanlando Utilities, Inc.
	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN		Sanlando Utilities, Inc.
	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK		Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	ierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22 \	Itilities, Inc, of Florida
	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET		Itilities, Inc, of Florida
	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK		Itilities, Inc. of Florida
	05 CHEV COLORADO 06 CHEV COLORADO	1GCCS146658179178 1GCCS146768129150	CHRIS PHILLIPS CHRIS ALDAY		Itilities, Inc, of Florida Itilities, Inc, of Florida
	06 CHEV COLORADO	1GCEC14V96E197609	JEFF FINEHIRSH		Itilities, Inc, of Florida
	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES		Itilities, Inc. of Florida
	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH		Itilities, Inc. of Florida
	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53 L	Itilities, Inc, of Florida
301 (	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY		Itilities, Inc. of Florida
	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ		Itilities, Inc, of Florida
	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI		Itilities, Inc, of Florida
	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES		Itilities, inc, of Florida
	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE		Itilities, Inc. of Florida Itilities, Inc. of Florida
	05 CHEV TAHOE 06 CHEV TAHOE 4X4	1GNEC13T85R199267 1GNEK13TX6R148941	PATRICK FLYNN JOHN HOY		tilities, Inc. of Florida
	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN		tilities, Inc. of Florida
	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS		tilities, Inc. of Florida
	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE		tilities, inc, of Florida
453 (	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16 U	tilities, Inc. of Florida
		2GCEC19VX61115736	SCOTT STEWART		tilities, Inc, of Florida
		2GCEK19T111381348	WILLIAM NEAL		tilities, Inc. of Florida
33 (	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	φ20,421.35 U	tilities, Inc. of Pennbrooke

105 01 CHEV S10 314 03 CHEV C15 FULL 511 05 CHEV C15 REG CAB 1GCCS14WX18159350 JAMES YINGLING 1GCEC14X43Z114271 STEVEN PFOUTS 1GCEC14X75Z230180 DAN ANDERSON \$15,998.46 Utilities, Inc. of Pennbrooke \$19,053.10 Utilities, Inc. of Pennbrooke \$18,064.18 Utilities, Inc. of Pennbrooke

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# Orangewood

Docket No. 060253-WS

25.30-440(10) Customer Complaints

# **CUSTOMER COMPLAINTS**

Please refer to the CD provided to the Commission Clerk with the filing.